

Musical Visit project: satisfaction of companions of outpatient pediatric patients



Projeto Visita Musicada: satisfação de acompanhantes de pacientes pediátricos ambulatoriais

Proyecto Visita Musicada: satisfacción de los acompañantes de pacientes pediátricos ambulatorios

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How to cite this article:

Lago MEA, Zanin L, Flório FM. Musical Visit project: satisfaction of companions of outpatient pediatric patients. Rev Gaúcha Enferm. 2025;46:e20240220. <https://doi.org/10.1590/1983-1447.2025.20240220.en>

ABSTRACT

Objective: To assess the level of satisfaction among the companions of children awaiting elective medical care due to their participation in a Musical Visit project.

Method: A quasi-experimental study with independent samples, conducted with companions of children awaiting outpatient care at a university hospital in Maranhão, Brazil, between January and April 2022. The participants were divided into two groups: exposed to the project (n=163) and control (n=163). All participants completed a Likert-type questionnaire assessing satisfaction regarding structure, comfort, hygiene, organization, waiting time for consultations and exams, and trust in the service. The exposed group also evaluated the Musical Visit project. Descriptive statistical analysis was performed, and the groups were compared using Chi-square and Fisher's exact tests.

Results: Satisfaction did not differ between groups for most of the items evaluated; however, waiting time for consultation and comfort in the office showed lower satisfaction in the exposed group (p<0.05). The ratings for the project were high (9.6±1.2).

Conclusion: Both groups showed positive levels of satisfaction; however, regarding participation in the project, there was no difference in most of the evaluated items. Waiting time and comfort in the environment are aspects that require attention and improvement.

Descriptors: Music; Patient Satisfaction; Waiting rooms; Ambulatory care; Child.

RESUMO

Objetivo: Aferir o nível de satisfação dos acompanhantes de crianças que aguardavam atendimento médico eletivo em função da participação em um projeto de Visita Musicada.

Método: Estudo quase-experimental com amostras independentes, realizado com acompanhantes de crianças que aguardavam atendimento ambulatorial em um hospital universitário no Maranhão, Brasil, entre janeiro e abril de 2022. Os participantes foram divididos em dois grupos: exposto ao projeto (n=163) e controle (n=163). Todos responderam a um questionário escalonado de avaliação de satisfação sobre estrutura, conforto, higiene, organização, tempo de espera para consultas e exames, e confiança no serviço. O grupo exposto também avaliou o projeto de Visita Musicada. Realizou-se análise estatística descritiva, e a comparação dos grupos por meio dos testes Qui-quadrado e Exato de Fisher.

Resultados: A satisfação dos grupos não diferiu na maioria dos itens avaliados; no entanto, o tempo de espera para consulta e o conforto no consultório apresentaram menor satisfação no grupo exposto (p<0,05). As notas atribuídas ao projeto foram altas (9,6±1,2).

Conclusão: Os grupos apresentaram níveis de satisfação positivos; contudo, em relação à participação no projeto, não houve diferença na maioria dos itens avaliados. O tempo de espera e o conforto no ambiente são aspectos que requerem atenção e melhoria.

Descritores: Música; Satisfação do paciente; Salas de espera; Assistência ambulatorial; Criança.

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RESUMEN

Objetivo: Evaluar el nivel de satisfacción de los acompañantes de niños que esperaban atención médica electiva debido a su participación en un proyecto de Visita Musical.

Método: Estudio cuasiexperimental con muestras independientes, realizado con acompañantes de niños que esperaban atención ambulatoria en un hospital universitario de Maranhão, Brasil, entre enero y abril de 2022. Los participantes se dividieron en dos grupos: expuestos al proyecto (n=163) y control (n=163). Todos respondieron a un cuestionario escalonado para evaluar la satisfacción sobre la estructura, comodidad, higiene, organización, tiempo de espera, y confianza en el servicio. El grupo expuesto también evaluó el proyecto. Se realizó análisis estadístico descriptivo y se compararon los grupos mediante las pruebas de Chi-cuadrado y exacta de Fisher.

Resultados: La satisfacción grupal no difirió en la mayoría de los ítems evaluados; sin embargo, el tiempo de espera para la consulta y la comodidad en el consultorio mostraron menor satisfacción en el grupo expuesto ($p<0,05$). Las calificaciones atribuidas al proyecto fueron altas ($9,6\pm 1,2$).

