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**NURSES' PERCEPTIONS OF MUSIC THERAPY IN SKILLED NURSING
FACILITIES: A SURVEY**

A Thesis Submitted to Molloy University
Music Department, Rockville Centre, NY

In Partial Fulfillment
of the Requirements for the Degree

Master of Science
in
Music Therapy

by

TERESSA SAMBOLIN, MT-BC

JUNE 2023

Molloy University

A thesis committee of the college has examined the thesis titled

**NURSES' PERCEPTIONS OF MUSIC THERAPY IN SKILLED NURSING
FACILITIES: A SURVEY**

Presented by Teresa Sambolin

A candidate for the degree of Master of Science in Music Therapy

And hereby certify that the thesis was read and approved by the committee.



Dr. Amanda MacRae, MT-BC

Thesis Advisor

May 18, 2023

Date



Dr. Debra R. Hanna, PhD, RN, ACNS-BC

Committee Member

May 12, 2023

Date


Text

Dr. Suzanne Sorel, DA, LCAT, MT-BC

Director of Graduate Music Therapy

May 24, 2023

Date

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ABSTRACT

This study examined nurses' perceptions of music therapy in skilled nursing facilities. Twenty-two nurses who work in these facilities were surveyed utilizing a descriptive survey design. There is a need for research on nurses' perceptions of music therapy within these settings to communicate the benefits of music therapy within the skilled nursing population. Data were analyzed through statistical analysis performed by Survey Planet© which produced descriptive statistics. Results indicated that nurses were likely to refer patients to music therapy, but there was uncertainty to if their music therapist is a music entertainer. Furthermore, most residents within skilled nursing attend music therapy for something to do in a group setting, as opposed to an individual setting. This suggests that residents take themselves to music therapy and are not referred. Results also revealed that nurses were aware of some of the benefits of music therapy for their residents, but not all of them. Lastly, nurses within these settings would be interested in attending an in-service to learn more about music therapy. Music therapy has many benefits for individuals in skilled nursing facilities, which is why it is vital to residents' care that nurses are informed on them.

Keywords: music therapy, skilled nursing, nurses' perceptions, dementia

ACKNOWLEDGEMENTS

I am truly so grateful to have had the opportunity to conduct this study, which has provided me with the opportunity to grow and learn more about what I am passionate about. Thank you to my incredible thesis committee members, Dr. Amanda MacRae, MT-BC and Dr. Debra Hanna RN, ACNS-BC. You both have guided me and taught me the importance of research and its need. To all the professors at Molloy University that have been a part of my undergraduate and graduate experience, you have all furthered my passion for music therapy and have given me endless knowledge for me to take with me now as a board-certified music therapist. To Elizabeth Schwartz, thank you for always encouraging me and guiding me in my journey working with the skilled nursing community.

I would like to thank my nana for inspiring me to be so passionate about working with the elderly population and guiding me into this field. To my Godmother, thank you for molding me into the person I am today. My amazing parents, you both have made me so passionate about music and helping others. I thank you both for instilling in me strength, a strong work ethic, and for your love and warmth. To my brother, thank you for always reminding me of what I am capable of and for your kindness. My lovely friends, thank you for always lending me an ear and your reassurance.

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Introduction

This study examined nurses' perceptions about music therapy in skilled nursing facilities. Skilled nursing facilities can fall under the category of nursing homes, long-term care, assisted living, or skilled nursing and rehabilitation facilities. However, for this study's purposes, the term skilled nursing facilities will be used. These settings offer care to persons with diagnoses such as dementia, Alzheimer's, and Parkinson's, and adults who need a higher level of care than they can provide themselves. Music therapy in skilled nursing facilities offers these patients countless benefits that optimize their overall health. Overall health includes an individual's physical, emotional, social, and spiritual well-being. Nurses are an integral part of treatment teams within skilled nursing facilities. To provide the best treatment to residents in skilled nursing settings, it is important that nurses working within these settings are aware of the benefits of music therapy for their patients.

Background

Skilled nursing facilities have existed since the early 1900s. Following their creation, these settings were mainly known to be for those with lower income, while an individual's actual place of living was the site of care for the rich (Morris, 1995). It was not until the 1940s that nursing facilities took shape for what we know them as today. As nursing homes continue to become well established, their referrals from hospitals and physicians increased. This led to hospitals having the opportunity to concentrate more on complex treatments that could only be performed in a hospital (Morris, 1995). Ultimately, this paved the way for nursing homes to be recognized as legitimate facilities where people not only live but could go to heal. Evidently, nursing facilities acquired specialties to provide care for individuals with diverse needs. This meant that some facilities began to specialize specific areas such as caring for individuals who

are cognitively impaired, or to offer active rehabilitation therapies (Morris, 1995). Today, these skilled nursing settings offer care to elderly individuals who need assistance, and individuals who need rehabilitation. Many professionals, such as doctors, nurses, physical therapists, speech therapists, and music therapists, work in these settings to increase the health and well-being of both short-term and long-term residents.

