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## Music in the life of nursing home residents

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### ABSTRACT

**Background.** Making and listening to music can be beneficial for older adults. However, little is known about how and to what extent those who live in nursing homes have access to music and the functions that music plays in their lives. **Methods.** This study involved 20 residents who volunteered from six nursing homes in Switzerland. Each resident was interviewed, and the data were analysed using thematic analysis. **Results.** For many residents, their access to music decreased after moving into their nursing home, and many of them wanted more musical experiences in their daily lives, both with music from their pasts and with unfamiliar repertoire. Music was strongly connected to their sense of identity and elicited positive emotions. Musical activities offered by the nursing homes also stimulated social interactions. **Conclusions.** Music plays a central role in facilitating positive well-being and quality of life in nursing homes.

### ARTICLE HISTORY



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### KEYWORDS

Arts; music; health; nursing homes; wellbeing

## INTRODUCTION

In past two decades, literature devoted to the effects of music on the health and well-being of older adults has developed considerably both with regards to making and to listening to music. Considering the former, the engagement in *singing* programmes has been shown to increase positive dimensions of psychological wellbeing, such as self-confidence, happiness and social interactions (Joseph & Southcott, 2018; Lally, 2009; Lamont et al., 2018; McLean et al., 2011; Pearce et al., 2016; Southcott, 2009) and to reduce negative ones such as depression and boredom (Sandgren, 2009; Varvarigou et al., 2012). At the same time, effects have been found also on physical wellbeing, with benefits in breathing, vitality (Varvarigou et al., 2012) and self-assessment of overall health (Conrad et al., 2007; G.D. Cohen et al., 2006). Singing can also improve dimensions related to cognitive wellbeing, including attention, memory and concentration (Clift et al., 2008). Similar results have been found in studies focusing on making music using piano and keyboards, highlighting decreases in depression and loneliness (Koga & Timms, 2001) and improvements in cognitive functioning (Altenmüller et al., 2009; Bugos et al., 2007).

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Moreover, research programmes examining group engagement in musical ensembles and workshops have found that these experiences can have a significant impact on both hedonic and eudemonic dimensions of wellbeing (Hallam & Creech, 2016; Perkins & Williamon, 2014).

The literature suggests that *listening* to music too is a useful means to regulate mood throughout the lifespan (North et al., 2004), providing distraction, relaxation and other positive feelings (Greasley & Lamont, 2006; Sloboda, 1992), as well as decreases in cortisol levels (Fancourt et al., 2014; Finn & Fancourt, 2018; Kreutz et al., 2004) and required dosages of sedatives and other medication (Conrad et al., 2007). Furthermore, Juslin and Sloboda (2001) showed that listening to music can elicit strong autobiographical memories, while A. Cohen et al. (2002), based on the premise that music is “one of the most biologically significant activities in human life” (Cross, 1998), showed that music contributes directly to older adults’ quality of life regardless of their cognitive status and mental capacity and highlighted that music heard early in life continues to have significance in later years. Hays and Minichiello (2005) found that music can help to maintain self-esteem, social relationships and other aspects related to wellbeing, while Hays (2005) showed that listening to music can have positive effects on identity and wellbeing regardless of musical background, in particular for people transitioning into retirement, with a loss of a partner or moving into residential care. Laukka (2006) revealed that music is a frequent source of positive emotions for older adults, and participants in his study reported using a variety of listening strategies related to emotional functions (e.g. pleasure, mood regulation, and relaxation). These results support the idea that “Music listening is therefore crucially implicated in mood maintenance and we can think of our music selection as a form of psychological self-help. [...] A key point is that informal music listening may have significant positive effects upon our health and well-being, and there is a growing recognition that this is now an important field of study” (MacDonald, 2013).

