

THE HUMANISTIC CARE OF FAMILIES IN THE INTENSIVE CARE UNIT: A EXPERIENCE MOBILIZED BY MUSIC

ATENCIÓN FAMILIAR HUMANÍSTICA EN LA UNIDAD DE CUIDADOS INTENSIVOS: UNA EXPERIENCIA MOVILIZADA POR LA MÚSICA

O CUIDADO HUMANÍSTICO DA FAMÍLIA NA UNIDADE DE TERAPIA INTENSIVA – UMA EXPERIÊNCIA MOBILIZADA PELA MÚSICA

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ABSTRACT

Introduction: The intensive care unit is undoubtedly a stressful place. Therefore, the use of music as a complementary care strategy aims to elevate spirituality, promoting a positive experience in alleviating family suffering. This study is theoretically supported by the Humanistic Care proposed by Paterson and Zderad, which adds to nursing a perspective of care through relationship and openness to the phenomenon experienced by others. **Objective:** To explore the experiences of family members of critically ill patients regarding the musical care received during their Intensive Care Unit visit. **Method:** A qualitative, descriptive, and exploratory study developed with 13 family members who visited loved ones in intensive care at a public hospital in southwestern Bahia. Recruitment took place after the musical visit was conducted by the university extension program. Data collection used semi-structured interviews, subjected to Minayo's thematic content analysis. **Results:** The results showed that the care needs of families with a loved one in critical care encompass emotional, social, and spiritual dimensions. In this sense, music contributed to important professional attitudes, such as empathy, warmth, emotional support, and the promotion of hope. **Final Considerations:** Humanistic care mediated by musical care for families proved to be a valuable strategy, converging on the satisfaction of biopsychosocial and spiritual needs, contributing to a shared/validated experience for the healthcare team, and consequently, less traumatic in the intensive care hospital setting.

KEYWORDS: Intensive Care Units; Family; Music; Empathy.

RESUMEN

Introducción: La Unidad de Cuidados Intensivos (UCI) es, sin duda, un lugar estresante. En este sentido, el uso de la música como estrategia de cuidado complementario surge con el objetivo de elevar la espiritualidad, promoviendo una experiencia positiva para aliviar el sufrimiento familiar. Este estudio se sustenta teóricamente en el Cuidado Humanista propuesto por Paterson y Zderad, que incorpora a la enfermería una perspectiva de cuidado a través de la relación y la apertura al fenómeno vivido por el otro. **Objetivo:** Comprender la experiencia de los familiares de pacientes críticos con respecto a la atención musical recibida durante su visita a la UCI. **Método:** Se realizó un estudio cualitativo, descriptivo y exploratorio con 13 familiares que visitaron a sus seres queridos en la UCI de un hospital público del suroeste de Bahía. El reclutamiento se realizó después de la visita musical por parte del programa de extensión universitaria. La recolección de datos se realizó mediante entrevistas semiestructuradas, sujetas al análisis de contenido temático de Minayo. **Resultados:** Los resultados mostraron que las necesidades de cuidado de las familias con un ser querido en hospitalización crítica abarcan dimensiones emocionales, sociales y espirituales. En este sentido, la música contribuyó al desarrollo de importantes actitudes profesionales, como la empatía, la calidez humana, el apoyo emocional y la promoción de la esperanza. **Consideraciones finales:** La atención humanística mediada por la música para la familia resultó ser una estrategia valiosa, que converge hacia la satisfacción de las necesidades biopsicosociales y espirituales, contribuyendo a una experiencia compartida y validada por el equipo de atención médica y, en consecuencia, menos traumática en el entorno hospitalario intensivo.

Palabras clave: Unidades de Cuidados Intensivos; Familia; Música; Empatía.