Conclusión: Los grupos mostraron niveles positivos de satisfacción. En relación con la participación en el proyecto, no hubo diferencia en la mayoría de los ítems evaluados. El tiempo de espera y la comodidad requieren atención.

Descriptores: Música; Satisfacción del Paciente; Salas de espera; Atención ambulatoria; Niño

■ INTRODUCTION

The characteristics of the hospital environment and the deprivation of daily activities can hinder the process of children who are hospitalized or receiving outpatient care to cope with the disease⁽¹⁾. Although the time spent in the waiting room for outpatient consultations is shorter than that of hospital admissions, the experience can be equally traumatic as the organization of the space also requires control of children's behavior^(1,2).

The climate of the waiting room and the recreational activities facilitate adaptation, making the environment more pleasant^(3,4) in addition to strengthening the bond between the professional, the child and the family⁽⁵⁾. In the hospital, the environment and reception, from the perspective of humanization, go beyond physical improvements and functional bonds, acting as inducers of the health promotion process.

Several resources and activities can be implemented in the pediatric outpatient clinic to make the environment more welcoming, ease the wait for consultations and reduce children's anxiety^(5,6). In this context, music has been used in different areas of healthcare as a non-pharmacological therapeutic intervention, addressing the psychological, physical, social and spiritual needs of patients⁽⁷⁾. The use of music in the waiting room can be an accessible and effective way to improve the experience of patients and professionals⁽⁸⁾, reducing the sense of depersonalization experienced in the hospital environment⁽⁹⁾. Evidence shows that musical intervention provides positive responses, such as reduced anxiety and pain⁽¹⁰⁻¹³⁾, as well as evoking positive emotions and decreases levels of stressful conditions⁽¹⁴⁾.

The unpredictability of waiting time⁽¹³⁾ is one of the main factors that make hospital waiting rooms

environments prone to stress and dissatisfaction⁽¹⁵⁾. "Perceived time" often impacts the user experience more than the actual waiting time⁽¹⁶⁾, and this experience – a subjective and multifaceted aspect influenced by the environment – can result in a positive experience during the wait, thus increasing overall satisfaction with the care. The use of distractions can improve the perception of waiting time and, therefore, enhance user satisfaction^(5,16).

It is challenging to assess user satisfaction due to its complexity and subjective nature, influenced by the characteristics of the work process. In this regard, between May and September 2019, the managers of the Children and Adolescent Unit (*Unidade da Criança e Adolescente* - UCA) conducted an evaluation of the inpatient and outpatient service. Although the results showed high levels of satisfaction regarding the care and quality of the service, it was identified the need to implement strategies to promote entertainment and distraction during the wait⁽¹⁷⁾.

In response to this demand and considering the context of the Covid-19 pandemic, in June 2021, the institution implemented the Musical Visit project in the pediatric outpatient clinic, initially developed only in the Intensive Care Units. This project allowed for the distraction of children without the handling of toys and objects, following social distancing guidelines.

Live music is valued for its ability to create a unique and spontaneous social experience⁽¹⁸⁾, and in the hospital context, it has been studied in areas such as oncology, palliative care⁽⁸⁾ and emergency services⁽¹⁹⁾. In this sense, evaluating the impact of this intervention in a pediatric outpatient clinic becomes relevant, especially as an alternative distraction during a period of isolation. Thus, after six months of implementation, the objective

of this study was to assess the level of satisfaction of companions of children awaiting elective medical care due to participation in a Musical Visit project.

■ METHOD

This is a quasi-experimental study with independent samples, conducted in the waiting room of the outpatient clinic of the Children and Adolescent Unit (UCA, Maternal-Children Unit, part of the Hospital Complex of the University Hospital of the *Universidade Federal do Maranhão* (HU-UFMA). This pediatric outpatient clinic, a high-complexity service and state reference in 13 specialties, operates from Monday to Friday, from 6 AM to 6 PM, with consultations scheduled for 7 AM, 9 AM, 11 AM or 3 PM. Upon arrival in service, companions and patients are guided by the security guard regarding the flow of care, check in at the reception, where the patient's identifiers (full name and date of birth) are verified, and then proceed to the weighing room for anthropometric measurements.