Epistemology

Due to the personal nature of this section, it is written in first person. My epistemology aligns with an objective approach through a postpositivist lens. I believe that the objective truth exists; however, the more one learns, the greater the potential to grow their perspective. As described by Wheeler (2016), “A postpositivist theoretical perspective allows that, regardless of a researcher’s faithful adherence to objectivist scientific methods, findings are not considered absolute truths but rather are conjectural and circumstantial” (p. 240). Furthermore, this reflects how I have derived meaning in the world thus far. I believe daily there is more being added to the truths in the world, so nothing is ever set in stone. Since both my parents are musicians and had even met in a band, music has always been a part of my life. Music has always been ever-changing for me throughout my life. Just when I thought I knew what music meant to me, there was more to it, and eventually I decided to use it to help others through music therapy.

There are many individuals within skilled nursing facilities who have dementia or Alzheimer’s. Growing up I experienced what it was like to have a family member with Alzheimer’s/Dementia, my Nana. Sadly, for as long as I could remember, she could not remember me. However, when my mom would play some Frank Sinatra songs on the piano, she would come back to us, singing and smiling, not missing a beat. Even though I only had her until I was 12 years old, I learned what music could do, and how it could reach elderly people even

when they might seem lost. This led me to create this study as there are many benefits music therapy has to offer to various populations, including those with Alzheimer's or dementia. There is a lack of research on nurses' perceptions of music therapy in skilled nursing; therefore, there is a need for research in this area.

Literature Review

The benefits of music therapy in skilled nursing settings are well documented. This study explored nurses' perceptions of music therapy in skilled nursing facilities. To understand how music therapy functions in skilled nursing settings, this literature review includes an introduction to the needs of persons in skilled nursing facilities, overall benefits of music therapy in these settings, an examination of nurses' current understandings of music therapy in these settings, and an inquiry into how nurses learn about the benefits of music therapy.

Needs of Individuals in Skilled Nursing

The clinical diagnoses of persons in skilled nursing facilities are vast, from individuals who need a higher level of care (Diaz et al., 2019) to diagnoses of Alzheimer's and Dementia (Matthews, 2015; Sung et al., 2011; Tan et al., 2018; Gómez & Gómez, 2017; Svansdottir & Snaedal, 2006; Ray & Mittelman, 2015), and Parkinson's Disease (Bukowska et al., 2016; Thaut et al., 2018; Ray & Mittelman, 2015). As such, the needs of individuals in skilled nursing facilities vary widely. Persons in skilled nursing facilities require support for medical needs (Schussler & Lohrmann, 2015); quality of life (Diaz et al., 2019); potential loss of agency and need for connection (Matthews, 2015); potential behavior and mood management (Ray & Mittleman, 2015); and potential issues with balance and mobility (Bukowska et al., 2016). Szczepańska-Gieracha et al. (2015) identified the following categories of needs: basic, social, functional, health, and health and social care. Further, Szczepańska-Gieracha et al. (2015)

reported that individuals who live alone had the highest rate of unmet needs. This suggests a need for social support within these settings.

Benefits of Music Therapy

Music therapy can support increased quality of life for adults in skilled nursing settings. A high quality of life for an individual can be described as how they “...perceive themselves as happy in their daily life, and are not under psychological distress,” while a low quality of life is an individual who is “relatively unhappy, who are at risk of presenting psychological and health problems in the future,” (Diaz et al., 2019, p. 12). Diaz et al. (2019) compared two groups of older adults, one attended a session focused on increasing engagement through music therapy experiences and the control group received no music therapy experiences, recreational activities, or cognitive stimulations. The music therapy group included “...free or assigned music improvisation,... [the] handling [and playing of] musical instruments, ...working with selected songs in accordance with the addressed topic... and rhythm-auditive activities using percussion instruments” (Diaz et al., 2019, p. 12). This study evaluated the effectiveness of music therapy in improving the quality of life in older adults through a quality-of-life inventory that was averaged. The results of this study showed that the group that received music therapy had a higher score regarding quality of life than the control group. Therefore, music therapy is important to the quality of life of people in skilled nursing facilities.

The importance of music therapy to address agency needs was explored by Matthews (2015). Agency can be described as one’s sense of control or independence. As a person ages, they may experience a decreased feeling of control over everyday life experiences. Moreover, decreased sense of agency ¹ may contribute to a person’s reduced social connections, which is

¹ The term agency is used throughout to describe an individual’s independence

imperative to understand since “...dementia undermines human relationships because of the way it emasculates the capacity for narrative social agency,” (Matthews, 2015, p. 574). It was found that when a patient with dementia would experience music therapy, the patient's agency is increased as they are relating to themselves and when they had first heard the music.

Additionally, Matthews (2015) reported how music therapy “...alleviates problems arising towards the end of life when we're not quite at our best, and that allows old friends and family to catch glimpses of how we were before we started to lose the plot of our lives” (Matthews, 2015, p. 579). Bringing family members into music therapy sessions provides them with the opportunity to see their family members as they used to be, creating a sense of socialization and togetherness. Moreover, Matthews (2015) suggests music therapy may support medical professionals since “...music therapy also provides its practitioners with an effective tool for providing meaningful care, and so provides those caregivers with a more meaningful participation in professional life” (p. 575).