Notwithstanding the significant number of studies on the benefits of music for older adults, as well as a significant literature on the wide-ranging impact of music therapy, comparatively little is understood about the role and importance of music in the lives of those in nursing homes, in particular residents’ deliberate use of music and their access to musical activities outside of therapeutic contexts. The aim of the present study was to address this gap by describing how and to what extent older adults who live in nursing homes access music in their daily lives and the functions music plays for them. It is the first part of the *Art for Ages* project, an investigation of the importance of music listening and music making in shaping the wellbeing of older adults living in nursing homes in Southern Switzerland.

To shed more light on these aspects is important, as it can inform how the benefits associated with musical engagement can be made accessible after older adults relocate to nursing homes, a point in life often representing significant changes to individuals’ habits and accompanied by depression and other negative feelings (Tomada et al., 2011). A deeper awareness of these aspects can support the World Health Organization’s notion of “long term care”, which aims “to ensure that a person who is not fully capable of self-care can maintain the highest possible quality of life, according to his or her individual preferences, with the greatest possible degree of independence, autonomy, participation, personal fulfillment and human dignity” (WHO, 2000).

## METHOD

### *Participants*

The study involved 20 residents (13 women aged 71–99 years, 7 men aged 82–93, mean = 84.6, SD ± 7.3) of six nursing homes in Southern Switzerland. The convenience sample included residents without severe cognitive impairments and able to take part in an interview in Italian. Participants were identified by the staff of each nursing home, who carefully acted to ensure diversity in terms of socio-economic profiles, education and musical experience. The selected residents were then invited to take part by staff who briefly introduced them to the purpose of the study. Participants' characteristics are summarised in [Table 1](#).

### *Procedure*

Data were collected through individual semi-structured interviews, each lasting approximately 30 mins (range 16–41 mins). The interviews were conducted by one member of the research team and audio recorded with the permission of the participants. In most cases, the interviews took place in private rooms, but in some cases where no other options were available, they were held in quiet communal spaces in the nursing homes; in such cases, the interviewer ensured that residents could hear the questions being asked and could be heard when responding, and the interviewer confirmed that they felt free to speak their minds.

In this first stage of the *Art for Ages* project, we designed an interview schedule aiming to explore how listening to music was embedded in participants' lives as they aged and how this interacted with their own life course, experiences and memories. Our aim was to explore and understand the lived everyday world from the residents' own perspectives, encouraging interviewees to provide descriptions of experiences and specific situations, focusing on specific themes while avoiding preset categories and maintaining an openness to unexpected contents and digressions (Kvale & Brinkmann, 2009). At the same time, attention was given to avoiding fatigue of the participants. The complete set of questions included twelve items on how, how often and with whom older adults experienced and consumed music, their motivations for doing so, any personal benefits they perceived to derive from music, and their past habits relating to music. The interview schedule is provided in [Appendix 1](#).

### *Data analysis*

As our goal was explorative, we used thematic analysis to identify and report patterns and themes emerging from the interview data (see Boyatzis, 1998). After verbatim transcriptions of each audio recorded interview (in Italian), the analysis followed six stages: repeated reading for familiarization with the data; generation of initial codes; search for themes; review of the themes; definition and labelling of themes and subthemes; producing the report. The analysis was conducted independently by two members of the research team who cross-checked their work at each stage. For in-text citations, fictional names are reported here. The ethical committee (Ethical Committee of Canton Ticino)

agreed that express ethical approval for this phase of the project was unnecessary because of the study design and participants' voluntary participation. The research team nonetheless carried out due diligence checks to confirm that our procedures for participant recruitment, data collection, data analysis, data storage and dissemination all met current standards for research ethics (cf. Guidelines of the Conservatoires UK Research Ethics Committee, [www.conservatoiresuk.ac.uk](http://www.conservatoiresuk.ac.uk)).

## RESULTS

### *Sample characteristics*

Eight participants reported prior, significant involvement in music: one was a pianist at professional level, two had studied piano for some years, one studied singing and played recorder as an amateur, one played drums as an amateur, two sang in church choirs and one in a choir as a child. Four participants regularly took part in singing activities organized by their nursing home. As shown in Table 2, four themes emerged from the analysis: (1) music, identity and life stories; (2) music, emotions and wellbeing; (3) individual and social engagement with music; (4) music, habits and agency in nursing homes. The analysis revealed that these themes relate, to some extent, both to listening to music and to singing. Furthermore, with the exception of the fourth theme, each refers both to past and present experiences.