RESUMO

Introdução: O setor de Terapia Intensiva é, indiscutivelmente, um lugar estressante. Neste sentido, a utilização da música como estratégia complementar de cuidado surge com o objetivo de elevar a espiritualidade, promovendo uma experiência positiva no alívio do sofrimento familiar. O presente estudo está apoiado teoricamente no Cuidado Humanístico proposto por Paterson e Zderad, que agrega à enfermagem uma perspectiva de cuidado através do relacionamento e abertura ao fenômeno vivido pelo outro. **Objetivo:** conhecer a experiência de familiares de pacientes críticos, referente ao cuidado musical recebido durante sua visita à Unidade de Terapia Intensiva. **Método:** estudo qualitativo, descriptivo e exploratório desenvolvido com 13 familiares que visitaram entes queridos na terapia intensiva em um hospital público do sudeste da Bahia. O recrutamento foi feito após a realização da visita musical pela extensão universitária. A coleta utilizou entrevista semiestruturada, submetida à análise temática de conteúdo de Minayo. **Resultados:** evidenciaram que as necessidades de cuidado das famílias com um ente querido em internamento crítico perpassam dimensões emocionais, sociais e espirituais. A música, neste sentido, contribuiu para atitudes profissionais importantes, tais como: empatia, calor humano, acolhimento emocional e promoção de esperança. **Considerações Finais:** o cuidado humanístico mediado pelo cuidado musical à família mostrou-se como uma estratégia valiosa, convergente à satisfação das necessidades biopsicosociais e espirituais, contribuindo para uma experiência compartilhada/validada pela equipe de saúde, consequentemente, menos traumática no contexto intensivo hospitalar.

Palavras-chave: Unidades de Terapia Intensiva; Família; Música; Empatia.



INTRODUCTION

This research focuses on the family's care experience in the Intensive Care Unit (ICU) through the use of music during visiting hours. It is a study theoretically supported by the Humanistic Care proposed by Paterson and Zderad, which adds to nursing a perspective of care through relationship and openness to the phenomenon experienced by the other. An intuitive/spiritual interaction of care capable of feeling the other, being empathetic to them, creating a bond and sharing the meaning of their experience, interposing holistic interventions to meet their needs⁽¹⁾.

The Intensive Care Unit is, undeniably, a stressful place, both for patients and their families, as well as for the entire local health team. The tension that permeates this environment is justified, above all, by the fact that it is a closed unit with restricted family access, while at the same time containing high technological complexity, a predominance of serious cases and life-threatening situations, among other characteristics responsible for the feelings of fear and discomfort frequently associated with it⁽²⁾.

For all these reasons, the experience of a family member's hospitalization in the ICU results in a substantial transformation in family dynamics and organization. Having a loved one hospitalized in the ICU overburdens the family with responsibilities, generating physical and emotional strain, among other aspects that have a great impact on coping and the family member's health. The family is then immersed in many

subjective challenges. Feelings of loneliness, insecurity, fear, sacrifice, fatigue, and worry, always present at this time, can manifest as physical problems, such as headaches or muscle aches, as well as psychological issues such as insomnia and anxiety^(3,4).

Thus, it is notable that in the ICU, faith, hope, and trust in a higher power permeate the environment, reflecting introspectively on individuals. Both family members and patients, when conscious, seek comfort in their spirituality to overcome the challenges of hospitalization. Within the ICU setting, faith is the main support used by family members to face the challenges of hospitalization, contributing to emotional improvement and self-control. Many family members consider spirituality a source of strength that helps them stay in the hospital, alleviate family suffering, and positively influence the patient's recovery⁽⁵⁾.

Following this perspective, spirituality plays a crucial role in family members' adaptation to stressful situations, suffering, and challenges inherent in the illness process. Spirituality contributes to acceptance, tranquility, and self-confidence, aspects that enable therapeutic processes in care. Furthermore, its impact on physical and mental health has validated the importance of a holistic approach to the family member, considering their individuality and interactions with the environment. With this approach, observing the human being as a biopsychosocial-spiritual being becomes a relevant paradigm, highlighting



spiritual well-being as a foundation of support for health and illness processes⁽⁶⁾.