Additionally, Sung et al. (2011) examined the effects of group music interventions accompanied with familiar music using percussion instruments on anxiety and agitated behaviors for older adults with dementia in a residential care facility. A group of institutionalized older adults with dementia who received a group music intervention with percussion instruments was compared to a control group. Randomization was utilized when assigning the groups. This study's findings demonstrated group music intervention can reduce anxiety and improve psychological well-being of those with dementia (Sung et al., 2011). Anxiety can affect individuals with dementia's level of functioning by worsening their functional level and agitation, which can eventually lead to institutionalization if left untreated (Sung et al., 2011).

Persons with dementia (PWD) experience decreased levels of engagement, and music therapy can promote active participation. Tan explored this by creating an engagement scale measure, the Music Therapy Engagement scale for Dementia (MTED). Engagement was defined as "...PWD's attention and activity level during the session with rejection or passivity being the least engaged and playing spontaneously being the most engaged," (Tan et al., 2018, p. 52). The researchers employed creative music therapy experiences to promote engagement. Findings revealed music therapy improved levels of engagement and active participation.

Caregiver awareness of music therapy is important as they provide primary care for persons with dementia. Insight into the process in which caregivers are informed about music therapy, and its benefits for their patients or loved ones was provided by Särkämö et al. (2013). This insight displays how the dyads of the caregiver and the individual receiving the care could work together. The term caregiver referred to the patient's family member, or the nurses that care for them. Särkämö et al. (2013) compared individuals with dementia who had received music listening or singing coaching with their caregivers in a dyad to a usual care control group. The participants were randomized into three groups to find out the long-term efficacy of the dyadic music interventions. These dyads were based on coaching the family caregivers and nurses of individuals with dementia, to use music regularly as a part of everyday care. Särkämö et al. (2013) found that compared with usual care (control group), both singing and music listening improved orientation, mood, remote episodic memory, attention, executive function, and general cognition.

Persons with Alzheimer's are sometimes prescribed psychotropic medication to decrease psychiatric symptoms. Gómez and Gómez (2017) explored the effects of participation in music therapy on "patients' cognitive function, neuropsychiatric symptoms, and functional capacity

and, if so, to evaluate whether these changes depend on dementia severity,” (p. 301). Within the music therapy sessions, they used the following interventions with the patients: welcome song, music and movement, instrumental play, music trivia, and a goodbye song. These sessions lasted 45 minutes and occurred twice weekly for six weeks. Gómez and Gómez (2017) explored how these interventions affected the cognitive, psychological, and behavioral domains within the patients. This study showed patients experienced a positive impact on symptoms, a decrease in depression and anxiety symptoms, a decrease in delusional experiences, and improvements with irritability. Overall, these positive outcomes led to a decrease in the prescription of psychotropic drugs for the patients with Alzheimer’s.

Music therapy is used to decrease aggression and disturbances in individuals with Alzheimer’s. Svansdottir and Snaedal (2006) conducted a study over a six-week period where individuals with a diagnosis of Alzheimer's received 30-minute music therapy sessions three times a week. Svansdottir and Snaedal (2006) revealed a significant decrease in aggression, anxiety, and overall, any symptoms related to activity disturbances, furthering the information discovered by Gómez and Gómez (2017).

An evaluation on the efficacy of music and rhythm to improve balance and mobility for persons with Parkinson’s Disease (PD) was conducted by Bukowska et al. (2016). Two groups were assessed for this study: the experimental group that received NMT (neurologic music therapy) and the control group that went about their daily activities. Bukowska et al. (2016) found that NMT techniques can improve gait and similar rhythmic activities for those with PD.

Similarly, Thaut et al. (2018) explored the use of NMT techniques to enhance physical stability for persons with Parkinson’s. Study participants completed 30 minutes of gait training with a metronome click-embedded music daily. This intervention is known as Rhythmic

Auditory Stimulation (RAS). The study found that this intervention reduced the number of falls within the participants. When the intervention of RAS was taken away, the participants experienced an increase in fall incidents. Therefore, when the RAS stimulus was re-introduced again to the participants and their fall numbers decreased again, it was determined that RAS was the sole variable that improved the fall numbers.

It was found by Ray and Mittelman (2015) that music therapy reduced symptoms of agitation, depression, and wandering, for persons with neurologic conditions. This aligns with Thaut et al's. (2018) findings. Participants within this study had dementia, while some also had diagnoses of Parkinson's, Alzheimer's, vascular, and dual diagnoses. Over half of the participants were on antidepressants. As a result of these individuals participating in music therapy, there was a decreased occurrence of "...neuropsychiatric symptoms considered by staff and family as negative behaviors" (Ray & Mittelman, 2015, p. 703). Overall, music therapy can be used to reduce depressive symptoms in residents in skilled nursing facilities.

Further exploring the benefits of music therapy in skilled nursing settings, Werner et al. (2015) compared a group of nursing home residents who received recreational singing to a group of nursing home residents who received music therapy. One outcome of this experiment was that there was a decrease in depressive symptoms for the music therapy group, while there was an increase in these depressive symptoms for the recreational singing group. Additionally, Werner et al. (2015) found that those with dementia would deteriorate when placed in the recreational singing group, while in the music therapy group, these individuals had a more positive experience. When the researchers inquired about the participants' results to neuropsychiatric specialists, the researchers reported, "...after music therapy sessions suggested increased happiness in more than 50% of the participants, integration into the group (more than 30%),

attention and extrinsically motivated activation, as well as a decrease of agitation and aggressive behaviour” (Werner et al., 2015, p. 152). The active music therapy sessions had significantly more benefits for these nursing home residents than recreational singing.

