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The Power of Classical Music Therapy in Managing Acute Post-Surgical Pain: Evidence from a 2025 Case Study

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ABSTRACT

Background: Acute postoperative pain is a common problem that significantly affects patients' quality of life and recovery outcomes. Although pharmacological management remains the primary approach, there is growing interest in safe, simple, and non-pharmacological interventions to complement or reduce dependence on medication, particularly in hospital settings. **Objective:** This study aimed to implement and analyze the effectiveness of classical music therapy as a nursing intervention to reduce acute pain in patients after major surgery. **Methods:** This case study involved two male postoperative patients: Subject I (post-varicocelectomy) and Subject II (post-traumatic facial surgery). Classical music therapy was administered for three consecutive days. Pain intensity was measured using a standardized pain scale before and after each session. Patient responses, music preferences, and education on pain management and wound care were also documented. **Results:** Classical music therapy showed potential in reducing acute postoperative pain in both subjects. Subject I initially experienced minimal improvement due to lack of interest; however, pain decreased from scale 5 to 3 on the third day after identifying a preference for violin-based classical music. Subject II demonstrated a faster and more consistent reduction, from scale 6 to 3, supported by positive engagement and emotional response. Both subjects also showed improved understanding of postoperative wound care. **Conclusion:** Classical music therapy is an effective non-pharmacological nursing intervention for reducing acute postoperative pain. Its effectiveness is influenced by patient preference, highlighting the importance of individualized, patient-centered approaches in music-based therapy.

Keywords: Classical Music Therapy**,** Acute Postoperative Pain**,** Major Surgery Patients**,** Non-Pharmacological Intervention

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INTRODUCTION

Surgery is defined as any medical intervention that involves invasive procedures to open or expose body structures, typically performed by making an incision at the targeted anatomical area, followed by corrective action and completed with wound closure and suturing [1]. Surgical procedures are performed to diagnose or treat diseases, injuries, or deformities, and to manage conditions that are difficult or impossible to treat with standard medications alone [2].

According to the World Health Organization (WHO), the number of surgical procedures performed globally increases significantly each year. It is estimated that approximately 165 million surgeries are performed annually worldwide. In 2018, there were 140 million surgical patients, rising to 148 million in 2019 [3]. A global estimation by Shearman & Shearman (2018) also reported that within one year, the number of surgical procedures reached approximately 234 million cases [4].

The Ministry of Health of the Republic of Indonesia (Kemenkes RI, 2021) states that surgical procedures rank 11th out of 50 major disease management interventions in Indonesia. In 2020, there were approximately 1.2 million surgeries performed in the country. The annual number of surgical

procedures consistently exceeds 800,000, with women accounting for 50.15% and men 30.5% of the total surgical cases [3].

Although the 2018 Basic Health Research (RISKESDAS) did not provide a complete cumulative record of surgeries, it reported 18,225 surgical procedures related to cancer diagnosis and treatment [5]. Additional data show that surgeries due to injuries reached 1,017,290 cases in Indonesia, with the highest incidence occurring among individuals aged 25–35 years. Road traffic accidents were identified as the leading cause at 72.7% [6].

Major surgery is a complex medical procedure performed to treat diseases, correct organ abnormalities, or manage injuries [7]. General surgery encompasses a wide range of interventions aimed at addressing various medical conditions, including internal organ abnormalities and tumors (Adrian, 2018). Major surgical procedures are invasive and involve vital organs; due to their complexity, they typically require longer recovery periods and intensive postoperative care [8].

A preliminary study conducted at Siti Aisyah Regional General Hospital in Lubuklinggau showed that major surgical procedures are the most frequently performed operations from 2022 to 2024. In 2024 alone, out of 1,322 total surgeries, 1,211 cases (91.6%) were major surgeries. Based on medical records, RSUD Siti Aisyah in 2024 The most common indications for major surgery included soft tissue tumors (STT), laparotomy, debridement, and appendicitis, with the highest proportion of cases occurring among individuals aged 20–30 years.

Postoperative pain is one of the most common complaints experienced by patients following surgery. Although it is a natural part of the healing process, postoperative pain can negatively impact the patient's quality of life and slow recovery. In some cases, the pain may be intense enough to require specialized medical attention. With appropriate management strategies, however, postoperative pain can be effectively controlled, improving patient comfort during recovery [9].