### *Music, identity and life stories*

Music played an important role in the life stories of many residents. This was expressed in their statements of the present value music had for them. Music was important in each stage of life, and encounters with it could take on significance. Giovanna, who played piano when she was young, stated:

**Table 1.** Participant characteristics.

NURSING HOME	PARTICIPANTS (N = 20)	AGE (71–99 years, M = 84.6 ± 7.3)	SEX (13 F, 7 M)
1 (n = 3)	Simona	918,674	Female
	Sonia		Female
	Sandra		Female
2 (n = 3)	Paolo	829,991	Male
	Paola		Female
	Pietro		Male
3 (n = 5)	Gina	8,588,948,395	Female
	Giovanni		Male
	Giovanna		Female
	Grazia		Female
	Ginevra		Female
4 (n = 4)	Maria	71,829,384	Female
	Michela		Female
	Matteo		Male
	Mario		Male
5 (n = 2)	Carlo	8279	Male
	Candido		Male
6 (n = 3)	Olga	798,273	Female
	Oriana		Female
	Ornella		Female

**Table 2.** Overarching themes and subthemes arising from the analysis of the nursing home residents' interviews.

THEMES	SUBTHEMES
Music, identity and life stories <i>[Musica, identità e storia di vita]</i>	Music triggering autobiographical memories Music maintaining continuity with the past Music as a link to past people and experiences Musical preferences within individuals' life stories
Music, emotions and wellbeing <i>[Musica, emozioni e benessere]</i>	Positive emotions and musical engagement Functions of music
Individual and social engagement with music <i>[Rapporto con la musica individuale e collettivo]</i>	Individual and group perspectives on music activities Singing as a means to social interaction
Music, habits and agency in nursing homes <i>[Musica, abitudini e scelte in casa per anziani]</i>	Decrease of use of music/music engagement Agency in nursing home Variety of appreciated genres and interest toward unfamiliar repertoires

***I grew up in a family who considered music very important. And this still remains the case. (Giovanna)***

Paola too, who never played an instrument, highlighted the significance of her past musical experiences:

*Music was very present in my life ... I could give up everything, renounce to everything, but I couldn't give up music. (Paola)*

Music was something intimate, helpful to retrieve and to rediscover one's own personal dimension and to maintain continuity with the past. Music had an important role especially in triggering memories and in making links within one's own life story, even as memory or cognitive abilities decreased. Sonia, who played piano, expressed the intensity of these memories:

*For me music is a pleasure, really a pleasure ... It brings back many memories of my childhood and family ... The first time they took me to the opera, I was four years old, and I attended Aida ... My grandfather took me there ... and I cried. I have to admit that 90 years afterwards ... when I listen to that music I still find myself in tears (laughing). (Sonia)*

Paolo stressed that music can also help people with cognitive impairments to feel alive and engaged.

***Music can also help those who do not understand. It can help them feel alive. (Paolo)***

Listening to music sparked recall of memories and significant periods of life very intensely. This may also provoke melancholy, and in these cases, residents preferred not to listen to certain music.

*That Neapolitan song reminds me of my boyfriend ... When I listen to it, I have goose bumps ... because a song can remind me of my whole lifespan; it can trigger a memory of certain periods of life ... I have a lot of memories – a lot of memories of nice music I liked – that I used to listen to at home ... Because of this, I don't want to put myself through that, sitting there, listening to the radio. I can't do it. (Grazia)*

In some cases, childhood experiences related to music seemed fundamental to lifelong memories. In this way, music was for some residents one of their main interests and

passions. Parents and families had a crucial role in promoting this encounter, and thanks to them, music was still very important for residents.

