Health education with Haydn?

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Society is bedevilled with canned music in all consumer contact areas, for example supermarkets, hairdressers and dentists. The selection and volume of music chosen is seldom indicative of an aim to please the customer, who in consequence is rewarded with a blinding headache or worse as a result of such unsolicited cacophony. How much pleasanter for all it might be if, instead of the use of the ultra amplified decibels of the current pop idols, softer more subtle renderings were to be offered. Correctly chosen, music can be an excellent tranquillizer. Why not use music for this purpose in general practice waiting rooms?

I WORK from a new health centre in a partnership of six. The reception area is bounded on three sides by sliding glass panels which are separated from the ceiling by a 12 inch gap to allow free ventilation. The waiting rooms are directly adjacent to the reception area, which in the planning stages of three years back seemed logistically ideal.

Once in use, the combination of the space above the glass panes, the inevitable gaps between the panes when slid apart for reception purposes and the proximity of the waiting areas proved in practice to be a potential gossip-mongers' paradise.

Conversations in the reception area—at one of the reception hatches, or at the switchboard or amongst the ancillary staff—were all too clearly audible in the waiting areas, and it became rapidly apparent that the confidentiality of such exchanges could in no way be assured. Something had to be done.

Evaluation of idea

A sound-baffler system seemed to be the easiest and cheapest way of distracting waiting patients from audible privileged conversations. Whilst theoretically feasible, this background hum was unlikely to be welcomed by the ill and the anxious.

Low volume, non-vocal, orchestral music seemed the obvious alternative. A trial of taped Bach and Mozart was used initially in the treatment room during coil-fitting and minor-surgery sessions, using a portable cassette player.

No comments were invited about the background music during the sessions; but enquiry of the patient after the procedure about the distraction facility produced opinions of unqualified support for the introduction of it in the waiting areas.

I gave no reasons for wishing to 'create' noise in the waiting rooms, but patients generally suggested it would be nice to have soothing music to listen to whilst awaiting their consultation appointment.

Implementation

Through the encouragement of the administrator and the health centre management committee, funding of a suitable system was approved through the health education budget, *provided* it could be shown that there was a health education benefit to the users of the centre.

A tape deck and amplifier were chosen with consideration for the site within the reception area that would be occupied, with two waiting room speakers. Additional funding for the annual performing rights levy was secured. Extended-play tapes were used to record acceptable musical contributions, and our health education colleagues willingly co-operated in the preparation of these cassettes.

Once the system was operational, the receptionists took it in turns to change the tapes in rotation, with new tapes being added to the pool as they became available.

Feedback

In the first weeks, a straw poll of patients at the conclusion of their consultations with me revealed some interesting data:

1. One in three had not consciously noticed the music but acknowledged its presence on questioning.
2. One in two felt positively more relaxed by the short wait in the waiting area than anticipated, and deduced the music to have been responsible.
3. Nine out of ten either praised the music selection or were indifferent. Under 10 per cent actively disliked it as they preferred to identify 'quietness' with general practice surgeries.
4. *All* (and this was our primary objective) agreed that the music effectively blocked conversation from the reception area.

Further development

But what of the health education component, you might ask?

This has been the source of much subsequent discussion and planning, and tapes are now ready for use with 'thematic messages'. Representatives of each member of the health care team have prepared brief 15-second health education punch-lines, for example on holiday immunization, smoking risks and dental care, and these break into the background music every five minutes. It is hoped that each surgery attender will leave with one useful piece of information additional to that imparted by the consulted professional.

Putting this prospect to attenders at the centre has met with a favourable response.

Final Thoughts

My partners and I are in no doubt about the therapeutic value of our musical innovation. It is already clear that the abolition of the previous need for our ancillary staff to converse in hushed whispers has led to improvement in staff morale.

It is hoped that the inclusion of informative messages will reduce the number of questions that our receptionists are expected to answer.

Could it be that the calming influence of this music might weaken the patient's resolve to obtain anxiolytics from the family doctor? This may not be as ridiculous as it sounds.

Is it possible that our approach to a distraction facility really does come as near as possible to pleasing the customer? And if so, would it be worthy of consideration on a wider scale in health centre practice?