The Musical Visit project was implemented at UCA in June 2021, and is held on two Thursdays each month, starting at 8 AM and lasting 60 minutes. During this activity, the responsible professional dressed in colorful clothes and playing the ukulele sang children's songs, while interacting with the audience in the waiting room, always respecting the asepsis and social distancing measures, according to Notice No. 01 of the HU-UFMA Service Bulletin No. 37, dated June 26, 2020⁽²⁰⁾.

Data collection was conducted between January and April 2022, by a single nurse, a member of the Technical Support Commission of the Pediatric Outpatient Clinic at UCA of HU-UFMA. After completing the initial reception and weighing stages, the companions were approached in the waiting room. The researcher explained the objectives of the study and asked the companions about their previous participation in the study. Those who confirmed not having participated previously and agreed to participate signed the Informed Consent Form (ICF). After obtaining consent, the data collection instruments were delivered, with detailed instructions on how to complete and return them to the outpatient clinic reception.

To ensure that all participants were adequately able to respond to the satisfaction questionnaire, in addition to the initial instructions, it was clarified that

closed-ended questions should be answered based on their experience at the outpatient clinic up to that point. For participants attending their first consultation, the option "not applicable" was provided for questions that did not reflect their experience. It is worth noting that most participants were in follow-up or consultations, which reinforced their ability to evaluate the service.

Only participants who answered the instruments legibly and completely were included in the study. At the end of each day of data collection, the researcher reviewed the participation records to ensure that individuals had not participated previously.

For the sample size calculation, the satisfaction rate of 25.8% obtained in the 2019 hospital evaluation, regarding the perception of companions on waiting times was used. Based on this estimate, the minimum sample calculated was 326 companions, equally divided into two groups of 163: one group exposed to the project and one control group. This sample size ensured a test power of 99% ($\beta=0.01$) and a significance level of 5% ($\alpha=0.05$) for a medium-sized effect ($w=0.3$)^(21,22).

Both groups answered the institutional User Satisfaction Survey, according to the protocol established by the Brazilian Company of Hospital Services (*Empresa Brasileira de Serviços Hospitalares* - EBSERH)⁽²³⁾. The questionnaire consisted of eight questions, one of which was open-ended, allowing participants to indicate the medical specialty they sought, while the others were closed-ended. The closed-ended questions included, in addition to the "not applicable" option, a 5-point scale (from "excellent" to "terrible") to evaluate: comfort in the reception area; hygiene, cleanliness and organization of the hospital; comfort of facilities in the medical care area; service at reception; healthcare team service; waiting time for consultation; and waiting time for exams. An additional question assessed overall satisfaction, with answers ranging from "very satisfied" to "very dissatisfied". Additionally, two dichotomous questions (yes or no) checked whether this was the first time the patient had been treated at the hospital and whether the patient would recommend the institution to a family member.

A second questionnaire, prepared by the researcher exclusively for the exposed group, was applied to assess the influence of the Musical Visit on the children's behavior, environment, waiting time, communication with professionals and recognition of the activity as playful.

This questionnaire was developed based on the format of the institutional instrument already adopted by the hospital, aiming to integrate the available evidence on the use of music in hospital waiting rooms. It contained nine questions: seven closed-ended, one open-ended and one mixed question, with additional space for the answer alternatives so that the participants could justify their answer.

Participants were initially asked whether they had ever participated in a Musical Visit, with a dichotomous answer (yes/no). After, they evaluated the project experience on that day and its influence on waiting time, the behavior of the child being accompanied, and the perception of the waiting environment on a scale of 0 to 10. On this scale, the value 0 indicated the worst evaluation (such as "I didn't like it at all", "it didn't help at all" or "not pleasant at all"), while the value 10 represented the best evaluation (such as "I liked it a lot", "it helped to pass the time in a pleasant way", "it helped a lot with distraction" or "extremely pleasant"). Moreover, questions were asked to investigate the perception of the influence of the Musical Visit on the behavior of other users in the waiting room, with dichotomous answers (yes/no) and a space for justification. Another question also assessed whether the project had improved the interaction between users and professionals, with the answer options being "yes", "no" or "I don't know". Another similar question was used to verify whether the Musical Visit made the environment more pleasant for patients and their companions while they waited for care. Finally, participants were invited to offer suggestions on ways to improve waiting times for consultations, with open space for comments.