*My father was a very good guide . . . and I have to say thank you to him because music is for me the most intimate thing . . . My father took me to concerts, even when I was a little girl. For me, music is the most beautiful thing. (Gina)*

***I had an aunt . . . who played Chopin . . . and thanks to her I discovered many of those pianists. (Sonia)***

Some interviewees had in turn an important role in facilitating the encounter with music for their children, as with Carlo, who had a strong commitment to music as a concertgoer, amateur singer and recorder player, or with Simona, who sang in a church choir.

*Once, I saw Mozart's Magic Flute in Zurich. It was the first opera I attended, when I was 12 years old. My son was 12 too and I took him to Zurich to attend a performance of that work, and he is still enthusiastic! (Carlo)*

*When nice songs of the Sanremo Festival were broadcast, I used to call my daughters: "Listen to this song!" (Simona)*

Some residents referred to specific episodes when music had a central role in making a moment unforgettable. In some cases, music was associated with a particularly happy period of life or a situation where the music itself was central.

*I just happened to be there. I don't remember why, and . . . just that day they reopened the Jesuit church. They performed a Mozart mass! Thirty years have passed, and I never forgot that, really. These things just hit you, and there is nothing you can do about it. (Sonia)*

*I was walking one evening, and I heard that music. I stopped. There was a beautiful woman who asked me if I liked that music, and I replied: "Yes, because it has the color of infinity". (Pietro)*

Even the activities of music making were linked to the residents' life stories. The habit and the availability of singing and dancing in particular were linked not only to the collective dimension of nursing homes, but also to life experiences, especially those related to family and childhood. Olga, who sang in a church choir when she was young, stated:

*I always sing. In my family all of us do the same . . . I always sang. In my home, we were always singing . . . At school we learned [an excerpt from Giuseppe Verdi's] Nabucco . . . Every time they sing it, I sing too. (Olga)*

Mario, who was a professional pianist, reported:

***Some melodies just come to mind, from afar. A melody can come to me from my father or my sister. (Mario)***

Nevertheless, many residents were reluctant to sing or to undertake other music making activities because they felt that they did not have the ability or skills to do so. Harsh criticisms of their singing during childhood left an indelible mark which still undermined their willingness to sing.

*I never sing, even when I am alone, no! I am off-pitch . . . I will not take part in singing or instrumental lessons because I do not have the sensitivity, the talent, the pitch, nor the musical inclination to learn. (Pietro)*

*I don't like [to sing]. I like to listen to others sing, but I don't sing. Many times they told me: "Don't come to sing with us because you bother us." ... I am out of tune ... (Giovanni)*

Individual life stories also influenced musical tastes, which ranged from classical music to folk songs, including pop music and classical art songs. Musical tastes were rooted in the life stories of everyone: they remained constant, but in many cases, they evolved and were broadened over the lifespan. In many cases, modern music was perceived as something very different than music of the past. Consequently, it was not appreciated, it was deemed poor in conveying emotions, and it was frankly difficult to understand. The elements determining appreciation were very diverse and personal. Many residents referred to specific melodies and to the meaning of works that could reach the mind and the heart, or to situations and contexts in which their favorite works were heard, or to the beauty that engaged them and penetrated their experiences.

*My tastes have not changed, but they carry on. The old song whistled by a student to his girlfriend belongs to me, is inside me, just as Beethoven's Fifth Symphony. I don't mean that I understand one better than the other, but one integrates the other ... Sometimes you are too engaged, you are even overturned by music. (Pietro)*

*Yes, I listen to music. I like the songs ... I like to listen to [music because of the] songs I was introduced to many years ago. (Olga)*

***I like songs of the past because I think they are more meaningful than modern ones. (Oriana)***

*It irritates my nerves to hear today's songs because there is no feeling, there is no heart, there is nothing. They do not tell you anything. Past songs conveyed [something], like [those of] Claudio Villa, Johnny Dorelli, Little Tony, Gianni Morandi. There were a lot of songs that really struck the heart. The words themselves struck the heart. Today's songs don't say anything anymore (Simona)*

