

## Abstract

Preoperative anxiety contributes to physiologic stress and can negatively influence anesthetic management and recovery. Music therapy is a safe, low-risk option to improve patient comfort. This project tested whether a brief educational session could improve anesthesia providers' knowledge and intent to use music strategies. Fourteen paired surveys showed increased understanding, higher perceived effectiveness, and greater likelihood of clinical use. Education strengthened confidence and supported adopting music therapy in perioperative care.

## Introduction

Anxiety in the preoperative setting is frequently observed and may trigger maladaptive physiologic responses, including sympathetic stimulation and increased anesthetic demand. Although pharmacologic anxiolytics remain widely used, agents such as benzodiazepines are not without risk and may contribute to delayed emergence, oversedation, or cognitive effects. Consequently, attention has turned toward adjunctive, non-pharmacologic interventions that support comfort without additional pharmacologic burden. Music therapy has gained recognition as a safe, low-cost modality with evidence suggesting reductions in anxiety, modulation of stress responses, and enhancement of the perioperative patient experience.

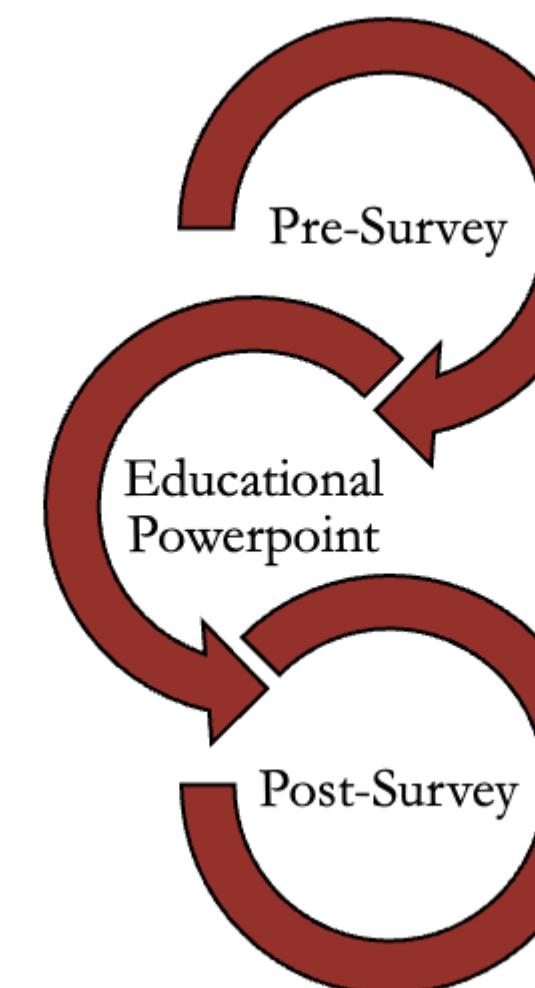
**PICO(T):** In anesthesia providers (P), does education on music therapy (I), compared with no education (C), increase their use of music therapy as an adjunct for managing perioperative pain and anxiety (O)?

## Hypotheses

1. Education will increase provider knowledge of non-pharmacologic anxiety reduction.
2. Attitudes toward music therapy will become more positive.
3. Intent to implement music therapy will increase after education.

## Methods

- Quality improvement project conducted at a large academic medical center.
- Surveys were voluntary and anonymous
- Recruitment occurred over four weeks using email invitations and QR codes; no PHI collected.
- Surveys assessed knowledge, attitudes, perceived effectiveness, feasibility, and intent to use music therapy.