Exploring residents’ experiences of music therapy within a skilled nursing home setting is key to understanding its true benefit to them as individuals. Skilled nursing often becomes a person’s home. Therefore, the residents’ preferences should be taken into consideration, especially when music therapy is being recommended. The participants in the study conducted by Chen et al. (2009) were individuals over 65 and living in a nursing home in Taiwan. Through focus group methodology, Chen et al. (2009) reported that music therapy provided the participants with motivation to become active in their own healthcare. Moreover, participants felt that they gained strength from the group dynamic music therapy can offer and experienced an elevated mood. Findings from this study implied that healthcare professionals should integrate music therapy into their healthcare programs.

Nurses’ Perceptions

Nurses’ perceptions about music therapy have previously been a topic of inquiry. Before we explore nurses’ perceptions of music therapy in nursing homes, it is helpful to look at nurses’ perceptions of music therapy in general. Li et al. (2013) surveyed 1,197 nurses who work in hospital settings about their knowledge and attitude towards music therapy through a cross-sectional study. Statistical analysis revealed that 80% of the nurses believed that music therapy is important within healthcare environments, and 70% believed that education on music therapy should be required within nursing education (Li et al., 2013).

There are studies on healthcare professionals who had exposure to a geriatric medical unit and their perceptions of music therapy. Khan et al. (2015) found that the healthcare

professionals who were interviewed thought music therapy had benefits on the patient's overall mental, physical, and emotional health. Many participants with geriatric patients felt a better connection to their patients as they built empathy and understanding towards them with music therapy. When hoping to expand music therapy throughout hospital settings, it was discussed that there is a lack of awareness of music therapy's benefits in the way that would be needed for expansion. Furthermore, five of the eight interviewed felt that their hospital's music therapy program should be expanded.

Additionally, another study was conducted to evaluate the perceptions on guided imagery, aromatherapy, and music therapy by critical care nurses. Meghani et al. (2020) found that aromatherapy was the most well-known of the three practices and most frequently recommended by the participants. More specifically, "...43% of critical care nurses reported having 'no knowledge' of music therapy, and only 15% reported having 'a lot' of knowledge about the therapy" (Meghani et al., 2020, p. 53). While these numbers are low, most participants were eager to learn more about music therapy to benefit their patients.

A sample of nurses in skilled nursing facilities completed a questionnaire that inquired about their knowledge of music's benefits for their residents. It was found that most of the nurses had a positive attitude towards the effect of using music therapy with individuals with dementia (Sung et al., 2011). Most participants also agreed that music therapy should be incorporated into their work settings. Sung et al. found that a little over half of the participants have heard about music therapy but had a small amount of knowledge on it. Furthermore, only a small percentage of the nurses had received some training regarding the use of music interventions (Sung et al.). Lastly, most participants answered that they do not use music for residents with dementia. This study highlights the need for nurses' education on the benefits of music and music therapy for

individuals with dementia. Moreover, this could imply the need for education on music therapy for nursing staff for all populations within long-term care facilities.

Educating Nurses about Music Therapy

Considering what is known about the efficacy of music therapy in skilled nursing settings, the importance of music therapy to residents in skilled nursing settings, and what nurses say about music therapy, it makes sense that nurses should have the opportunity to learn about music therapy in an organized format. One way that nurses could learn about the potential of music therapy is to be a participant. Other ways include classroom lectures or employment setting orientations.

Since this study examined nurses' perceptions of music therapy and we have identified that they are the primary caregivers for residents in skilled nursing facilities (Särkämö et al., 2013), exploring nurses' individual experiences with music and music therapy seems relevant. Yildirim and Çiriş Yildiz (2022) studied the effect of mindfulness-based breathing and music therapy techniques on nurses' experiences of stress through a randomized controlled experimental study. Results indicated that these methods had a positive outcome on the nurses' stress and well-being (Yildirim & Ciris Yildiz). These self-experiences may enhance nurses' understanding of the efficacy of music therapy.

Summary of the Literature

Benefits of music therapy within skilled nursing settings include the following: improved quality of life, increased agency, reduction of anxiety, improved psychological well-being of those with dementia, improved orientation, improved mood, decrease in the prescription of psychotropic drugs for patients with Alzheimer's, improved gait for individuals with Parkinson's, decreased fall rates, reduced depressive symptoms, and increased motivation.

Moreover, nurses within skilled nursing settings have expressed a desire to learn more about music therapy (Meghani et al., 2020; Sung et al., 2011). The intention of the study was to examine nurses' knowledge of music therapy in skilled nursing facilities. Findings from this study may inform the creation of a brief workshop for nurses working in skilled nursing settings.

