



A mixed-method systematic review to investigate the effect of group singing on health related quality of life



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ABSTRACT

Objective: To investigate the effect of group singing on health related quality of life (HRQoL) for adult, amateur singers with chronic health conditions.

Methods: A literature search for experimental and observational studies and qualitative studies published before February 2014 was undertaken using the following databases: ASSIA (Proquest), CINAHL (Ebsco), EMBASE (OVID), HMIC (OVID), MEDLINE (OVID), MEDLINE in Process (OVID), OpenGrey, PsycINFO (OVID) and PubMed for Epub ahead of print studies. Social Science searches included: Web of Science, Proquest, and Scopus (Elsevier). The records were screened independently by two reviewers. Studies were critiqued using Critical Appraisal Skills Programme tools.

Results: The literature search identified 573 papers, from which 18 were included (5 quantitative, 5 qualitative, 8 mixed-methods studies). These included a variety of patient populations including chronic respiratory disease, neurological conditions and mental health. The quantitative studies lacked consistency: two of the seven controlled studies demonstrated additional HRQoL benefits with singing compared to controls, while three of six uncontrolled studies showed improved HRQoL. Qualitative methods were recorded in variable depth. The qualitative data presented a range of benefits of group singing including increased confidence, increased mood and social support. Few negative effects of singing were reported.

Conclusion: This systematic review indicates that group singing interventions may have beneficial effects on HRQoL, anxiety, depression and mood. Studies were heterogeneous with significant methodological limitations, allowing only a weak recommendation for group singing as an intervention for adults with chronic health problems. The undertaking of larger controlled and in-depth qualitative studies is warranted.

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1. Background

Group singing is an age-old activity that reaches across cultural, political, and demographic boundaries. It had been linked to a number of health and wellbeing outcomes including improved mood, relaxation, increased breathing capacity and enhanced social relationships.¹ Indicating its therapeutic value, anthropologists suggest that singing may be a more expressive medium than speech and that group singing may encourage social cohesion and solidarity.² In recent years group singing has gained popularity in the Western world through the growth of community choirs (informal groups typically composed of amateur singers performing popular music).³ Today, choirs of all genres are found in a diverse range of settings including hospitals, workplaces, local communities, homeless hostels, and prisons as well as more traditional venues such as churches and concert halls.^{3–5}

Whilst the positive effects of music therapy have long been documented, the effects of singing on health and wellbeing have only recently come to the fore, most noticeably in the last ten years. However as early as 1911, singing was advocated in the *British Medical Journal* as a means of preventing tuberculosis,⁶ suggesting that its potential has been realised for some time. More recently a systematic mapping of non-clinical research evidence linked group singing to increased energy levels, improved breathing, improved mood, higher self-esteem and group cohesion.⁷ Music, including group singing, has also been shown to produce positive effects in diverse clinical populations such as older people with dementia,⁸ children with asthma,⁹ and burns patients living with chronic pain.¹⁰

Given the growth of community choirs, the potential therapeutic value of singing, and recent developments in the literature, it seems pertinent to review the evidence on the effect of group singing on health related quality of life (HRQoL), a multidimensional concept referring to the subjective assessment of the effect of health status on physical, psychological, and social functioning and wellbeing.¹¹ The aim of this review was to examine the effect of group singing on the HRQoL of adult singers with a chronic health condition. The review was concerned with objective measurement of HRQoL (quantitative data) as well as subjective experiences of group singing (qualitative data).

2. Method

2.1. Protocol registration

A systematic review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) approach¹² and the review registered on PROSPERO International prospective register of systematic review protocols (registration no. CRD42013003734).

2.2. Search strategy

The following electronic databases were searched for papers published from inception to February 2014: ASSIA (Proquest), CINAHL (Ebsco), Conference Proceedings Citation Index—Science

and Social Science & Humanities (Web of Science), EMBASE (OVID), HMIC (OVID), MEDLINE (OVID), MEDLINE in Process (OVID), OpenGrey, PsycINFO (OVID), Social Science Citation Index (Web of Science), Social Services Abstracts (Proquest), Sociological Abstracts (Proquest), Scopus (Elsevier), and PubMed for Epub ahead of print studies. Search terms used included both Medical Subject Headings and free text (Medline search strategy is given in Appendix A). The review was restricted to research papers published in peer-reviewed journals. No language restrictions were applied. See Fig. 1 for a summary of the systematic review process.

2.3. Inclusion and exclusion criteria

Research papers focusing on HRQoL (as a primary or secondary outcome) in adults with a chronic health condition, who engaged in group singing, were considered for inclusion in the review. Health-related quality of life was operationalized as generic measures (for example, Short-Form-36 (SF-36)), disease-specific questionnaires (for example, St Georges Respiratory Questionnaire (SGRQ)), and measures of psychological distress (for example, Hospital Anxiety and Depression Scale (HADS) and Profile of Moods State (POMS)) amongst others. Quantitative, qualitative and mixed-methodologies were considered equally in order to investigate both objective measurement of change through group singing and subjective experiences. Quantitative studies and mixed-methods studies with a significant quantitative component were considered for inclusion if they followed an experimental, repeated measures, longitudinal design and included generic or disease-specific measures of HRQoL or psychological distress. Qualitative studies and mixed-methods studies with a significant qualitative component were considered for inclusion if the number of participants was greater than one, and if sufficient methodological detail and data were provided (qualitative data often being secondary in mixed-methods studies). Studies concerning professional singers, solo or duo singing (such as in a singing lesson or individual music therapy session) were excluded. Studies in which the intervention consisted of singing alongside other activities such as listening to music, breathing exercises, and clapping were only included if singing was presented as the main focus of the intervention. Additionally research studies in which group singing was one of many interventions considered, were only included if there was clear, separate analysis of the singing intervention.

2.4. Selection process

The initial database search generated 740 records and a further 23 were identified through reference lists of systematic reviews and literature reviews, conference attendance, and correspondence with authors. After removal of duplicates, two authors independently screened the titles of 573 articles removing clearly irrelevant material (for example studies using animal subjects). The abstracts of 278 articles were then independently screened to identify studies that met the inclusion criteria. From these 54 full text articles were independently reviewed for inclusion using the criteria given above leading to a final number of 18 research papers. Through-

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