The questionnaires were always applied on the same days of the week and times, regardless of the study group. The exposed group was assessed on Thursdays when the project was carried out, while the control group was assessed on Thursdays when the project did not occur.

The data were tabulated in an Excel® spreadsheet after collection. They were then analyzed using descriptive statistics and the Chi-square or Fisher's exact tests, the latter applied in cases with expected frequencies equal to or less than five. The categorical variables were described using absolute (n) and relative (%) frequencies after grouping the categories 'excellent' and 'good' and the categories 'fair', 'poor' and 'terrible'.

The open-ended responses were read and then categorized based on the themes mentioned, including the impact on waiting time, child and adult behavior, the environment, the relationship with the healthcare team and entertainment, playfulness and humanization strategies. This categorization allowed us to quantify the responses in absolute (n) and relative (%) frequencies. The scores given by the exposed group after experiencing the Musical Visit were described with means, standard deviations, medians and interquartile ranges. All statistical analyses were performed using R software, adopting a significance level of 5%.

The study was approved by the Research Ethics Committee of the institutions, proponent (CAAE: 53840021.0.0000.5374, protocol: 5.433.079) and participant (CAAE: 53840021.0.3001.5086, protocol: 5.174.141). All ethical standards complied with Resolution No. 466/2012 of the National Health Council.

■ RESULTS

A total of 383 individuals were invited to participate in this study, 175 in the exposed group and 208 in the control group. In the exposed group, there were 5 refusals (due to not wanting to participate or having previous participation), 1 invalid instrument (with more than one answer checked per item) and 6 incomplete instruments (with unanswered items), resulting in a final sample of 163 participants. In the control group, 5 refusals and 40 invalid or incomplete instruments were recorded, also resulting in a sample of 163 participants.

Table 1 shows the composition of the study groups according to the required specialized care. It was found that the groups did not differ in terms of the type of care ($p=0.3312$), but they did differ in terms of the specialty sought.

Table 2 presents the results of the satisfaction survey according to the study groups. It was observed that there was a significant association between the group and the Music Visit only two items ($p < 0.05$): waiting time for consultation and comfort in the consultation room, with the most critical evaluation for the group exposed to the project. For waiting time, the frequency of "fair, poor or very poor" evaluation was 69.9% in the exposed group, higher than the 53.3% in the control group. Regarding comfort in the consultation room, the frequency of "fair/poor/terrible" evaluations was

higher in the exposed group (12.9%) compared to the control group (5.5%). For the other evaluated items, the responses were similar between the groups, being generally positive ($p>0.05$).

Table 3 shows the evaluation of the Music Visit project by the exposed group. Overall, the project was well received and had positive feedback from caregivers, as it promoted changes in user behavior, improved interaction with professionals, made the environment

more pleasant and provided entertainment for patients waiting for elective care at outpatient clinic. Participants also highlighted that recreational activities and humanization could contribute to improving the waiting time for consultations.

Table 4 shows that, on a scale of 0 to 10, the project was highly rated, reaching an average score of 9.6 (± 1.2). Participants reported important benefits, such as transforming the waiting time for consultations

Table 1 - Results of the analysis of the medical care characteristics of the sample, stratified by study group. São Luís, Maranhão, Brazil, 2022.

Variable	Category	Group		Overall	p-value
		Control	Exposed		
		n=163	n=163		
		Frequency (*%)			
Care type	First	24 (14.7)	18 (11.0)	42 (12.9)	†0.3312
	Return	139 (85.3)	145 (89.0)	284(87.1)	
Specialty	Allergy/Immunology	12 (7.4)	17 (10.4)	29 (8.9)	‡0.0192
	Cardiology	9 (5.5)	9 (5.6)	18 (5.5)	
	SIRC ^ε	1 (0.6)	2 (1.2)	3 (0.9)	
	Endocrinology	37 (22.7)	30 (18.5)	67 (20.6)	
	Gastroenterology	15 (9.2)	8 (4.9)	23 (7.1)	
	DIP*	12 (7.4)	16 (9.8)	28 (8.6)	
	Nephrology	2 (1.2)	0 (0.0)	2 (0.6)	
	Neurology	19 (11.7)	24(14.7)	43 (13.2)	
	Dentistry	0 (0.0)	1 (0.6)	1 (0.3)	
	Orthopedics	19(11.7)	40 (24.5)	59 (18.1)	
	Pediatrics	13 (8.0)	5 (3.1)	18 (5.5)	
	Pulmonology	16 (9.8)	8 (4.9)	24 (7.4)	
	Rheumatology	8 (4.9)	3 (1.8)	11 (3.4)	

Source: Prepared by the authors, 2022.