In this sense, music plays a fundamental role in stimulating spirituality, both in the patient and their family members. The use of music as a complementary care strategy nourishes the soul and redirects individuals towards more resilient behaviors in the face of difficulties. The desire to listen to religious music in the hospital environment is common, because in addition to helping cope with illness and providing comfort, it also mobilizes sources of resilience and gives new meaning to hope⁽⁷⁾.

In this context, Paterson and Zderad's Humanistic Theory points to the importance of balancing the scientism of the positivist method with a degree of intuition and subjectivity capable of freeing human creativity in nursing and guiding it along new paths observed from significant individual experience in the care context⁽¹⁾. In this context, music therapy can play a positive role for both the patient and the family by interacting with emotional suffering, improving mood and reducing levels of anxiety, sadness and physical discomfort; this interaction provides social, family, spiritual and functional benefits^(8,9) resulting in improved well-being for family members in the hospital environment.

According to Ordinance No. 849, of March 27, 2017, of the Brazilian Ministry of Health, music therapy is legitimized as an integrative and complementary practice in the hospital environment, where it is included in the National Policy on Integrative and

Complementary Practices (PNPIC) of the Unified Health System (SUS)⁽¹⁰⁾. This is a form of care that uses music and its elements (melody, rhythm, harmony, and sound) in both individual and group participation, in a comprehensive way, developing creativity, emotions, stimulating the sensory senses, as well as breathing, circulation, and motor reflexes. Furthermore, it promotes better integration of patients, families, and professionals in an intra- and interpersonal way, contributing to the promotion and improvement of the quality of life of those involved⁽¹¹⁾.

Thus, music has demonstrated beneficial and significant effects in stabilizing vital signs, reducing stress, and contributing to the overall well-being of patients. And these benefits apply not only to patients but also to their families, offering them comfort and calm during hospital visits. Therefore, by integrating music into the hospital environment, nursing seeks not only to favor the recovery of patients but also to provide emotional support to their loved ones⁽¹²⁾.

Given this, the extension project: Mobilizing Support Group (AMA) conducts musical visits with choral singing and guitar during visiting hours in ICUs. Its purpose is to support family members and contribute to meeting their emotional, spiritual, and social care needs during this difficult time. The activity uses the voices and guitars of students as instruments, in addition to its own songbook, and is carried out monthly, after rehearsals, at the patients' bedsides, with songs based on the family's previously known preferences.



Based on this action, this study sought to understand the repercussions of this strategy. Its justification lies in the opportunity to analyze an extension activity in choral singing, different from most of the literature that uses electronic music, without person-to-person interaction; in addition to the humanistic theoretical perspective, which completes this difference, converging on a view that integrates music therapy in the relational context of care between the professional and the family in the ICU. Thus, its relevance is shown in the convergence of contemplating three elements rarely found in the literature on the subject: choral singing by students in the field; The study focuses on the family as the target audience, and uses Paterson and Zderad's perspective to align the subject within the context of the interpersonal relationship between the nurse and the patient-family dyad.

Thus, the guiding question is: How do family members of critically ill patients experience musical visits in the ICU? To answer this question, the objective was defined as: To understand the experience of family members of critically ill patients regarding the musical care received during their ICU visit.

METHODS

This is a qualitative, descriptive, and exploratory study conducted in Vitória da Conquista, the main city in southwestern Bahia. The setting was a hospital complex in southwestern Bahia, specifically its adult Intensive Care Units. Participant recruitment

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took place at the end of family visits to the unit, during which time a musical activity involving choral singing and guitar was performed by the extension group: Agrupamento Mobilizador de Acolhimento (AMA). This activity lasted approximately 15 minutes and included about five popular Brazilian and religious songs.

