

Therapeutic Music as a Coping Measure for Patients in Oncology Care

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Música Terapêutica como Medida de Enfrentamento para Pacientes sob Cuidados Oncológicos

La Música Terapéutica como Medida de Afrontamiento en Pacientes Bajo Atención Oncológica

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ABSTRACT

Introduction: Care for cancer patients encompasses practices aimed to improve the quality of life, so that they can cope with treatment and illness, and music comes as a way of humanizing the care. **Objective:** To identify the contributions of music as a therapeutic goal in cancer patients to cope with the disease, in addition to analyzing patients' perceptions about music therapy. **Method:** Exploratory, descriptive, qualitative research, guided and analyzed in light of Kolcaba's Comfort Theory, carried out with 29 individuals undergoing cancer treatment, accompanied by a support entity. Data collection was conducted through a semi-structured interview, soon after a musical performance. **Results:** The empirical material was organized into three categories: *the relationship between music and mood change, relaxation and hope*. Therapeutic music produces positive changes, restoring peace and emotional balance, reduces negative tensions, provides well-being and comfort. **Conclusion:** Therapeutic music can contribute greatly for the humanization of care through mood, relaxation and hope improvement, in addition to quality of life during treatment and greater adherence.

Key words: Neoplasms/therapy; Humanization of Care; Music Therapy; Nursing Care.

RESUMO

Introdução: Os cuidados a pacientes oncológicos englobam práticas que visam melhorar a qualidade de vida, de maneira que possam enfrentar o tratamento e doença, e a música vem como forma de humanizar o cuidado prestado. **Objetivo:** Identificar as contribuições da música como fim terapêutico em pacientes oncológicos no enfrentamento da doença; além de analisar as percepções dos pacientes sobre a terapia musical. **Método:** Pesquisa descritiva exploratória, de cunho qualitativo, guiada e analisada à luz da Teoria do Conforto de Kolcaba, realizada com 29 pessoas em tratamento oncológicos, acompanhadas por uma entidade de apoio. A coleta de dados foi realizada por meio de uma entrevista semiestruturada, realizada após uma apresentação musical. **Resultados:** O material empírico foi organizado em três categorias: *a relação da música com a mudança de humor, com o relaxamento e com a esperança*. A música terapêutica produz mudanças positivas, restaurando a paz e o equilíbrio emocional, reduz tensões negativas, proporciona bem-estar e conforto. **Conclusão:** A música terapêutica pode contribuir muito na humanização do cuidado ao proporcionar melhora do humor, relaxamento e esperança, além de proporcionar melhora da qualidade de vida durante o tratamento e maior adesão.

Palavras-chave: Neoplasias/terapia; Humanização da Assistência; Musicoterapia; Cuidados de Enfermagem.

RESUMEN

Introducción: La atención al paciente con cáncer abarca prácticas que tienen como objetivo mejorar la calidad de vida, para que puedan afrontar el tratamiento y la enfermedad, y la música surge como una forma de humanizar la atención brindada. **Objetivo:** Identificar las contribuciones de la música como objetivo terapéutico en pacientes con cáncer en el enfrentamiento de la enfermedad; además de analizar las percepciones de los pacientes sobre la musicoterapia. **Método:** Investigación descriptiva exploratoria, de carácter cualitativo, guiada y analizada a la luz de la Teoría del Confort de Kolcaba, realizada con 29 personas en tratamiento oncológico, acompañadas de una entidad de apoyo. La recolección de datos se realizó a través de una entrevista semiestructurada, realizada después de una actuación musical. **Resultados:** El material empírico se organizó en tres categorías: *la relación entre la música y el cambio de humor, la relajación y la esperanza*. La música terapéutica produce cambios positivos, restableciendo la paz y el equilibrio emocional, reduce las tensiones negativas, proporciona bienestar y confort. **Conclusión:** La música terapéutica puede contribuir en gran medida a la humanización de la atención proporcionando mejoras del estado de ánimo, relajación y esperanza, además de mejorar la calidad de vida durante el tratamiento y una mayor aceptación.

Palabras clave: Neoplasias/terapia; Humanización del Cuidado; Musicoterapia; Atención de Enfermería.