*We are attracted by music because it is melodious, beautiful and also very intimate! Not everybody appreciates a work in the same way. Everybody has his own good moment with music. (Gina)*

***Music, emotions and wellbeing***

The emotions aroused by music, especially a resident's favorite music, were very intense and generally positive. Music provided pleasure and often joy, pervaded intimate moments and affected residents deeply. Emotions had an important role in the ongoing singing activities offered by the nursing homes. Gina, Pietro and Giovanni strongly expressed this point:

*Listening to music provides me with the most beautiful emotions, the most inner and deep emotions, that sometimes almost make me to cry ... There is just an emotion in the heart ... The tears arrive when there is something beautiful! ... It also depends on the context in which I listened to certain works for the first time ... [These works] arouse images of something that give me pleasure. (Gina).*

*Music is the heartbeat. We are not aware of our heartbeat, but it is a sort of continuous concert in every day in our lifespan. when I listen to [some] rhythms, they bring me to tears. (Pietro)*



*When I listen to music I have a lot of joy in hearing something new. For me, it is always something new. (Giovanni)*

Music helped people living in the nursing home and had positive effects on mood. It offered relief in sad moments and also cheered up residents. It was itself seen as a companion and for some residents this importance increased over time.

*Now I am no longer able to write as in the past, and so I am happy to be able to listen to music. Music is a part of my life, just as designing and writing ... It is something fundamental ... Perhaps this link grew even more while ageing. (Carlo)*

*Music helps me a lot to live here ... I listen to my music, and then I am peaceful. I don't bother anyone because living here is not easy ... We don't exist anymore! I lost my memory, but I still remember music. ... Music keeps me company ... I like it very much because it is an enrichment ... It is an intimate thing ... but not sad ... For me music is life. I listen to a piece of music ... perhaps I am tired or I am sad, but my mood then rises up. (Giovanna)*

*'Spazzacamino', 'Vecchio scarpone', they all are old songs that bring us back in time. I think that an hour spent singing is beneficial for everybody. (Giuseppina)*

### **Individual and social engagement with music**

The nursing homes offered several opportunities to listen to music collectively, which replaced private listening to music, which in many cases decreased when residents moved in. These opportunities were seen as important for meeting other residents and for accessing music in general. Some residents preferred this social listening to listening alone. Giuseppina and Sandra reported:

*I listen to music [seldomly] but I am used to going to the music sessions. I go to chat there ... They provide nice concerts, which I like ... I need that music ... and could spend hours listening because that really engages me. (Giuseppina)*

*I find myself in listening to music with others, always. I don't miss listening to music alone. (Sandra)*

Other residents preferred listening to music alone, as this activity required a significant degree of attention and involvement. Maria, for instance, states:

***I prefer to listen to music alone because in company I get distracted with all the talking. (Maria)***

Singing was the most common music making activity in the nursing homes. It represented an important opportunity for coming together and sharing experiences of pleasure. Often this collective dimension encouraged the older adults to sing and to feel *able* to do so.

*[In the music sessions] we all sing ... I am happy because I have a nice afternoon ... Close to me, on the right side, there is a 90-year-old man who has a beautiful voice. On the left side, there is the only person I knew before moving here, and she has a beautiful voice too. So, we join each other and we sing together. (Giovanna)*

***I go downstairs to sing ... But I need the company because I can't sing alone.***  
(Simona)

*I sing because it is nice. Music provides joy, and it is good for my heart ... Even though I am a little bit out of tune, when there is something to sing I sing too ... for the sake of having company.*  
(Sandra)

***Music, habits and agency in nursing homes***

Unlike the previous themes, this one refers specifically to the present and to everyday life in the institution. The frequency of listening to music in nursing homes was variable, but in general, residents experienced a decrease of this activity after their arrival, and they reported wanting more opportunities to hear music. In some cases they did not have a radio or similar devices in their private room, while in other cases they did not want their music to bother the other residents, and indeed, the environment and the context, compared with their original homes, were sometimes not suitable for listening to music. Even sensorial and motor impairments were obstacles. Finally, some residents complained that the television broadcasts interesting music programmes too late in the evening.