Participant selection was non-probabilistic, based on convenience, selecting those most accessible to the researcher. Inclusion criteria were: being over 18 years of age; being a family member of the critically ill patient being visited; and having received the musical visit from the AMA project in the ICU during their visit to their loved one. The exclusion criterion was: the family member being emotionally distressed and therefore unable to participate in the interview. Thirty candidates were recruited over six musical visits; of these, six refused, and 24 accepted. It was possible to interview 20 family members, of which 13 were used in the study, those that provided substantial data for achieving the objective. The delimitation was made in accordance with the theoretical saturation of the data⁽¹³⁾. It should be noted that those not used were related to monosyllabic responses or focused on a specific aspect of the visit, without being able to elaborate on personal perceptions, probably due to emotional overload and psychological distress at the time of the interview.

Data collection was carried out between September and November 2024 by four researchers, three female and one male, all undergraduate nursing students, with no

connection to the hospital or the research participants, but with prior experience in family support and in conducting semi-structured interviews. The technique used was the semi-structured interview containing the questions: How has the experience of having a family member in the ICU been? / Besides medical treatment, (patient and family) what do you need at this moment? / How do you perceive music at this moment? / How did you feel receiving this musical visit in the ICU? / Did listening to these songs bring you any reflection? Can you tell me about it? / What part of the visit touched you the most? Why? The interviews lasted an average of 10 minutes, and the responses were recorded in MP3 format and transcribed for analysis. All interviews were conducted in the hospital itself, individually and privately, immediately after the ICU visit, aiming to ensure recent recall and the most complete account of the feelings and benefits observed by the participants.

The interviews were conducted after obtaining informed consent from the individuals, who registered their agreement in the respective Informed Consent Form (ICF). In order to guarantee the anonymity of the interviewees, fictitious names of random people not coinciding with the names of any participant or researcher were assigned.

Data analysis was performed using Minayo's thematic analysis technique. Its development involved three stages: the first consisted of a pre-analysis of the data in its entirety, seeking to meet standards of exhaustiveness,

representativeness, and relevance. The second aimed at exploring the material and consisted of organizing and presenting the data, classified into synthesized categories, facilitating the understanding of the collected information. In the third stage, the information was defined, highlighting possible schemes and explanations for finalizing the results found in the study⁽¹⁴⁾.

Ethical principles were followed in observance of the rights and duties of the scientific community and the study population, with the study having been submitted to and approved by the local Ethics and Research Committee prior to data collection, under opinion number 6,948,279.

RESULTS

The participants in this study (13 family members) can be characterized based on the following information: there was a similar gender distribution among the interviewees, 7 female and 6 male; regarding age, the majority were in the 30-40 age range (6); the most prevalent religion was Evangelical (7) (62%); regarding the relationship with the patient, children predominated among the interviewees (6); and regarding the length of stay of the patients visited, it ranged from 3 days to 2 months.

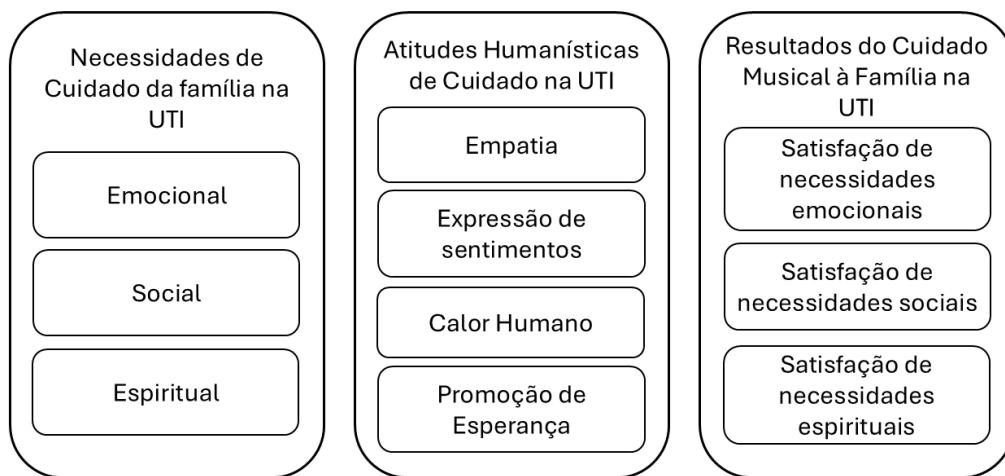
The results converged into 3 categories: Understanding the family's care needs in the ICU – needs and care; Synthesizing humanistic care attitudes mobilized by music in the ICU – the care process; and, Transforming family care in



the ICU through music – the results of care. Each with its respective subcategories, as shown in

Figure 1.