Percentages in columns; †Chi-square test; † Fisher's Exact test; ^εInfectious Diseases of the Special Immunobiological Reference Center; ^{}Infectious Diseases/Infectious Parasitic Diseases.

Table 2 - Comparison of satisfaction instrument items between study groups. São Luís, Maranhão, Brazil, 2022.

Variable	Category	Group		Overall	p-value
		Control	Exposed		
		n=163	n=163		
		Frequency (*%)			
Comfort in the waiting room	Excellent/good	133 (81.6)	131 (82.4)	264 (81.0)	†0.8878
	Fair/poor/terrible	30 (18.4)	32 (19.6)	62 (19.0)	
Hygiene, cleanliness and organization	Excellent/good	149 (91.4)	145 (89.0)	294 (90.2)	†0.4565
	Fair/poor/terrible	14 (8.6)	18 (11.0)	32 (9.8)	
Comfort in the consultation room	Excellent/good	154 (94.5)	142 (87.1)	296 (90.8)	†0.0215
	Fair/poor/terrible	9 (5.5)	21 (12.9)	30 (9.2)	
Reception service	Excellent/good	142 (87.1)	145 (89.0)	287 (88.0)	†0.6087
	Fair/poor/terrible	21 (12.9)	18 (11.0)	39(12.0)	
Healthcare team service	Excellent/good	151 (92.6)	153 (93.9)	304 (93.3)	†0.6588
	Fair/poor/terrible	12 (7.4)	9 (5.5)	21 (6.4)	
	No response	0 (0.0%)	1 (0.6%)	1 (0.3)	

Table 2 - Cont.

Variable	Category	Group		Overall	p-value
		Control	Exposed		
		n=163	n=163		
		Frequency (*%)			
Waiting time for consultation	Excellent/good	76 (46.6)	49 (30.1)	125 (38.3)	†0.0021
	Fair/poor/terrible	87 (53.4)	114 (69.9)	201 (61.7)	
Waiting time for exams	Excellent/good	70 (42.9)	65 (39.9)	135 (41.4)	†0.5740
	Fair/poor/terrible	93 (57.1)	98 (60.1)	191 (58.6)	
Overall satisfaction with service	Very satisfied/satisfied	150 (92.0)	142 (87.1)	292 (89.6)	†0.1472
	Dissatisfied/very dissatisfied	13 (8.0)	21 (12.9)	34 (10.4)	
Recommend the hospital to a family member	No	1 (0.6)	1 (0.6)	2 (0.6)	‡1.0000
	Yes	162 (99.4)	162 (99.4)	324 (99.4)	

Source: Prepared by the authors, 2022.

*Percentages in columns; †Chi-square test; ‡Fisher's exact test.

Table 3 - Evaluation of the Musical Visit project by the exposed group (n=163). São Luís, Maranhão, Brazil, 2022.

Variable	Frequency (%) [§]
MV* changed the behavior of users in the waiting room	121 (74.2)
MV had a positive impact on children	108 (66.3)
MV had a positive impact on entertainment	78 (47.8)
MV had a positive impact on adults	20 (12.3)
MV improved interaction between users and professionals	110 (67.5)
MV made the environment more pleasant for patients and caregivers while waiting for care	155 (95.1)
Playful activities can help improve waiting time for consultations	123 (75.5)
Humanization can help improve waiting time for consultations	47 (28.8)
Users satisfied, without suggestions	13 (8.0)

Source: Prepared by the authors, 2022.

*Musical Visit Project.

[§]The same participant could express more than one perception.

Table 4 - Rating given by the exposed group (n=163) after experiencing the Musical Visit. São Luís, Maranhão, Brazil, 2022.

Variable	Mean (SD*)	Median (IQ†)
Musical Visit Project	9.6 (1.2)	10.0 (10.0; 10.0)
The musical visit helped make the waiting time for consultation more enjoyable	8.7 (2.2)	10.0 (8.0; 10.0)
The musical visit helped the child's behavior	9.1 (2.0)	10.0 (9.0; 10.0)
The music visit made the waiting environment pleasant	8.5 (2.3)	10.0 (8.0; 10.0)

Source: Prepared by the authors, 2022.