*Since moving here, I don't listen to music. At home, instead, I had more opportunities ... You have to know that I had more than 70 albums of old songs. Then, I gave all of them away because here I can do nothing.* (Simona)

*I used to listen to much, much music, but now it's a little bit less. Unfortunately, there is very little music broadcast on TV ... It's a big mistake broadcasting the most beautiful cultural and musical programmes after 11PM. At that hour, I have already been asleep for two hours.* (Pietro)

*I listen to music less than before ... because you know, you can't make noise, this is the problem: we have to be careful not to bother other residents. They are neighbors ...* (Candido)

*I listen to radio very little because my hands hurt. I can't work the device ... And in the evening, I can't see the display properly.* (Paola)

***Listening to more music would help me ... especially at my age.*** (Paolo)

In a similar fashion, ageing processes, illnesses and motor impairments were obstacles to making music.

*I played piano. Now my hands are destroyed ... I can't do it anymore ... Now I have a strong arthrosis, and it is very tough for me. I can't sing as long as I would, I am 94, but I sing on my own".* (Giovanna)

*I danced until I was 60. When I listen to music, I begin to tap my feet, I find it natural ... Sadly, I can't stand up.* (Paolo)

*I sang very well. Until last year, I could sing. Now I don't have the voice anymore ... and I always have catarrh ... I want to sing. Even though I can't, I sing, because I need it.* (Paola)

Although a widespread reduction in listening to music emerged, many residents declared with satisfaction that they were able to choose when and whether to engage with music. Carlo and Sonia, who studied music when they were young, stressed this point:

***Fortunately, I am totally free currently to listen to music. (Carlo)***

*It happens that I listen to music. I still have some albums . . . If [the staff] provide something nice, I prefer to go and watch it on the big screen . . . Yes, I feel free to choose when to listen to music, if I want more. (Sonia)*

It also emerged that residents appreciated a wide range of musical genres and many of them were interested in approaching those they have not listened to in the past. In some cases, a strong desire to discover unfamiliar repertoire emerged, and residents considered that an enriching learning opportunity, not only with regards to listening but also to singing.

*Yes, I am interested also in discovering new things. Often the radio plays tunes I don't have in my collection, then I listen to them. I am happy to listen to them . . . As long it is something that engages me deeply! Something able to talk to my heart . . . It would be nice to sing in a choir, but here they sing Ticino [regional] songs: folk music that I don't like. (Gina)*

***I like everything in music. I am very curious. (Paola)***

*I like to listen also to music I don't understand, which I try to understand because it is difficult. (Mario)*

**DISCUSSION**

Our findings indicate that music is important for nursing home residents and that it is more than simply a pleasurable activity. Music was indeed strongly connected to individuals' identities and life stories, playing an important role in shaping their moods and promoting interpersonal relationships. Furthermore, despite some difficulties with living in the nursing home environment, it was generally possible for residents to engage with music in several ways.

These results align with those of previous contributions. Many studies suggest indeed that music is, in many cases, used as a tool to obtain certain psychological and social benefits (Crozier, 1997; DeNora, 2000; Juslin & Sloboda, 2001; North et al., 2004; Sloboda, 1999), and this applies to older adults just as much as to others in society (Laukka, 2007). Through music, the residents in our study maintained a sense of feeling alive, with intense links to the past and with relevant people, periods and contexts recalled with pleasure. At the same time, a wide range of positive emotions were reported. As suggested by other studies (A. Cohen et al., 2002; Hays, 2005; Hays & Minichiello, 2005; Laukka, 2007), these effects of music were intense regardless of individual musical competences, and they also affected residents who experienced considerable health difficulties. This overall picture suggests facilitating access to music can play an important role in enhancing the well-being of residents, providing pleasure, joy, relief and other emotions, in contrast to feelings of isolation and depression which often are associated with the transitions and adjustments affecting the fourth age (Brownie et al., 2014; Ellis & Rawson, 2015).