Figure 1 - Distribution of categories and subcategories of Humanistic Musical Care for the family in the ICU, 2024



Source: the authors

Category 1 - Understanding the family's care needs in the ICU - needs and care

Subcategory 1a Need for Emotional Care

It's a very complex experience having a family member in the ICU. You get anxious, you get apprehensive, and you're always hoping they'll get better soon so they can leave the ICU. (Daniel)

Receiving a musical visit inside the ICU? It was a surprise, I wasn't expecting it. And at such a difficult time for the patients there, and also for us, whose hearts are so heavy seeing our loved ones there, it was like a balm. (Natália)

Oh, I was so sad! I even ended up crying right there [...] My heart broke. I had never been to the ICU before, it's my first time [...] To arrive and see my mother in that situation... It's too complicated! (João)

Subcategory 1b: Need for Social Care

We need family, friends, a word of comfort, a hug, advice, a kind word during this difficult time. [...] In my case,

my father is in the ICU, so it's not easy! (Levi)

The musical visit was something very good, because [...]. We're in that difficult moment, even more so in my case, since I'm alone, we feel so alone [...] I had received the medical report, which wasn't one of the best [...] And then, this moment was good for me, it strengthened me, it lessened that anguish, you know? (Patricia)

We're there feeling alone at that moment [...] When someone comes to sing for us, to give us a hug... We don't feel alone anymore at that moment. For sure, we feel stronger. Someone who comes to say: have courage, persevere, because it will work out! (Julia)

Subcategory 1c: Need for Spiritual Care

It was very moving [...] you arrived at just the right time... On the same day that I needed him to listen to some music and he did! It was God who sent [...] so that patients and their families improve in terms of physical health, but also



spiritually. [...] the doctors are doing their part, but we have to seek God [...] there is not only science, there is faith too. (Beatriz)

I am a weak person, anything worries me about my son's behavior [...] a breath, his heart rate [...] Whatever it is. Everything shakes me! I have been strengthening myself a lot, a lot! And when I feel shaken like that, I immediately think of God and then I feel that I become stronger again. (Pedro)

Besides having medical and family support, you do need prayer, you need a conversation, a dialogue [...]. Because it's not just flesh, but also spirit, and for me that's extremely important, very important. (Gabriel)

I would like to listen to more gospel music, because it brings peace, right? Just like you played here today [...] hymns, actually, that bring the peace we need at this moment (Carolina)

Category 2 - Synthesizing attitudes of humanistic care mobilized by music in the ICU - the care process

Subcategory 2a - Empathy as an attitude of humanistic care for the family in the ICU.

[...] this (musical) visit shows us that there are people there who care about the suffering of others, and that's so beautiful! (Beatriz)

The music at this moment is so good! So good, because it's a moment like that [...] of feeling good, feeling welcomed, feeling that there's someone who cares about you. (Daniel)

I held back from crying, because my father needs me to be strong, you know? But it touches me, because we pay attention to the lyrics and it all relates to what we're going through there. (Henrique)

Subcategory 2b - Assistance in expressing feelings as an attitude of Humanistic Care for the family in the ICU.