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INTRODUCTION

Cancer encompasses over a hundred different types of malign diseases and is characterized by disordered cell growth that can invade other tissues and organs. The disease and treatment are usually aggressive, making the patient need specialized care focused on quality of life, relieving suffering and preventing symptom aggravation, in addition to the possibility of cure¹.

Cancer treatment is notoriously aggressive, reflecting the need to fight a disease that is often resistant and invasive. Traditional therapies, such as chemotherapy and radiotherapy, though effective in fighting cancer cells, end up damaging healthy cells, causing significant side effects that include nausea, extreme fatigue, hair loss, in addition to making the patient more susceptible to contracting infections. Moreover, surgeries for tumor removal can be extensive and demand long recovery periods¹⁻³.

Even the most modern treatments, like immunotherapy and target therapy that are designed to be more precise, may trigger severe immune responses and other complications. This aggressiveness reflects the complexity and graveness of cancer, that demands intensive approaches to increase survival and remission chances¹⁻³.

Given this scenario, there is a need to intervene to improve the quality of life of patients and their coping with the illness, and music can be a safe and effective method^{1,2}.

According to the World Federation of Music Therapy, this method is applied by music professionals who use music to intervene, with the purpose of improving physical, social, emotional, intellectual, communication, spiritual, well-being, and even the quality of life of groups, families, communities and individuals. The practice is conducted in the health area in social and educational contexts, in addition to being used in the care of oncological patients and under palliative care, with the ability to promote well-being and comfort to patients and caregivers⁴.

Though it is widely used, the term music therapy applies to the practice conducted by a qualified higher education degree music therapist. Thus, a nurse can perform music therapy, with the same goal, however, without the applied scientific knowledge of a qualified music therapist, highlighting the importance of multidisciplinary treatment. In nursing, music is being developed as care strategy, promoting comfort, pain decrease, communication aid and anxiety decrease⁵.

Music therapy can be used by the nursing team in their practices, offering patients greater care and risk reduction, being an effective, non-pharmacological, and low-cost methodology that can offer favorable changes to the process of care⁶.

With that in mind, this research aims to identify the contributions of music as a therapeutic goal in cancer patients to cope with the disease, in addition to analyzing patients' perceptions about music therapy during treatment. As music is a humanization tool, it is understood that it can be used by nurses to help in the care of oncological patients.

METHOD

Exploratory, descriptive, qualitative research guided and analyzed considering Kolcaba's Comfort Theory⁷, which claims that the state of comfort is signaled by the absence of pain, worry, suffering, among others. Patients in discomfort seek individualized, integral and competent health care⁷.

With this theory in mind, nursing care need to be directed towards the needs expressed by the person being cared for in all their existential dimensions, not only their physical and biological needs^{6,7}.

The entity where data were collected receives people in oncological treatment, promoting and supporting activities to reclaim their citizenship and social inclusion, with no race, sex, or belief discrimination. Its mission is to improve quality of life of people who live in the researched municipality, as well as neighboring cities. People are received in the entity during the day, from Monday to Friday, with the conduction of activities that promote social interaction, psychological, nursing, nutritional follow-up, and occupational therapy.

The research participants were people aged 18 or over in oncological treatment that attend the entity. The sample was selected by convenience. People were invited to participate in the days the researcher was present. There was no predefined number of participants, and the sample was considered complete when the testimonials started to feel recurrent in the interviews. The total sample consisted of 29 participants⁸.

This study has been approved by the Research Ethics Committee, report number 5576265 (CAAE (submission for ethical review): 60217522.0.0000.5116), in compliance with ethical guidelines recommendations related to studies that involve human beings according to Resolution n. 466/2012⁹ of the National Health Council. All the participants were guided regarding the objectives and methods and signed the Informed Consent Form (ICF). The data collection occurred from May to July 2023, throughout seven meetings with the entity's attendees.

At first, the researcher introduced herself as a nurse and singer, and manifested her interest in conducting the study in that place.



The people who were in the communal area of the entity at the time, were invited to participate in a musical presentation with a predefined repertoire conducted by the researcher with guitar, ukulele and live singing, using music genres based on the participants' opinion during their introductions (they were able to choose their preferred repertoire) and to satisfy their personal taste. The researcher is a nurse with no ties with the said entity. Each performance ran for about 30 minutes, as determined by the entity⁸. It is worth mentioning this place promotes leisure activities in the communal area that include musical performances.