Our results also reveal that both individual and social engagement with music have a relevant role in nursing homes. On the one hand, we found a considerable interest and appreciation of listening to music on the radio and through other private devices. It

emerged that for some residents it was very important to maintain this kind of engagement as it allowed them to listen to music attentively and without distraction from the presence of other people. On the other hand, many residents welcomed musical activities offered by their nursing home and were motivated to access to music in social contexts as this facilitated interpersonal relationships. The interviews revealed that singing sessions, in particular, took a prominent place among the initiatives offered by their homes, with associated experiences of happiness, engagement and commitment to others. These results resonate with those of studies focusing on younger elders (Joseph & Southcott, 2018; Lally, 2009; Lamont et al., 2018; McLean et al., 2011; Pearce et al., 2016; Southcott, 2009) and suggests that nursing homes should be encouraged to offer such musical activity regularly.

The interviews revealed that access to music could sometimes be lacking, and due to health problems or to cohabitation arrangements in the home, many residents' reported a decrease in their access to music and that their desire for it was often left unfulfilled. Responding to this need is crucial in at least two respects. Firstly, maintaining activities and habits as long as possible through ageing is extremely important for psychological, cognitive and physical wellbeing (Rowe & Kahn, 1997; WHO, 2002). Second, while many residents expressed a strong preference for repertoire in vogue during their youth, in line with research showing that one's strongest memories are generally linked to the timespan of between 10 and 30 years of age (Janssen et al., 2007; Rubin et al., 1998; Zimprich & Wolf, 2016), some interviewees were curious to approach unfamiliar music and to hear performances by musicians previously unknown to them. This suggests that musical activities can enhance the quality of life in nursing homes by providing learning opportunities and elements of novelty in daily life. However, considering the full breadth of our results, it seems that residents' abilities to make decisions about how, when and what music to consume is wide and that they appreciate this opportunity regardless of their musical knowledge and background. Such agency contributes to maintaining their sense of autonomy and control of life (Creech et al., 2013), and it is aligned with the idea that "selecting and listening to one's chosen music may facilitate a sense of increased control in unfamiliar or threatening situations" (MacDonald, 2013).

The results of the present research reinforce the idea that music can improve wellbeing in later stages of life. In particular, the themes emerged here were close to the dimensions of the PERMA model (Seligman, 2011), a paradigm combining hedonic and eudemonic dimensions of wellbeing employed across numerous studies focusing on the effects of music making (Ascenso et al., 2017; Cromm, 2015; Lamont et al., 2018; Lee et al., 2016). This model suggests that wellbeing is determined by the co-existence of five elements: positive emotion (i.e. optimism, serenity, and other pleasant feelings), engagement (i.e. feelings related to a strong commitment and interest toward what one is doing), relationships (referring to interpersonal relationships), meaning (related to the feeling that one's own life is important and has a deep meaning) and accomplishment (related to seeking and achieving goals considered relevant by the individual) (Ascenso et al., 2017). Apart from the last, these dimensions are all reflected in our results. Music, both through listening and making, can indeed stimulate the attention and the interest of nursing home residents and induce positive emotions able to improve mood. Furthermore, the music listening and making opportunities offered by nursing homes promoted interpersonal relationships, motivating residents to use common spaces and facilitating

encounters with other residents and with the nursing home staff. Finally, connections between music consumption and identity emerged through the dimension of meaning.

Some limitations of the present study need to be acknowledged. We recruited a relatively small number of participants ( $N = 20$ ), the study was confined to a small geographical area (Southern Switzerland), and the six nursing homes included in the research were comparable in terms of size and resident profile. It would be instructive to widen the diversity of partner facilities in subsequent research. Furthermore, the sample considered includes a number of people previously engaged in making music, and recruitment processes in future should consider this element. Finally, due to the exploratory nature of this study, we used a methodological approach aimed at identifying themes and elements potentially significant in an area that is still under-explored, rather than seeking causal relationships or establishing generalisable results. Many questions still remain unaddressed, and further research, using appropriate methodologies, should be directed towards observing even more closely the precise connections between music, the wellbeing of residents and their identities, as well as activities pursued with regard to specific musical instruments.