Rationale and Research Questions

The purpose of this research was to understand nurses' perceptions about music therapy in skilled nursing settings. It is important that nurses understand music therapy as it offers benefits to the clinical group served in these settings and their overall care. The research questions guiding this study are as follows: How do nurses rate the importance of music therapy for persons in skilled nursing settings? How do nurses describe the role of music therapy in skilled nursing facilities? How do nurses describe the benefits of music therapy in skilled nursing facilities?

Method

This study examined nurses' perceptions about music therapy in skilled nursing facilities. An emailed survey was used to gather information from nurses who work in skilled nursing settings. Surveys allow a researcher to collect specific data from a large pool of similar participants (Wheeler, 2016); as such, the chosen method is appropriate for this study.

Research Design

A descriptive survey design can focus on one specific sample while also accessing information about "...the experiences of music therapists, their clients, and their professional colleagues" (Wheeler, 2016, p. 659). Wheeler (2016) explained that "multiple perspectives, repetitions, or methods are required to glimpse or approximate the entire truth of an experience..." (p. 273), which is why this study's design entails a survey of multiple nurses to

gather the truth of their perceptions on music therapy. Survey research has been implemented in music therapy to explore nurses' attitudes towards alternative therapies in critical care (Tracy et al., 2003; Meghani et al., 2020), oncology nurses' perceptions of music therapy (Humphries, 2013), oncology nurses' perceptions on music therapy following an in-service (Silverman & Chaput, 2011), academic and clinical nurses' use and beliefs of alternative therapies (Siedlecki, 2021), and nurses' attitudes and perceptions towards music therapy in hospitals (Hillmer, 2007).

Participants

This study aimed to examine the perspective of nurses. Participants met the following inclusion criteria: a licensed nurse for at least one year, work within a skilled nursing setting with elderly individuals for at least one year and be able to comprehend English well enough to accurately understand and respond to survey questions. Nurses who did not meet these criteria were not included in the study.

Recruitment Procedures and Informed Consent

Skilled nursing facilities can fall under the category of nursing homes, long-term care, assisted living, or skilled nursing and rehabilitation facilities. Potential participants were recruited through American Assisted Living Nurses Association (AALNA). This is an association for assisted living nurses that was formed to further nurses' competencies to work in assisted living. An invitation to participate, including a detailed description of the study, was sent through a mass email. This description included the rationale for the study as well as responsibilities and rights of potential participants (see Appendix B). Due to the confidentiality policies of the organization, the number of emails sent is unknown as they were sent out by the administration. Additionally, the invitation to participate was posted to Facebook pages/groups (see Appendix D).

Potential participants were provided with an informed consent document detailing the purpose of the research (see Appendix C). This document included the rationale for the research, inclusion criteria and participants' rights in the research process. Participants were advised that they may leave the survey at any time and their responses would be deleted, and they were instructed that by clicking the survey link, they were agreeing to participate.

The survey was open for two weeks. At the start of the survey, it was stated that each participant is only permitted to complete the survey once to discourage duplicate submissions. Completion of the survey was considered informed consent. All participants completed the survey (N = 22).

Materials

The materials needed for this research included a computer and secure email to send out the survey file. Additionally, two external drives were used to store the data collected. Survey Planet©, a digital survey platform, was utilized to create the survey. Survey responses were kept in the researcher's account which was password protected.

Data Protection

Data was stored on two external, password protected hard drives. Survey Planet©, a digital survey platform, was utilized to create and disseminate the survey. Survey responses were kept in my account which was password protected. Survey responses were reviewed in the researcher's private office to provide a secure location.

Data Analysis

Descriptive statistics can aid in summarizing the numerical factors into percentages to present the data concisely (Wheeler, 2016). After reviewing the data, the percentage of each

answer chosen, and number of participants' responses were recorded. Statistical analysis was generated by the survey platform.

Ethical Considerations

A study proposal was approved by the Molloy University Institutional Review Board (IRB) on 02/25/2023.

Results

A total of 22 nurses completed the survey. While the survey was posted on various Facebook pages and distributed to AALNA members, the number of nurses the survey reached is unknown due to AALNA protocols and the anonymity of Facebook. The survey questions were completed entirely by all 22 participants ($N = 22$).

Demographics

Participant demographics varied. Complete results are shown in Table 1.

Table 1***Demographic Information***

Demographic	Participants (N)	Percentage (%)
<i>Age</i>		
20's	1	-
30's	3	13.6
40's	3	13.6
50's	8	36.4
60+	6	27.3
Prefer not to answer	1	-
<i>Location</i>		
West Coast	5	22.7
East Coast	9	40.9
Mid-West	5	22.7
Mid-Atlantic	0	0
South	3	13.6
<i>Nursing Credentials</i>		
RN	8	-
BSN	4	-
Gerontology	2	-
LPN	1	-
RAC-CT	1	-
MS	4	-
DNP	1	-
<i>Time working in skilled nursing</i>		
1+ years	2	9.1
2-4 years	1	-
4-7 years	2	9.1
10+ years	17	77.3
<i>Time being a licensed nurse</i>		
Less than 4 years	1	-
5-9 years	1	-
10-14 years	4	18.2
15+ years	16	72.7
Prefer not to answer	0	0

Note. N = 22

Referral to Music Therapy

The likelihood of referral and rationale for referral to music therapy was dispersed.