I got really emotional. I even cried, I cried a lot. Every song that was playing, and me looking at my father there, I got very emotional. [...] because I live in another state, so much time without seeing him... And seeing him there unconscious, unable to talk, and just wanting to hug him... It's very sad. (Ana)

The music [...] The moment you came in was a good moment [...] I don't know if you noticed, when you were singing that part: don't cry, I was crying (Levi)

We feel weak, right? And with music we cry a little, we let it all out and that makes us stronger (Beatriz)

Subcategory 2c - Human warmth as an attitude of Humanistic Care towards the family in the ICU

What struck me most about the musical visit was a hug I received from the person who was singing... A hug that we sometimes need, right? And that we often can't find [...] the hymn was very beautiful, but the hug was very important, very much so! I needed it. (Carolina)

I felt touched during that part [...] When I was singing, you came and comforted me because I was crying... Thank you so much! (Beatriz)

Subcategory 2d - Promoting hope as an attitude of humanistic care for the family in the ICU.

The musical visit brought joy and hope. That's what we need right now. Certainly, the lyrics of the songs you sang there, for me, only brought joy and encouragement to persevere. (Julia)

For me, music is calmness [...] a certainty, a hope that things will get better. (Ana)

(Music) brings hope... I think it brings hope, it's one of the benefits it brings...



They'll get out of there, right? I'm sure of it! (João) B

Category 3: Transforming family care in the ICU through music - care outcomes

Subcategory 3a - Music transforming the psychological experience of the family in the ICU – meeting emotional needs

How was it to receive the musical visit? It was very important, it calms us down, brings tranquility, Peace [...] And we need that, right? We come so anxious to see the patient that we forget about ourselves, but with the musical visit it was much more peaceful, I really liked it. (Carolina)

[...] At the moment when we feel fragile, music helps because we can't live only in sadness either [...] then we have music to change us a little. So the music there is something new. There are times when we arrive there and just cry, just cry, just cry! And the music gives a new rhythm, a new touch, something new. Then we feel more... it's something different. (Levi)

Today I'm leaving the hospital feeling lighter. (Isabela)

Subcategory 3b - Music restoring the value of family relationships – satisfying social needs

While you were singing, I remembered moments when I should have cherished my father more, moments when I needed to be with him. Because life is so busy, and when you have a moment like that and the music comes along, it brings back those memories, reminding you that you need to enjoy life more and be closer to the people you love. [...] I think it helps us to have more love. [...] It helps me to come home, pick up my daughter and give her extra affection (Henrique).

And that song that Roberto Carlos sings, which I think Erasmo Carlos wrote. How beautiful it is! How great is my love for you. I can't even measure this feeling I have for my family, for my children. (Pedro)

The first one you sang [...] "Trem Bala," which talks about family. It's for us to value it more, right? That's the meaning of the song. (Patrícia)

Subcategory 3c - Music making spiritual care real for families in the ICU – meeting spiritual needs

Music helps me, music soothes, calms, inspires, motivates. I love music! It's very good for the spirit and the soul. I think it heals, because it's a remedy for the spirit. Music is very good, I've used a lot of music to improve my emotional health. (Pedro)

It made us feel stronger, so that she would come back. [...] Because at that moment you meditate and you end up saying a prayer there, you know? Through music. (Patrícia)

That part: "Son, don't cry, the one who takes care of you doesn't sleep," really touched me. God takes care of everything. Whoever has God, has everything. [...] when my father went in there I said: he's in God's hands, not in the doctors' hands! (Levi)

DISCUSSION

The results were organized into categories converging with the Humanistic Care process proposed by Paterson and Zderad, in an adapted form, since the main focus was not on the nursing professional's experience, but rather on that of the family. Thus, considering the stages of the theory, results aligned with three of them were included: Nurse knowing the other intuitively and Nurse knowing the other scientifically, represented by Category 1: Knowing the family's care needs in the ICU – needs and care; Nurse analyzing other knowledge to synthesize data into results, related



to Category 2: Synthesizing humanistic care attitudes mobilized by music in the ICU – the care process; and, Nurse transforming her experience into knowledge for many through the paradoxical nexus, referring to Category 3: Transforming family care in the ICU through music – the results of care.

The results obtained in the study consolidate findings that reveal a scenario of great vulnerability, marked by uncertainty, stress, and intense emotional demands on the part of family members of patients hospitalized in Intensive Care Units (ICUs). In this context, the observed needs go far beyond technical and informational support, reaching spiritual, emotional, and social aspects.