After the musical performance, the researcher invited people to be interviewed about the "relationship between music and oncological treatment". With those who agreed to participate, the data collection was conducted through a semi-structured interview, in which participants were individually interviewed in a separate, private room. All the testimonials were recorded and transcribed in full for a better interpretation of the data^{8,9}. Three to five people were interviewed daily throughout the seven days of music performance, totaling 29 participants in the study. Each interview was five to ten-minutes long.

People who did not participate claimed unavailability or impossibility of remaining in the entity after the music performance.

Firstly, demographic data were collected. Secondly, the researcher asked the following to each participant: "How do you feel after participating in this musical performance, regarding the symptoms perceived through the oncological treatment?"

The interviewees were identified as I1, I2, I3, and so forth, to indicate their testimonials and preserve their identities^{8,9}.

The data were transcribed and analyzed through descriptive statistics considering the references regarding care of people with cancer, and the influence of therapeutic music in the oncological treatment, based on the principal of theoretical saturation, produced from the set of testimonials and extraction of interpretation of meanings⁸.

After data analysis and information collection, categories were created to represent and describe the results found. The result was analyzed and described considering Kolcaba's Comfort Theory^{7,8}.

RESULTS AND DISCUSSION

Twenty-nine people participated in the study, 22 identified as female and seven identified as male. Ages varied between 32 and 92, and the duration of cancer treatment ranged from two weeks to 14 years. Among the participants, four had already finished treatment, one was in treatment due to remission, and the others were

still in treatment after being diagnosed with the disease.

After analyzing the participants testimonials, three themed categories were defined: *the relationship of music and mood*, *the relationship of music and relaxation*, and *the relationship of music and hope*.

FIRST CATEGORY: MUSIC AND MOOD CHANGE

Science suggests that mood change, or good mood helps the body to stay healthy, as it liberates hormones like endorphin, controls blood pressure, and improves sleep^{10,11}.

Music can promote moments of joy, happiness, and distraction³. It can produce positive mood changes, restoring peace and emotional balance¹², as reported by the participants:

Put some music and sing, then we get happy and start singing along (I1).

Music has got that joy, it elevates us (I2).

Music helps me feeling happy (I3).

I feel a kind of joy when I listen to music, sometimes we're angry at life, then we get an instrument and start playing a song and everything gets better (I4).

Sometimes we're sad and listen to a song, then we become happy, and our heart is happy (I5).

Music brings joy, helps you forget about the problem (I6).

Comfort measures culminate in the reduction of tensions considered negative and in greater involvement with positive tensions, like the joy offered by music. Thus, the observed mood change triggered by music allows patients to perform happy and joyful, even forgetting about their problems, improving their coping with the disease and adherence to treatment, including facing the daily struggles^{7,13}.

Music can cause positive feelings, improving social interaction and increasing disposition, helping people seek health¹².

Kolcaba⁷ reports that any patient that is unhappy, sick, or indisposed, can be more comfortable, and nursing is an area that can help in this goal, offering more care and humanization to their patients.

Musical stimuli can influence breathing, oxygenation, blood circulation, digestion, and act in the nervous and humoral systems. Music reduces fatigue, stimulates muscle energy, favors muscle tone and facilitates the expression of emotions helping in mood modulation, being an excellent therapeutic resource that can and should be used by nurses¹⁴.

As reported by one of the interviewees:

Sadness gets in the way, but joy helps, it helps accepting the treatment, helps coping with the process, and helps living (I7).



There are three types of comfort: relief, tranquility, and transcendence. Relief is obtained through the patient's need to feel well about life and emotionally stable and is necessary for someone to live well. Whereas tranquility is achieved when the patient feels at peace and safe, ridden of worries and anxieties; and transcendence happens when they find a deeper and significant meaning in life, often related to spiritual experiences or the connection to something greater than themselves^{7,15}.

SECOND CATEGORY: MUSIC AND RELAXATION

The act of relaxing consists in several techniques with the goal of ensuring individual well-being, relieving mental, physical, or emotional tensions. The use of appropriate techniques offers a better understanding of the body and fights stress. One of these relaxation techniques is music, which helps combining physical and mental relaxation^{15,16}.