*Standard deviation; †Interquartile range.

into a more pleasant experience (8.7 ± 2.2), improving children's behavior (9.1 ± 2.0) and a waiting environment considered extremely pleasant (8.5 ± 2.3).

■ DISCUSSION

The study participants were companions of children seen by different specialties, mostly in follow-up consultations. This scenario aligns with SUS contracting nº 002/2019/SEMUS/HU-UFMA⁽²³⁾, which determines that scheduling first consultations is the responsibility of the Health Manager (Municipal Health Department - *Secretaria Municipal de Saúde* - SEMUS), representing only 16.7% of the consultations available at the institution. Depending on the condition monitored, follow-ups occur monthly, quarterly, biannually or annually, until outpatient discharge.

In compliance with the guidelines of the National Public Management Program (*Programa Nacional de Gestão Pública* - GESPÚBLICA)⁽²⁴⁾, according to Decree no. 6.932/200937, the hospital has been carrying out, since 2014, two annual cycles of the User Satisfaction Survey for Federal University Hospital, carried out by the General Ombudsman of EBSEH. The results of these evaluations were consistent with those obtained in the present study, as well as with the data from the survey conducted by UCA managers in 2019, which led to the development of the Musical Visit project.

The assessment of overall satisfaction with the care received at the hospital is a comprehensive and complex process. This variable, which was not associated with the study group, is influenced by several factors, including those related to the healthcare team, such as their training, respect, and interest, as well as the infrastructure and physical environment of the institution⁽²⁵⁾. Moreover, characteristics inherent to the companions, such as the child's health status and previous experiences within the service, influence their perception, especially about waiting time and medical care received⁽²⁶⁾. In general, in the present study, most of the items in the user satisfaction instrument were evaluated positively by both groups and were not associated with exposure to the Musical Visit. However, two items (waiting time for the consultation and comfort in the room) received more critical evaluations by the exposed group, which presented greater dissatisfaction.

Dissatisfaction with waiting times can be explained by the variability in the specialties offered at the outpatient clinic during the days of data collection. This variable, which is difficult to control, is influenced by the organization of specialists' schedules, which can be impacted by labor issues, such as vacations, and medical leaves, as well as personal or professional reasons, such as absences and cancelled consultations. The absence or delay of doctors, as well as the difficulty in scheduling new consultations⁽¹³⁾, are factors that negatively affect patient satisfaction. On the other hand, satisfaction tends to be reinforced by a good relationship with healthcare professionals, as well as by technical aspects, such as a quality infrastructure and a welcoming environment⁽²⁷⁾.

It was observed that Neurology and Orthopedics services were more frequent in the exposed group. Children who require these services return periodically, which requires greater vigilance and continuous care by companions. Additionally, consultations in these specialties tend to be longer, extending the waiting time for other patients. In this context, the scheduling strategy at the outpatient clinic should be reconsidered. Instead of scheduling all children for the first consultation, it would be more appropriate to schedule patients by consultation, which could reduce anxiety, impatience and nervousness among companions and patients. This approach aligns with the guidelines of the National Humanization Policy, as prolonged waiting can compromise the quality of consultations, reducing their duration and affecting user satisfaction and the resolution of the healthcare system⁽²⁸⁾.

The Musical Visit provided, according to the findings from the exposed group, a more cheerful and relaxed waiting environment, which was also observed in studies that analyzed the effect of music in hospital waiting rooms^(2,8). Music not only evokes emotions, but also shapes temporal perception⁽²⁹⁾, and studies show that it has the potential to change negative perceptions about the length of stay in the hospital environment^(10,12) and can distract the patient's attention⁽¹⁹⁾. The Musical Visit lasted 60 minutes daily; and, in this context, the perception that there should be music in all hospital waiting rooms and that the hospital environment is transformed by music – becoming less boring or silent and, in some cases, uplifting, calming and even therapeutic – was identified in a study in which participants were exposed

to only 30 minutes of music in the waiting room⁽⁷⁾, a finding that values the strategy adopted by the hospital, despite its brief duration. On the other hand, limiting the activity to 60 minutes may have made participants more attentive, sensitive and critical of the remaining waiting time, resulting in a more critical assessment, especially for those who frequent the outpatient clinic more regularly⁽²⁶⁾.