According to Vitri & Yolanda (2022), the primary nursing problem in postoperative patients undergoing surgery is acute pain, resulting from tissue damage, inflammation, and muscle spasms around the surgical site. Nurses play a crucial role in applying both pharmacological and non-pharmacological pain management strategies. This aligns with interviews conducted with the head nurse of the surgical ward and direct observations, which indicated that postoperative pain management currently focuses primarily on pharmacological therapy [10]. Nevertheless, nurses have also applied simple non-pharmacological interventions such as deep breathing techniques and family involvement.

According to the Indonesian National Nurses Association (PPNI, 2018), the main intervention in pain management includes techniques such as relaxation, physical therapy, distraction therapy, psychological support, and patient education [11]. Music therapy is one of the distraction techniques that does not require physical movement, making it suitable for postoperative patients who are often limited in mobility and physical comfort [12].

Music therapy can serve as an effective non-pharmacological method to reduce postoperative pain. Music acts as a distraction that helps reduce the perception of pain, enabling patients to feel more comfortable during recovery [13]. Listening to music also stimulates the release of endorphins, which contribute to pain reduction and relaxation [14].

Several studies have demonstrated the effectiveness of music therapy in reducing postoperative pain. Various music genres, including instrumental, pop, jazz, and religious music, have shown positive effects, especially when aligned with patient preferences and administered for at least 30 minutes [15].

Music therapy has also been shown to significantly reduce pain and anxiety in patients after cardiac surgery, with improvements reflected not only psychologically but also physiologically, such as reductions in heart rate and respiratory rate [16]. Supporting findings were also reported by Vazhakalayil & Varma (2024), who applied music therapy to patients undergoing abdominal surgery with general anesthesia [17]. Their study revealed that music therapy significantly reduced pain perception measured by the Visual Analog Scale (VAS) [17].

Similarly, Ikenoue et al. (2023) found that music therapy significantly reduced pain intensity in patients undergoing postoperative cannulation for hemodialysis [18]. In this study, patients listened

to Mozart's Sonata for Two Pianos in D major (K.448) three times a day for three days, resulting in a notable decrease in pain scores [19]. Furthermore, research by Wibowo et al. (2023) concluded that listening to music three times daily substantially improves patients' pain tolerance [20].

Multiple studies consistently demonstrate that classical music therapy is particularly effective in reducing acute postoperative pain and enhancing patient comfort. Classical music offers a safe, non-invasive, and easily administered option for postoperative pain management. Based on this evidence, the researcher is motivated to conduct a case study entitled: "The Power of Classical Music Therapy in Managing Acute Post-Surgical Pain: Evidence from a 2025 Case Study."

RESEARCH METHOD

The research design used in this study is a case study, focusing on an in-depth analysis of nursing care for post-major surgery patients experiencing acute pain. The case study emphasizes the implementation of classical music therapy as a complementary intervention to reduce acute pain. Through comprehensive nursing assessments, interventions, and evaluations, this study aims to explore the effectiveness of listening to classical music in managing acute postoperative pain This case study involves two patients who have undergone major surgical procedures and present with the nursing diagnosis of acute pain. The selection of subjects is based on predetermined inclusion and exclusion criteria to ensure the suitability and safety of the intervention.

Inclusion Criteria

1. Post-major surgery patients experiencing acute pain with mild to moderate pain levels.
2. Patients aged 20–30 years.
3. Patients with a good level of consciousness (Glasgow Coma Scale ≥ 13).
4. Patients with normal hearing ability or without severe hearing impairment.
5. Patients who are willing to participate in classical music therapy as part of their nursing care.
6. Patients capable of communicating and reporting their perceived pain levels.

Exclusion Criteria

1. Patients with severe hearing impairment or total deafness.
2. Patients with specific neurological disorders, such as musicogenic epilepsy, that may be triggered by music.
3. Patients in critical condition who require minimal sensory stimulation.
4. Patients with severe psychiatric disorders that may interfere with their response to music therapy.
5. Patients who refuse or express discomfort when listening to classical music.