## CONCLUSIONS

Music is important for residents in nursing homes, regardless of their musical competence. It is strongly linked to their life stories and plays an important role in improving mood and in facilitating and supporting interpersonal relationships. Nevertheless, listening to specific songs can provoke melancholy, and past criticism of singing ability can have indelible effects in terms of motivation toward this kind of engagement with music. Notwithstanding good levels of agency reported by many participants, the access to music can be problematic or unsatisfactory for some residents, given the constraints on health and communal living that they face. Considering the benefits that both listening to and making music clearly can offer, it is important to invest in planning and carrying out initiatives able to facilitate the access to high quality musical experiences for residents in nursing homes.

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## Conflicts of interest

No potential conflict of interest was reported by the author(s).

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## Appendix 1 Interview schedule

### Section 3. Demographic information recorded.

Sex

Year of birth

Year of moving in the nursing home

Former profession(s)

Did any of your friends or relatives play an instrument or sing?

If yes, who?

What instrument?



**Section 1. Questions concerning music and the present day.**

INTRODUCTORY QUESTIONS	FOLLOW-UP QUESTIONS
(1) Do you listen to music?	1A. what kind of music do you like?
(1) Do you have a favourite piece of music?	2A. Why is this your favourite piece? 2B. When did you hear this piece for the first time? 2C. What kind of emotions does this music elicit in you? 2D. Are there any specific memories attached to this piece?
(1) Is there any kind of music you dislike?	3A. Why?
4. Why do you listen to music these days?	4A. Does the music elicit strong emotions or memories in you? 4B. How often and for how long do you listen to music? 4C. Do you listen to music at specific times of day (or days of the week)? 4D. Are you able to choose when and where listen to music? 4E. Do you like to listen to unfamiliar kinds of music or do you prefer to listen to music to which you are already accustomed?
5. These days, do you listen to music more or less than in the past?	5A. Why? 5B. Has aging (or the aging process) impacted on your habits of listening to music? 5C. These days, is music more or less meaningful than in the past? 5D. Would you like to have the opportunity to listen to music more?
6. How much do you like listening to music? (1=not at all, 100=very much)	

## Section 2. Questions concerning music and the past.

### INTRODUCTORY QUESTIONS

7. Did you like to listen to music in the past?

8. In what period of your life did you listen to music most?

9. Did your musical preferences change over your life course?

10. How much did you like listening to music during the time you were listening to it most?  
(1=not at all, 100=very much)

11. Have you ever played a musical instrument or sing?  
If no:  
Would you like to do so?

12. Would you like to sing these days?

### FOLLOW-UP QUESTIONS

8A. Why?

8B. At that time, how often and for how long did you listen to music?

8C. Did you normally choose the music that you listened to? Or did someone/something else choose it (e.g. radio, television)?

8D. Did you primarily listen to music alone or with other people?

8E. Was the music primarily in the background or did you explicitly listen to it with full attention?

8F. Where did you primarily listen to music (e.g. at home, while driving, in public places)?

8G. Did you listen to live music, and if so, how often?

9A. What kinds of music did you most appreciate during each stage of your life?

•When you were a child?

•When you were a teenager?

•When you were about 20 years old?

•When you were about 50 years old?

9B. Why did you like these kinds of music?

11A. What instrument?

11B. Do you still play?

If no:

11B.1 Why did you quit?

11B.2 When did you quit?

11C. Did you have musical training in your school years?

If yes:

11C.1 Did you like it?

If yes:

12A. Would you prefer to sing in a choir or alone?

12B. Do you think that singing or playing an instrument could impact your appreciation of music?