Music can promote relaxation, comfort, and facilitate the expression of feelings such as grief, sadness, and anger. It soothes sufferings, captivates, involves, and moves^{17,18}.

As reported by the participants:

We feel more relaxed, as if more detached from the world and problems (I8).

With music I feel peaceful, relaxed, patient... (I9).

When we listen [to music] we feel relaxed, transported, connected... (I10).

Comfort is found in the act of satisfying basic human needs towards relief or transcendence, that may come from stressful care situations. When patients are calm, they become more receptive to treatments, opinions, and this triggers responses in their own body, like blood pressure control and immunity increase^{7,19}.

I feel well, my soul sighs, it makes the evil go away, to think that music is good for the soul, good for life, I love it... (I11).

Sometimes I listen to music and feel well, relaxed, I've been here for a month, music helps me cope with the disease... (I12).

First that music comes from heaven and regardless of genre, what gets in the way of funk are the lyrics, but I like the music because it has an effect, the therapy... (I11).

Highlighting the transcending capacity of music, given that cancer is extremely stressful to the individual – the disease as well as the treatment –, relief measures are needed to promote relaxation through music^{7,20}.

Music is valid for offering support and tranquilizing the patient in the face of treatment scenarios. In addition to comfort, it provides welcomeness, coziness, pleasure,

and safety, contributing for a better quality of life as the person faces the disease. The client can also feel healthier and more alive while listening to music that evokes tranquility and safety^{13,14}.

Relaxation and stimulation improve health in a preventive way, reducing risks of increasing resistance to health issues; and in a palliative way, improving the quality of life of those who cope with the disease. Moreover, music can be used in psychotherapeutic contexts or relaxation sessions; even at home, in a passive way, it can present positive effects^{18,20}.

It can reduce discomfort, decrease tiredness and pain, improve disposition, promote beneficial changes in physiological patterns, providing a greater acceptance to treatment and of the illness experience²¹.

It is worth mentioning that, if music has the goal of promoting relaxation, it's important to know the preference of subjects during music therapy, beyond musical genre, and the context of care they are inserted, promoting a personalized and humanized experience⁷. Relaxation is one of the mechanisms related to pain relief, in addition to distraction, focus shift and endorphin release¹⁵.

Kolcaba⁷ describes the second type of comfort as tranquility, referring to calm, or the act of satisfying specific needs that cause discomfort.

A song works out... We even... It makes the pain go away; you know... We only think of the good, the best... (I14).

It helps a bit in the treatment because sometimes there is a kind of pain that we're feeling... It really helps... (I15).

The patient undergoing oncological treatment, when in touch with melodies in a receptive manner, when they just listen to the song, experiences a decrease in their levels of anxiety and anguish. Music helps to shift the focus, relax, find comfort, and its tranquility and well-being effects remain^{17,21}.

When musical preferences are used individually, the brain is capable of processing music in a more physiological manner. Neuroscience states that music therapy promotes positive results in social and somatic aspects¹⁸.

The benefits of music therapy converge in the cognitive, spiritual, and psychological spheres, demonstrating its significance and justifying its utility¹⁸.

THIRD CATEGORY: MUSIC AND HOPE

"While there's life, there's hope!" This expression reflects the broad dimension of what is hope. It defines the ability to dream, hope for a different future, a better future, even in face of adversities. In human life, it appears associated to all the dimensions of human life. In cancer



treatment, it is the key to resilience, and it can help the patient experience its processes lightly¹⁶.

Music can promote well-being, coziness, welcomeness, hope and reflection³. Comfort is known to result from care that promotes or enables behaviors that seek health. By increasing comfort, one increases hope and the search for health, since, when the patient feels hopeful, they find the strength to overcome, to live¹¹, according to the interviewees:

I felt like that, you know, that there was still hope, a light at the end of the tunnel... (I16).

I feel well, music is music, depending on the situation, music helps a lot, helps you live, right... (I17).

Music can surface reflections regarding the illness, which is only a circumstance, a moment, and is not capable of preventing anyone of feeling well and happy, showing that there is hope of it being just a phase, and not a definition of who they are, or their whole life⁴.

Its vibration emits a sound that pushes away death, filling the silence, bringing hope and will to live and cope with the process⁵.