Therefore, these three observed needs constitute interconnected dimensions that demand comprehensive attention in the care of family members in vulnerable contexts, such as palliative care in the ICU. Other studies also highlight that addressing spiritual, emotional, and social needs can bring comfort and relief, promoting a sense of peace and connection with family members, while contributing to the reduction of feelings of anguish, fear, and helplessness. In this direction, the interaction between the nursing team and family members contributes to strengthening the bonds of trust between them, in order to ensure complete and welcoming care. Such care also contributes to improving the quality of service offered and support for families during this period of extreme fragility, promoting a more attenuated

and resilient experience and coping with the challenges imposed by hospitalization⁽¹⁵⁾.

Among the family care needs in the ICU, highlighted by these results, the one related to the spiritual dimension stands out. This finding converges with other evidence that affirms the important power of spirituality in coping with the challenges inherent in critical hospitalization. Spirituality plays a crucial role in offering comfort through faith, hope and trust in a higher power, helping families to better cope with suffering and serving as a source of support and strengthening, especially through belief in God⁽⁵⁾. In this same perspective, Paterson and Zderad's Humanistic Theory presents care as a tool that transcends physical treatment, valuing the lived experience of the patient and family as a whole. It highlights the importance of the nursing professional as a facilitator of meaning and promoter of an environment in which faith can act as a therapeutic resource⁽¹⁾.

Emotional care, on the other hand, is a different but equally indispensable need, considering that hospitalization in the ICU has a significant impact on the mental health of family members, who are often overwhelmed by fear, anxiety, and fatigue^(3,4). Regarding this need, the humanistic school guides the construction of authentic and empathetic relationships between the professional and the patient and/or family member, allowing the nursing professional to understand the emotional experiences of the other, create bonds of trust, alleviate psychological suffering, and strengthen coping with adversity⁽¹⁾.



Similarly, other research supports the benefits of building closer relationships with family members. For example, extended visitation has become more frequent in ICUs, fostering more empathetic, welcoming, and effective interaction, while also allowing for the exchange of experiences and better integration of family members into the care process. On the other hand, these same studies show that restrictive models of visitation and conversation with family members can limit the establishment of interpersonal bonds and generate feelings of abandonment for family members during the illness of a loved one. Furthermore, humanizing care, focusing on active listening and emotional support, is fundamental to minimizing the negative impacts of hospitalization, promoting comfort and security^(15,16).

From this perspective, music can contribute to improving social interaction, communication with the nursing staff, and restoring patient autonomy, since music has the capacity to alter behavior and improve cognitive and relational development, thus constituting a viable therapeutic strategy to enhance humanized care. Thus, nursing and music therapy share interfaces that connect with the need for a holistic approach to individuals under their care, making music a significant tool for genuine care practice by the nursing team, facilitating/promoting the expression of individuals' feelings and subjectivities⁽¹¹⁾.

Music, as a facilitator of human relationships, aligns with the understanding of Humanistic Theory regarding the value of

interpersonal experiences in care. Meaningful connections, based on trust and consideration, can help nursing professionals recognize the complexity of the lived experience and act in a welcoming manner in the care process, reducing the impact of fear and stress. In this way, social interaction in healthcare goes beyond technical support, becoming a virtue that enriches and sustains the human experience during recovery^(1,17).

Many studies confirm that music is an extraordinary ally in the care process, fostering bonding in hospital settings where stress and anxiety are constant. It has the power to promote relaxation, stress reduction, and improved well-being for both patients and family members, who report a feeling of calm and support associated with its use. Furthermore, music therapy has a positive impact on physical recovery, contributing to the stabilization of physiological parameters such as heart and respiratory rate, and improving oxygen saturation levels. And, beyond the benefits for the patient and their family, it makes the environment more tranquil and conducive to support and compassion from the nursing staff, as already mentioned, by strengthening the bonds between the staff and family members. In this way, music reveals itself as a relevant therapeutic tool for comprehensive care, contributing both to physical recovery and to the improvement of interpersonal relationships in the hospital setting, especially in the ICU^(18,19,20).