Complete results are shown in Table 2.

Table 2

Referral to Music Therapy

Survey Questions	Participants (N)	Percentage (%)
<i>Reason for Referral</i>		
Motor Skills	3	-
Regaining speech	6	5.6
Memory work	10	9.3
PTSD	3	-
Pain Management	6	5.6
Entertainment	18	16.8
Socialization	15	14
Reduce depressive symptoms	12	11.2
Reduce anxiety symptoms	15	14
Because they like music	16	15
Issues with sleeping	1	-
Regulate breathing	1	-
I'm not sure	1	-
<i>Likelihood of Referral</i>		
Not likely	1	-
Likely	7	31.8
Very likely	13	59.1
Not applicable	1	-
<i>Who Refers Patients to Music Therapy</i>		
Doctor	3	6.4
Social worker	6	12.8
Nurse	8	17
A facility professional	9	19.1
Patients attend MT for something to do	14	29.8
Family members request MT for their loved ones	5	10.6
I'm not sure	1	-
Not applicable	1	-

Note. N = 22

Status of Music Therapist

When asked if a board-certified music therapist (MT-BC) worked in their facility, one participant answered yes ($n = 1$), while the majority answered no (68.2%, $n = 15$), with a few answering I don't know (27.3%, $n = 6$). In response to the following question regarding the title of the music therapist that works in their skilled nursing facility, 45.5% ($n = 10$) did not know, 22.7% ($n = 5$) said music entertainer, and 31.8% ($n = 7$) said music therapist. In regards to having read literature on the benefits of music therapy in skilled nursing settings, 77.3% ($n = 17$) answered yes, while 22.7% ($n = 5$) answered no. The majority of the nurses surveyed work in facilities that primarily offer group music therapy sessions (68.2%, $n = 15$), while the offering of individual music therapy sessions (27.3%, $n = 6$) was either unknown ($n = 5$), not available ($n = 8$), or not applicable ($n = 3$). When asked about what music therapy experiences are offered at their workplace, nurses could select a multiple of them. The results were as follows: Singalongs (37%, $n = 17$), recorded music listening (30.4%, $n = 14$), and instrumental improvisation/drum circle (23.9%, $n = 11$) were the most common for the nurses to witness.

Music Therapy in Skilled Nursing Settings

Participants were asked about their level of understanding of music therapy. The results are shown in Table 3. They were also asked about music therapy in their settings and their exposure to it. The results are shown in Table 4 and 5, respectively. Of all the nurses surveyed ($n = 22$), over half said that they would attend a brief 30-60 miniature training about the benefits of music therapy within their skilled nursing facility (68.2%, $n = 15$).

Table 3***Knowledge of Music Therapy***

Survey Questions	Participants (N)	Percentage (%)
<i>Definition of MT</i>		
The use of music to help people feel better physically	0	-
The use of music to entertain patients and to make them happy	2	9.1
A interactive therapeutic process to optimize the client's health	16	72.7
Music therapy utilizes pre-recorded music for clients to listen to in order to elevate their mood	3	13.6
A passive therapy where music therapists perform music for patients	1	-
<i>Witnessed MT Session</i>		
Yes	18	81.8
No	3	13.6
Not applicable	1	4.5
<i>Literature on Benefits of MT in Skilled Nursing</i>		
Yes	17	77.3
No	5	22.7
<i>Does the MT Offer Group Sessions</i>		
Yes	15	68.2
No	2	9.1
I'm not sure	2	9.1
Not applicable	3	13.6

Note. N = 22

Table 4***Presence of Music Therapy***

Survey Questions	Participants (N)	Percentage (%)
<i>MT Position</i>		
Full-time	1	-
Part-time	0	-
Contracted to come a few times a month	2	9.1
I'm not sure	7	31.8
Other	12	54.5

Note. N = 22

Table 5***Exposure to Music Therapy***

Survey Questions	Participants (N)	Percentage (%)
<i>MT Patient Session Frequency</i>		
Daily	1	-
Bi-weekly	2	9.1
Weekly	8	36.4
Every other week	2	9.1
Monthly	1	-
I'm not sure	6	26.3
Not applicable	2	9.1

Note. N = 22

Discussion

This study aimed to examine nurses' perceptions about music therapy in skilled nursing facilities. Twenty-two nurses completed the survey; the majority of the respondents were white and had been in the nursing profession for 15 or more years. The results will be discussed in terms of the research questions: How do nurses rate the importance of music therapy for persons in skilled nursing settings? How do nurses describe the role of music therapy in skilled nursing facilities? How do nurses describe the benefits of music therapy in skilled nursing facilities?

How do nurses rate the importance of music therapy for persons in skilled nursing settings?

Through the survey distributed, the question of the importance of music therapy for persons in skilled nursing settings was answered by nurses. Regarding the likelihood of referral to music therapy, participants responded that they were very likely to refer a patient to music therapy, yet only a handful of participants responded that nurses refer patients to music therapy. Even though nurses would refer a patient to music therapy, since nurses do not typically submit referrals, this information may not be helpful. Furthermore, when asked if they would attend an in-service on music therapy, most participants were interested, similar to the findings in Meghani et al. (2020). It seems that nurses do see value in music therapy for their patients.