Many patients are afraid of death, abandonment, loneliness, sadness, and music has the power to help¹⁶, as reported by the participants:

It helps us deal with loneliness, doesn't let us crumble, or attract pain and depression... (I18).

It helps me because some days I feel like crying and, to be honest, I don't like crying, then when I feel that urge, you know, then I get my phone, put something on YouTube, then I start to feel better... (I19).

Nursing plays a key role in promoting relief, presence, compassion, and care in a holistic, humanized, and science-based way^{2,12}. And music is a resource that helps nurses to promote well-being, decrease anxiety and sadness, bringing that hope of something to come, that can be improvement or a possible cure, in addition to favoring spirituality. Moreover, it can boost strength and disposition to carry on with the treatment².

By shifting the patient's focus from the disease, music therapy helps solve problems, and the benefits from optimizing therapeutic resources can be verified²⁰.

Music therapy can help in socialization, in addition to distracting the patient, relieving the symptoms caused by the oncological treatment^{14,20}.

Then you put a song and sing, we become happy, start to sing along, when it's a gospel song then, I feel so happy I cry... (I20).

Listening to music brings us peace... (I21).

I feel grateful for God, I feel peace, a lightness... (I22).

Music, within the context of falling ill, has the power to help us live, help survive and rethink life under a hopeful perspective, and even after the treatment is over, the lessons stay, and music continues to be in people's lives and promoting well-being, creating good memories, and fostering the hope of living better^{18,22}.

Depending on the song, it makes us rethink our lives, everything, concepts, and all... (I23).

... after the treatment, yes, because you're smacked by life, then you start seeking things that make you feel good, I already had [the habit of] reading, now I listen to music more... (I24).

I very much enjoy classical music, makes me feel good, it's hard to explain, the emotions, some melodies bring back memories... (I25).

According to Kolcaba⁷, the last type of comfort is transcendence, seen as "a condition in which one is above problems and their own pain", where the nurse not only satisfies a need, but motivates and educates the client, so they can adopt habits of comfort and develop autonomy on their own; and hope brings the motivation and strength to fight^{7,19}.

Therapeutic music, along with the care provided to the oncological patient can inspire a greater will to live, bringing the feeling of being well cared for, resignifying their existence¹⁷.

It is important that nurses care for their professional role in performing palliative care. Promoting research along those lines, with the help of music as a technology for care, can help improve the quality of life of oncological patients. Studies show good results after using music and associate the role of nursing in identifying behavior changes in patients when the care is associated to music, which stimulates a greater patient/nurse interaction and proximity with musical soothing^{2,12,14}.

CONCLUSION

Therapeutic music can contribute to coping with cancer, acting in mood change and promoting relaxation, hope and, consequently, greater adhesion to treatment and improve quality of life. All this passes through the comfort that nursing seeks to offer within the practice of care. Music, as a therapeutic method, can be a tool of comfort to patients.

CONTRIBUTIONS

Both authors have substantially contributed to the study design, acquisition, analysis and interpretation of the data, wording, and critical review. They approved the final version for publication.



DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interest to declare.