Nursing faces significant challenges in ensuring holistic and humanized care, especially



in highly technological environments such as ICUs. In these environments, patients are frequently in critically vulnerable conditions, while nurses deal with the stress resulting from the extensive use of high-tech equipment. This stressful and pressured condition can lead nursing professionals to neglect the humanistic aspects of care, prioritizing their technical skills over empathy and emotional support for patients. As a result, achieving humanistic care in nursing becomes a complex challenge, requiring professionals to adopt an approach that is simultaneously conscious, integrated, and technical, but also sensitive to the emotional and social needs of patients⁽²¹⁾.

In this sense, Paterson and Zderad's Humanistic Theory can be used to describe music therapy as a form of holistic and humanized care, which understands music as a therapeutic tool capable of promoting the patient's recovery and overall well-being, calming family members, and contributing to the motivation of healthcare professionals towards the humanization and comprehensiveness of care⁽¹²⁾. Given this, the nurse's responsibility in providing care to the families of patients in the ICU involves identifying and addressing the emotional, social, and spiritual needs of family members, considering the negative and positive feelings that emerge in this context, through effective bonding and communication between them, essential in determining comfort and a good relationship between them⁽¹⁵⁾.

Thus, the present study represented an opportunity to broaden horizons in providing

care to the families of patients in the ICU through music. It enabled an understanding of the impact of music on the healthcare team in providing human and emotional care to the family member. It represented a new way of seeing and perceiving the family member in the ICU environment, showing that they have their needs and vulnerabilities. Furthermore, it was possible to consider music as a sensitive and effective care tool to provide comfort and relief to the family member, transforming the ICU into a welcoming space. Consequently, the research enriched the framework of hospital practices by offering a perspective on music as a means of humanization, capable of touching and transforming the experiences lived by family members and contributing positively to this moment of fragility.

This study has limitations in the restricted context of its investigation, as well as its methodological specificity. It contributes to knowledge in the area of family care in the ICU, but should serve as motivation and encouragement for other researchers in the search for evidence that can accumulate towards the transformations that family care in the ICU demands.

FINAL CONSIDERATIONS

The importance of humanized and comprehensive care for the families of patients hospitalized in the ICU involves needs that cannot be met solely through technical and scientific support. The results of this study show the vulnerability of family members in this



context, marked by feelings such as helplessness, anguish, and fear, highlighting the need for an approach that goes beyond traditional interventions to achieve biopsychosocial-spiritual care. This is possible through interpersonal relationships, bonds of trust, empathetic support, effective communication, dialogue, and a compassionate attitude from a professional, regardless of their role, who considers their role relevant in this regard.

Within this perspective, music was observed as a highly valuable strategy, as a complementary integrative practice of holistic (multidimensional: emotional, spiritual, and social) nursing care. It undoubtedly enhances the humanity of the professional, mobilizing essential socio-emotional competencies for compassionate and comprehensive care of the human being, whether patient or family member. Furthermore, music plays an extremely challenging role in managing the healthcare team in the ICU, providing spiritual support and fostering hope and resilience in those who allow themselves to be shaped by melodies in reflections on the meaning of life, the sacred, and what truly matters as virtue and personal philosophy.

Finally, this study reaffirms that, faced with the challenges imposed by the technological environments of ICUs, nursing must prioritize a humanistic, relational, and integrated approach that considers the subjective human dimensions of the people involved in the care process. Strengthening practices based on respect, empathy, and dialogue is the best way to

promote meaningful and transformative care. Thus, the use of humanistic theoretical assumptions, music, and relationships is suggested as a basis for creating protocols for family care in the ICU, as well as investment in more discussions, training, and professional development that ensure the continuous improvement of nursing practice and support the feasibility of Humanistic Care for the family in the ICU.

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Conflict of Interest Statement

Nothing to declare.

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