How do nurses describe the role of music therapy in skilled nursing facilities?

While the likelihood of referral to music therapy by nurses was high, the participants' understanding of the role of music therapy in skilled nursing was dissonant. As nurses are a pivotal part of administering care for patients within skilled nursing facilities, it is vital that they are aware of these benefits to provide the best possible care. When asked who refers patients to music therapy, most answered that patients attend music therapy for something to do. This means there are fewer referrals from doctors, nurses, social workers, or any other facility professional for specific needs of the residents. Also, it could be implied that only ambulatory residents are attending music therapy since mainly group music therapy sessions are taking place. This may suggest that those non-ambulatory and residents with limited mobility are not receiving music therapy. Interestingly, nurses understood music therapy as "an interactive therapeutic process to optimize the client's health," even though only eight participants said nurses refer to music therapy within their workplace.

The credentials and role of a music therapist also fall under the umbrella of this research question as they play into the overall function of music therapy in skilled nursing facilities. In response to if there is a board-certified music therapist working within their facility, all nurses answered no. Meanwhile, respondents answered that the title of the music therapist working within their facility was “music therapist,” and other respondents answered that they did not know the title. It seems fair to say that nurses may not know the credentials for a board-certified music therapist.

How do nurses describe the benefits of music therapy in skilled nursing facilities?

Some respondents acknowledged reading literature about music therapy or witnessing music therapy sessions are their primary means of understanding music therapy. Most of the respondents reported singalong, recorded music listening, and instrumental improvisation/drum circle as music therapy experiences offered within their facility. Nurses seemed to realize mainly social benefits for their patients as a function of participating in music therapy. However, literature points to vast and varied benefits, such as increased relaxation and improved balance and gait (Thaut et al., 2018).

When asked why patients are referred to music therapy, the benefits identified by nurses were entertainment, because the resident likes music, socialization, reduce anxiety symptoms, reduce depressive symptoms, and memory work. This implies that most nurses would refer to music therapy as entertainment. Only a few participants responded that music therapy could be used to address motor skills.

Clinical Implications

Skilled nursing facilities house individuals with varying needs and diagnoses. Music therapy has been proven to have many benefits for individuals within these settings (Bukowska

et al., 2016; Diaz et al., 2019; Matthews, 2015; Sung et al., 2011; Tan et al., 2018; Thaut et al., 2018; Gómez & Gómez, 2017; Svansdottir & Snaedal, 2006; Ray & Mittelman, 2015). Nurses are primary caregivers to persons in these settings.

Prior research revealed that healthcare professionals had limited knowledge about the efficacy of music therapy within different healthcare settings, but there was a desire to expand their knowledge (Khan et al., 2015; Li et al., 2013; Meghani et al.; 2020; Sung et al., 2011). This study supports these findings as there is a need to educate nurses about the benefits of music therapy within skilled nursing. Therefore, an in-service on the efficacy of music therapy within skilled nursing facilities would be beneficial to not only the nurses working within the facilities, but also the residents living in them. Increased knowledge may lead to increased referrals, leading to more comprehensive care for persons in skilled nursing settings. Further research could examine nurses' perceptions of music therapy in skilled nursing facilities before and after attending an in-service on the efficacy of music therapy.

Limitations

There are numerous limitations to this research. The number of participants was small. A larger quantity sample size could make the results reliable and generalizable to the whole skilled nursing community. Also, the survey was only open for two weeks; a longer period may have allowed more nurses to participate. Furthermore, the inclusion criteria for being licensed nurses reduced the number of participants, as most nursing staff in skilled nursing are nursing assistants.

It is difficult to determine if there is a board-certified music therapist working within the participants' facilities due to the inconsistencies in response to survey questions regarding their knowledge of music therapy (see Table 3). Responses should be interpreted with care because it is not known if the nurses are informed on the credentials of the music therapist. This implies

that there may be a music entertainer working within the participants' place of work, but not a board-certified music therapist. Lastly, questions that allowed multiple responses did not provide concrete answers to the questions.

Conclusion

This study examined nurses' perceptions about music therapy in skilled nursing facilities. Although there were discrepancies in participants' knowledge of music therapy in skilled nursing, there is still interest in expanding their knowledge of music therapy's benefits in addition to nurses being likely to refer patients to music therapy. Further, though nurses were unclear about the specific benefits of music therapy, they did seem to value music therapy as a beneficial treatment option. Therefore, it is imperative that music therapists advocate the importance of music therapy in these settings and design brief, yet thorough orientation opportunities for nurses and general healthcare providers within skilled nursing facilities. These orientations may be best delivered in an experiential format. Ultimately, it is hoped that increased understanding about music therapy will lead to increased patient referrals.

