



Implementing a Community Choir in a Skilled Nursing Facility

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Introduction

- High prevalence of depression, loneliness, and anxiety symptoms in skilled nursing facilities
- Research promotes individualized group music intervention as a motivating and effective intervention.
- Supporting theories:** The Intentional Relationship Model and The Model of Human Occupation (MOHO)
- The Intentional Relationship:
 - Therapeutic use of self
 - Individualized approach
 - Importance of building rapport and relationships
- Model of Human Occupation
 - Volition: motivation to engage in an activity is driven by interests and values
 - Habituation: meaningful roles and routines
 - Environment: physical environment, social environment, context
 - Performance: cognitive and physical abilities needed to perform meaningful activities
- Project Goal and Aim:**
 - to develop and implement a community choir in a skilled nursing facility
 - To measure depression, loneliness, and anxiety symptoms pre and post

Methods

- Program**
 - 1 hour choir sessions 2-3 times per week
 - Planning and preparing for concert performance
 - Resident-led
 - Voted on genre, song selections, name of choir, and board of directors
- Inclusion criteria:** Residents of Cordova Health and Rehabilitation
- Exclusion criteria:** Brief Interview for Mental Status (BIMS) score of 10 or less
- Outcome measurements:** depression, loneliness, and anxiety symptoms pre and post
- Assessments:** Geriatric Depression Scale, UCLA Loneliness Scale, and Hamilton Anxiety Scale
- Demographics:** (see Table 1)
- 7 total research participants; 20-25 residents regularly attended.

Results

- Comparison of pre and post scores for each participant (Table 2)
- Overall trend toward a decrease in depression, loneliness, and anxiety symptoms (Figure 1)
- Decrease in score=decrease in symptoms

Table 1: Participant demographics

Participant	Age	Gender	Ethnicity	Length of Residency
A	91	F	W	~5 years
B	71	M	W	~2 years
C	62	F	W	~2 years
D	66	F	W	~8 years
E	64	F	W	~5 years
F	90	M	W	~3 years
G	87	F	W	<1 year