In the context of the user satisfaction survey, in the item "suggestions or complaints", general requests were made for improvements to the physical structure, such as the creation of access ramps, the installation of seats more appropriate for the age group and more comfortable, and the creation of a more playful environment, with space for children's recreation and entertainment. The exposed group reiterated the suggestion of permanently including playful practices as a way of improving the waiting time for consultations. This demand aligns with the findings of other studies, which indicate the inclusion of games and music as humanization strategies in child care^(1,10).

The results of this research confirm that user satisfaction is influenced by technical aspects such as good infrastructure and environment⁽²⁷⁾ and the exposed group clearly expressed this perception when they showed greater dissatisfaction with the comfort in the consultation room. This aligns with studies that show that music encourages the verbalization of complaints and dissatisfaction with the care received in the service⁽¹³⁾.

The participants positively evaluated the Musical Visit project, recognizing its contribution to improving the environment, making the waiting time more pleasant for both children and their companions. Furthermore, the unique ability to evoke emotional and physiological responses – from tapping feet to the release of endorphins – should be considered a potential facilitator of engagement and interaction in the waiting room⁽⁸⁾, as well as improving the relationship between health-care professionals and patients, contributing to more humanized care⁽¹⁰⁾.

The benefits provided by the project to the exposed group were reflected in the scores given by the companions (from 0 to 10) regarding different aspects: the project itself (I liked it a lot); the waiting time for the consultation (helped to pass the time in a pleasant way); the child's behavior (helped to distract them a

lot); and the waiting environment (extremely pleasant). Furthermore, the answers to the open-ended questions indicated how the Musical Visit positively changed the behavior of users in the waiting room, having a positive effect on children, adults, the environment and as an entertainment strategy, proving to be a beneficial playful tool for patients waiting for elective consultations⁽¹¹⁾.

The companions reported that the children were happier, more well-behaved and less anxious, which was also observed in other studies^(9,10). Moreover, there was a reduction in stress^(10,11) and idleness⁽⁹⁾. This finding can be explained by the fact that music has the ability to influence the neurochemical balance of the central and peripheral nervous system, modulating bodily and emotional arousal⁽¹⁴⁾. Music also influences the mesolimbic pathways, stimulating the secretion of endorphins, producing an anxiolytic effect, since it is associated with an affective charge. By generating pleasure, it improves mood and symptoms of stress and anxiety⁽³⁰⁾.

Stands out as one of the limitations of the Musical Visit the dependence on a professional responsible for conducting the activity, which restricts the time available for its implementation. Recently, the hospital made a significant investment in this proposal, allocating a specific professional to lead the activity, demonstrating the management's commitment to promoting playfulness in the waiting environment. In this context, studies are suggested to longitudinally evaluate the expansion of the project, with more frequency and at different times, and the implementation of background music, which could alternate with the existing project. Although it is recognized that live music engages listeners more effectively than pre-recorded music⁽¹⁸⁾, this approach can help to overcome budgetary challenges that limit the large-scale implementation of the Musical Visit project.

■ CONCLUSION

The overall satisfaction of companions of pediatric patients in the outpatient clinic was not associated with participation in the Musical Visit project. However, the exposed group evaluated the waiting time and comfort in the consultation room more critically, demonstrating greater dissatisfaction. Although the project has provided benefits, such as improved environment and

a more humanized reception in a context of social isolation, it was not enough to meet demands that require improvements in structure and work processes.

The Musical Visit project currently has a specific, decorated space, as well as new musical instruments, such as maracas and tambourines. Background music was introduced during the breaks in the musical visit. Gradually, the outpatient waiting room is being restructured to provide a more effective reception and an environment that makes the wait for care more pleasant.

■ ACKNOWLEDGMENTS:

To the University Hospital of the *Universidade Federal do Maranhão* HU-UFMA for the investment in the Musical Visit Project carried out by the Humanization Service.

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■ **Data and material availability:**

Access to the dataset can be obtained upon request to the corresponding author.

■ **Authorship contribution:**

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The authors declare that there is no conflict of interest.

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Associate editor:

Helena Becker Issi

Editor-in-chief:

João Lucas Campos de Oliveira

Received: 06.20.2024

Approved: 11.28.2024