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REFERENCES

- Instituto Nacional de Câncer [Internet]. Rio de Janeiro: Instituto Nacional de Câncer; 2022. O que é câncer? 2022 maio 31. [Atualizado em 2022 jul 14; acesso 2024 abr 10]. Disponível em: <https://www.gov.br/inca/pt-br/assuntos/cancer/o-que-e-cancer>
- Santos ATC, Lima FLT, Bosi MLM, et al. Percepções de enfermeiros sobre a sobrevivência ao câncer no Brasil. *Rev Bras Cancerol.* 2024;70(2):e-024556. doi: <https://doi.org/10.32635/2176-9745.RBC.2024v70n2.4556>
- Santos ATCD, Silva RPD, Almeida LM, et al. Cancer survivorship needs in Brazil: patient and family perspective. *PLoS One.* 2020;15(10):e0239811. doi: <https://doi.org/10.1371/journal.pone.0239811>
- Sales CA, Silva VA, Pilger C, et al. A música na terminalidade humana: concepções dos familiares. *Rev Esc Enferm USP.* 2011;45(1):138-45.
- American Music Therapy Association [Internet]. Silver Spring: AMTA; 1998-2024©. Definition and quotes about music therapy. [acesso 2024 abr 10]. Disponível em: <https://www.musictherapy.org/about/quotes/>
- Pereira ACA, Queiroz VC, Andrade SSC, et al. Efeito da musicoterapia sobre os parâmetros vitais, ansiedade e sensações vivenciadas no período gestacional. *Rev baiana enfer.* 2021;35:e38825. doi: <https://doi.org/10.18471/rbe.v35.38825>
- Kolcaba K. *Comfort theory and practice: a vision for holistic health care and research.* New York: Springer; 2003.
- Silva MJS, Lima FLT. A relevância e o rigor científico e metodológico da pesquisa qualitativa em oncologia. *Rev Bras Cancerol.* 2021;67(2):e-002187. doi: <https://doi.org/10.32635/2176-9745.RBC.2021v67n2.2187>
- Conselho Nacional de Saúde (BR). Resolução nº 466, de 12 de dezembro de 2012. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. *Diário Oficial da União, Brasília, DF.* 2013 jun 13; Seção I:59.
- Seki NH, Galheigo SM. O uso da música nos cuidados paliativos: humanizando o cuidado e facilitando o adeus. *Interface (Botucatu).* 2010;14(33):273-84. doi: <https://doi.org/10.1590/S1414-32832010000200004>
- Rocha KLB, Jesus JH. Os benefícios da musicoterapia no tratamento oncológico humanizado. *Rev Cient Fac Educ e Meio Ambient.* 2022;13(esp):1-2. doi: <http://dx.doi.org/10.31072>
- Júnior HA. Eficácia terapêutica da música: um olhar transdisciplinar de saúde para equipes, pacientes e acompanhantes. *Rev Enfermagem UERJ.* 2018;26:e29155. doi: <https://doi.org/10.12957/ruerj.2018.29155>
- Aguilera KC, Mendes IL, Rolim Neto ML. O uso da música nos cuidados paliativos. *Id on Line Rev Mult Psic.* 2020;14(49):229-47. doi: <https://doi.org/10.14295/idonline.v14i49.2331>
- Bergold LB, Alvim NAT. A música terapêutica como uma tecnologia aplicada ao cuidado e ao ensino de enfermagem. *Esc Anna Nery Rev Enferm.* 2009;13(3):537-42.
- Silva LAGP, Baran FDP, Mercês NNA. Music in the care of children and adolescents with cancer: integrative review. *Texto Contexto - Enferm.* 2016;25(4):E1720015. doi: <http://dx.doi.org/10.1590/0104-07072016001720015>
- Freitas GR, Calais SL, Cardoso HF. Estresse, ansiedade e qualidade de vida em professores: efeitos do relaxamento progressivo. *Psicol Esc Educ.* 2018;22(2):319-26. doi: <https://doi.org/10.1590/2175-35392018018180>
- Lima CL, Carvalho MJ, Silva ER. Musicoterapia para pacientes oncológicos e/ou em cuidados paliativos: revisão integrativa da literatura. *Rev Recien.* 2019;9(28):162-75. doi: <https://doi.org/10.24276/rrecien2358-3088.2019.9.28.162-175>
- Barbosa SSP, Souza JB, Konrad AZ, et al. Hospitalização e música: significados dos familiares de crianças e adolescentes com câncer. *R Enferm Cent O Min.* 2022;12:e4423. doi: <http://doi.org/10.19175/recom.v12i0.4423>
- Ramalho ADM, Ramalho JPG. A musicoterapia como recurso terapêutico para tratamento do paciente psiquiátrico. *Enferm Brasil.* 2017;16(4):246-52. doi: <https://doi.org/10.33233/eb.v16i4.1263>
- Martins AM, Balduino TB. Música como recurso terapêutico no hospital oncológico: relato de experiência. *Rev Psicol IMED.* 2020;12(1):148-60. doi: <https://doi.org/10.18256/2175-5027.2020.v12i1.3518>
- Magela LLM, Mafalda ABO. O efeito da música na saúde humana: base e evidências científicas. *FAINOR.* 2017;10(2):76-98.
- Sousa ADRSE, Silva LFDVA, Paiva ED. Nursing interventions in palliative care in pediatric oncology: an integrative review. *Rev Bras Enferm.* 2019;72(2):531-40. doi: <https://doi.org/10.1590/0034-7167-2018-0121>

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