**Participants**  = 14

## Results

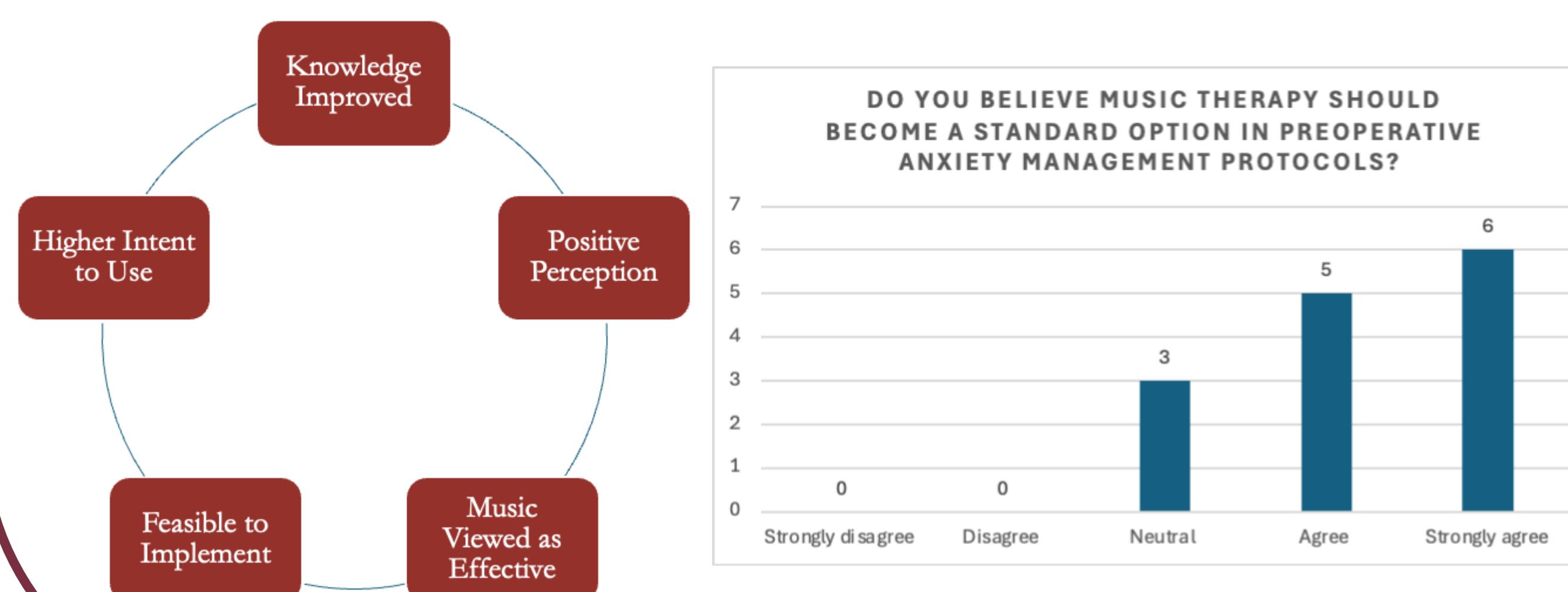
**Response:** 27 responded; 14 completed both surveys.

### Pre-intervention:

- 64% previously used music therapy.
- Reported benefits: reduced anxiety, improved perception, increased satisfaction.

### Post-intervention:

- ↑ Knowledge and ↑ confidence in physiologic benefits.
- 64% “very likely” to use music therapy clinically.
- 79% supported its use as a standard option.
- Feasibility rated high (65%), with minor training uncertainties.



## Discussion

Education meaningfully strengthened anesthesia providers' understanding, confidence, and recognition of music therapy as a safe, low-risk option for reducing preoperative anxiety. Providers reported that the strategies were feasible to incorporate and were more inclined to use them clinically after the intervention. Feedback suggested that remaining concerns centered on workflow logistics and consistency in training rather than doubts about effectiveness. These findings indicated that brief educational sessions could promote adoption of non-pharmacologic, patient-centered approaches in perioperative care and could support broader integration of music therapy into routine practice.

## Conclusions

- Provider knowledge, confidence, and awareness of music therapy benefits increased after education.
- Participants reported greater feasibility and a higher likelihood of using music therapy clinically.
- Education supported integrating music-based interventions into perioperative workflows.
- Addressing questions related to training and implementation may help sustain long-term adoption.

## References

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