Abbreviations: F, Female; M, Male; W, White

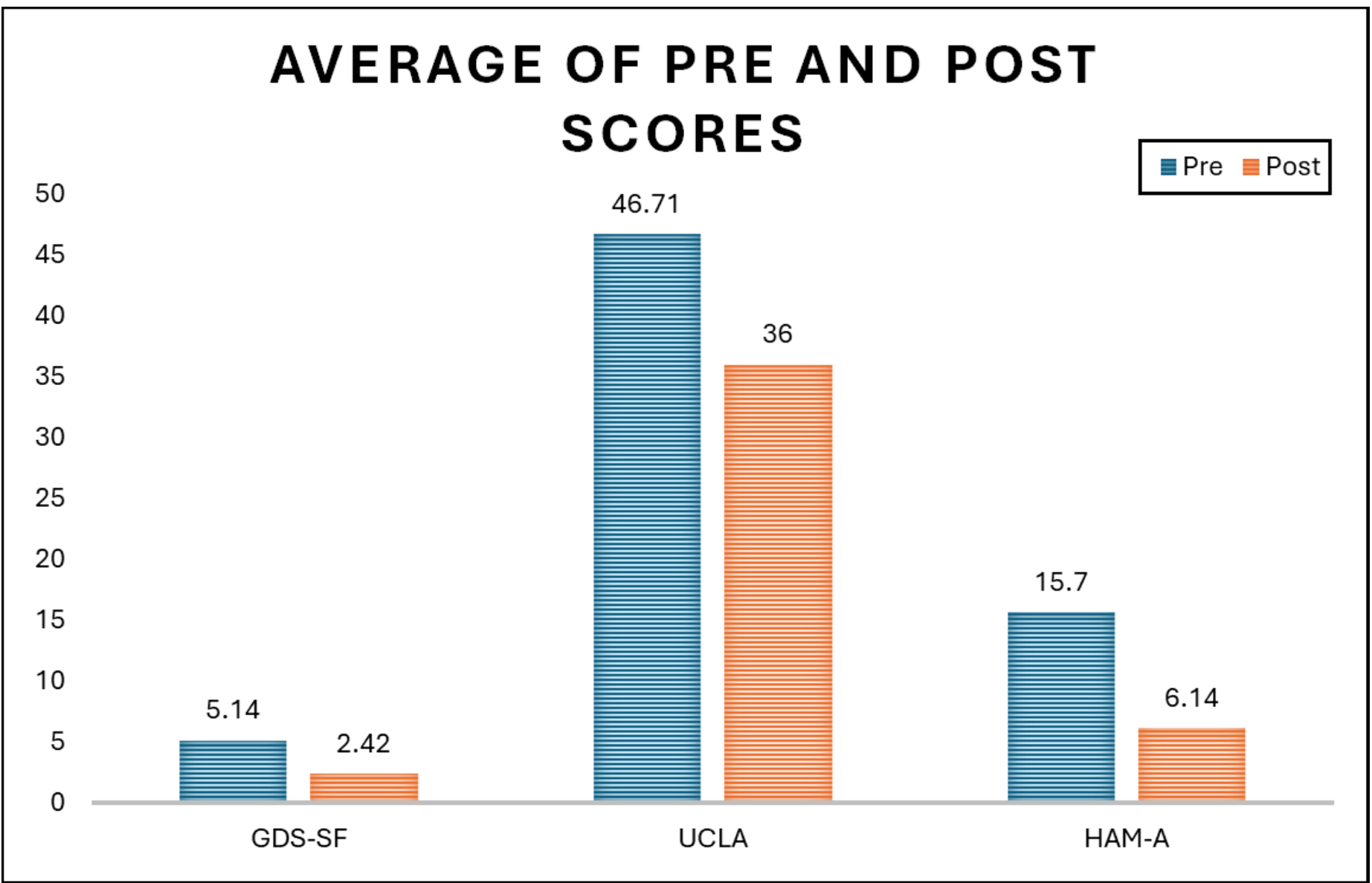
Table 2: Pre and post scores

Participant	GDS-SF (Pre)	GDS-SF (Post)	UCLA (Pre)	UCLA (Post)	HAM-A (Pre)	HAM-A (Post)
A	8	3	52	43	25	5
B	7	3	35	20	6	3
C	2	0	68	24	9	2
D	1	0	47	52	4	4
E	6	3	59	47	33	17
F	8	6	39	41	22	10
G	4	2	27	25	11	2

Abbreviations: GDS-SF, Geriatric Depression Scale; UCLA, UCLA Loneliness Scale; HAM-A, Hamilton Anxiety Scale

Results Continued

Figure 1: Average of assessment scores pre and post



Abbreviations: GDS-SF, Geriatric Depression Scale; UCLA, UCLA Loneliness Scale; HAM-A, Hamilton Anxiety Scale

- Data analyzed using the Wilcoxon Signed Rank Test (Table 2)
 - Significant decrease in depression and anxiety ($p < .05$)
- Trend toward decrease in loneliness but not significant ($p > .05$)

Table 3: Wilcoxon test results

Wilcoxon Signed Ranked Test Statistics	Geriatric Depression Scale (Post) - Geriatric Depression Scale (Pre)	UCLA Loneliness Scale (Post) - UCLA Loneliness Scale (Pre)	Hamilton Anxiety Scale (Post) - Hamilton Anxiety Scale (Pre)
Z score	-2.384	-1.609	-2.201
Asymp. Sig. (2-tailed)	.017	.108	.028

Discussion

- Depression, loneliness, and anxiety symptom outcomes:**
 - Intervention effective for anxiety and depression symptoms
- Program Development and Implementation:**
 - Top attended activity
 - Collaboration with therapy, nursing, and activities was crucial
- Participant Experience and Performance:**
 - Participant feedback:
 - Happiness
 - Joy
 - Sense of accomplishment
 - Purpose
 - Self expression
 - "It was a great sense of accomplishment to be able to be apart of a group and prepare something of good quality to perform and entertain others with".
 - "I never attended activities before but began attending choir because it gave me a chance to express myself."

Discussion Continued

- Implications for Practice:**
 - Importance of context and roles
 - Implementing similar facility level programs as part of a restorative approach
 - Incorporating music intervention in traditional billable OT treatment
- Limitations:**
 - Small sample size
 - Short duration of project
 - No control group
 - Many factors could have influenced results (medication changes, changes in medical status, etc)
- Future Research and Direction:**
 - Physiological measurements (cortisol, blood pressure, etc)
 - Incorporating control groups
 - Assessing how music intervention affects traditional OT outcomes
 - Incorporating movement/exercise

Conclusion

- Music participation as an intervention:**
 - Cost-effective
 - Non-pharmaceutical approach
 - Motivating
- Occupational therapy practitioners should consider implementing music intervention into their own practice.

References

- Ergin, E., & Çınar Yücel, Ş. (2019). The effect of music on the comfort and anxiety of older adults living in a nursing home in Turkey. *Journal of Religion and Health*, 58(4), 1401–1414. <https://doi.org/10.1007/s10943-019-00811-z>
- Joseph, D., & Southcott, J. (2018). Music participation for older people: Five choirs in Victoria, Australia. *Research Studies in Music Education*, 40(2), 176-190. <https://doi.org/10.1177/1321103X18773096>
- Kielhofner, G., & Burke, J. P. (1980). A model of human occupation, part 1. Conceptual framework and content. *American Journal of Occupational Therapy*, 34, 572-581.
- Taylor, R. R. (2008). *The intentional relationship: An integrated approach to occupational therapy practice*. Elsevier Health Sciences.
- Yu, A.-L., Lo, S.-F., Chen, P.-Y., & Lu, S.-F. (2022). Effects of group music intervention on depression for elderly people in nursing homes. *International Journal of Environmental Research and Public Health*, 19(15), 9291. <https://doi.org/10.3390/ijerph19159291>
- Full list of references is available upon request.**

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