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Appendices

Appendix A: IRB Approval Form



**MOLLOY
UNIVERSITY**

1000 Hempstead Ave., PO Box 5002, Rockville Center, NY 11571-5002
www.molloy.edu

Patricia A. Eckardt, PhD, RN, FAAN
Chair, Molloy University Institutional Review Board
Professor, Barbara H. Hagan School of Nursing and Health Sciences
E: peckardt@molloy.edu
T: 516.323.3711

DATE: February 25, 2023
TO: Teresa Sambolin
FROM: Molloy University IRB
PROJECT TITLE: [2014936-2] Nurses' Perceptions of Music Therapy In Skilled Nursing Facilities: A Survey
REFERENCE #: Exempt Cat 2 02142023
SUBMISSION TYPE: Amendment/Modification
ACTION: ACKNOWLEDGED
EFFECTIVE DATE: February 25, 2023
EXPIRATION DATE: February 13, 2026

Thank you for submitting the Amendment/Modification materials for this project. The Molloy University IRB has ACKNOWLEDGED your submission. No further action on submission 2014936-2 is required at this time.

You may proceed with your project.

The following items are acknowledged in this submission:

- Amendment/Modification - Amendment_Revision_Application_pdf_10_2022 (2).pdf (UPDATED: 02/21/2023)
- Application Form - TS IRB_application_form_FULL_EXP_EXMT 09272022 (1) (1) (3).docx (UPDATED: 02/20/2023)
- Consent Form - TS Informed Consent (2) (4).docx (UPDATED: 02/20/2023)
- Other - TS Email Request (2).docx (UPDATED: 02/20/2023)
- Proposal - 1_29 Teresa Sambolin Thesis Proposal EDITED (3).docx (UPDATED: 02/20/2023)

Please refer to Molloy University IRB Policies and Procedures for required submission process if any changes to this project.

If you have any questions, please contact Patricia Eckardt at 516-323-3711 or peckardt@molloy.edu. Please include your project title and reference number in all correspondence with this committee.

Sincerely,

Patricia Eckardt, Ph.D., RN, FAAN

Chair, Molloy University Institutional Review Board

This letter has been issued in accordance with all applicable regulations, and a copy is retained within Molloy University IRB's records.

Appendix B: Email Request

Molloy University IRB
Approval Date: February 25, 2023
Expiration Date: February 13, 2026

Dear (name of association),

My name is Teresa Sambolin, and I am a music therapy graduate student at Molloy University. I am conducting a research study titled, "Nurses' Perceptions of Music Therapy In **Skilled Nursing** Facilities: A Survey". This study will examine nurses' perceptions of music therapy and its benefits for residents within **skilled nursing** facilities.

I'm requesting access to an email list of registered nurses who work in **skilled nursing** facilities with elderly residents. This study will be approved by _____ .

You may contact me at Tsambolin@lions.molloy.edu

Or You may contact my thesis advisor, Dr. Amanda MacRae, at amacrae@molloy.edu

Should you have any questions

Thank you,

Teresa Sambolin

Appendix C: Informed Consent/Invitation to Participate

Molloy University IRB
Approval Date: February 25, 2023
Expiration Date: February 13, 2026

Dear Potential Participant,

My name is Teresa Sambolin, and I am a music therapy graduate student at Molloy University. I am conducting a survey based research study into nurses' perceptions about music therapy in **skilled nursing** settings as a part of my final degree requirement. The title of this study is, "Nurses' Perceptions of Music Therapy In **Skilled Nursing Facilities: A Survey**". It is hoped that findings from this study may highlight nurses' understanding of music therapy in these settings and potentially inform the creation of a brief training workshop.

You are receiving this email because you have been identified as someone who may meet the below criteria. Below is information that may help guide you in your decision in participating in this study.

You are eligible to participate in this study if you meet the following criteria: you have been a **licensed nurse** for at least one year, you have worked in a **skilled nursing** setting for at least one year, and you are able to comprehend english well enough to accurately comprehend and respond to survey questions.

If you chose to participate in this study you will be asked to complete an anonymous survey online regarding your perceptions of music therapy. Your participation will last for 15-20 minutes per the completion of the survey. You may leave the survey at any point with no penalty, and your data will be deleted. Participation in this research is voluntary. It will not cost anything to complete the survey, and you will not be compensated for your participation.

By clicking on the survey link below, you are agreeing to participate in this study and verifies your consent to participate. Please make sure that you understand what the study involves before you begin. If there are any questions after you agree to participate, please feel free to contact the research team (listed

Molloy University IRB
Approval Date: February 25, 2023
Expiration Date: February 13, 2026

below) should you have any questions or concerns. Or, you may contact the Molloy IRB at irb@molloy.edu.

Survey Link: <insert survey link>

Thank you for your consideration,

Teresa Sambolin, M.S. (Primary Researcher)

Molloy University

Tsambolin@lions.molloy.edu

Dr. Amanda MacRae, PhD, MT-BC (Thesis Advisor)

Molloy University

amacrae@molloy.edu

Appendix D: Facebook Groups List

The Facebook groups where the survey was posted include: Long Term Care Nursing, Assisted Living and Memory Care Nurses, Assisted Living Homes of Texas, Skilled Nursing Long Term Care RN Jobs, Skilled nursing Long Term Care RN Travel Jobs, Assisted Living Facility and Home Care Services, Seniors Assisted Living Care Services, Long Term Care Professionals Networking Forum, Rehabilitation and nursing care, Assisted Living & Home Care Networking, and Nursing Jobs in United States. Nurses who met the inclusion criteria were invited to participate.