RESULTS AND ANALYSIS

Table 1 shows the post-intervention results of classical music listening therapy for Subject I. Across the three intervention sessions, the first and second sessions demonstrated no reduction in pain intensity. However, the final session showed a decrease in both the pain scale and category, from a pain score of 5 (moderate pain) to 3 (mild pain).

Tabel 1. Evaluation of Pain – Subject I

No.	Day/Date	Time	Pain Scale Before Classical Music Therapy	Time	Pain Scale After Classical Music Therapy	Remarks
1	Wednesday, June 11, 2025	10:00	5 / Intermittent	10:50	5 / Intermittent	No Change

No.	Day/Date	Time	Pain Scale Before Classical Music Therapy	Time	Pain Scale After Classical Music Therapy	Remarks
2	Thursday, June 12, 2025	11:00	5 / Intermittent	11:50	5 / Intermittent	No Change
3	Friday, June 13, 2025	08:00	4 / Intermittent	11:50	3 / Intermittent	Improvement

Table 2 shows the post-intervention results of classical music listening therapy for Subject II. Across all three intervention sessions, each session demonstrated a reduction in pain intensity. The final session showed a decrease from a pain score of 6 (moderate pain) to 3 (mild pain), indicating consistent improvement

Table 2. Evaluation of Pain – Subject II

No.	Day/Date	Time	Pain Scale Before Classical Music Therapy	Time	Pain Scale After Classical Music Therapy	Remarks
1	Sunday, June 22, 2025	10:00	6 / Persistent 5–10 minutes	10:40	5 / Intermittent	Improvement
2	Monday, June 23, 2025	08:30	5 / Intermittent	08:30	4 / Intermittent	Improvement
3	Tuesday, June 24, 2025	10:00	4 / Intermittent	10:35	3 / Intermittent	Improvement

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Subject I, Mr. Az (22 years old, male), and Subject II, Mr. Ra (18 years old, male) share several notable similarities, particularly regarding their postoperative experience and clinical condition. Both individuals come from rural backgrounds, have a high-school level education, and were admitted to the hospital on the same date, June 10, 2025, with assessments performed the following day. These demographic characteristics—particularly young age and male sex—are relevant to the prevalence of conditions such as varicocele among young men [21], as well as the high incidence of trauma due to road-traffic accidents in young, productive age groups. In both cases, their primary caregivers were their biological parents, emphasizing the essential role of family support in recovery and continuity of care, a factor widely acknowledged in nursing literature [22].

The primary similarity between the two subjects lies in their postoperative pain and impaired tissue integrity. Mr. Az underwent a laparoscopic varicocelectomy, while Mr. Ra underwent surgery to repair injuries to his chin after a traffic accident. Both patients reported significant pain on the first postoperative day. Their description of the pain as "like being slashed" indicates somatic nociceptive pain, which is common after surgical trauma. The pain scores they reported—5 for Mr. Az and 6 for

Mr. Ra—fall within the moderate to severe category, reflecting the need for comprehensive postoperative pain management. Pain was exacerbated by movement and disturbed their sleep quality, an issue known to hinder the healing process and slow recovery .

Impaired tissue integrity was also evident in both patients. Mr. Az had laparoscopic incisions in the lower right abdomen, whereas Mr. Ra had a postoperative wound on his chin, accompanied by additional wounds on the eyelid and wrist. Redness and swelling observed around the surgical sites represent classic signs of the body's inflammatory response to tissue injury or surgical invasion. Notably, there were no signs of active bleeding upon assessment, suggesting adequate hemostasis. Continuous monitoring for potential postoperative complications, such as infection—characterized by increased redness, swelling, or discharge—is a critical nursing role to support optimal wound healing [23].

Beyond their shared pain-related issues, both patients also exhibited difficulties with sleep, limitations in daily activities, disrupted eating and elimination patterns, and decreased physical mobility. Postoperative pain can significantly affect various dimensions of patients' lives—physical, psychological, and social. Physically, unmanaged pain may inhibit movement, reduce functional ability, and lower participation in daily activities, all of which are essential for recovery. Limited mobility may delay the healing process and increase the risk of complications [24]. Psychologically, persistent pain may lead to anxiety, fear, and emotional distress. Traumatic surgical experiences can trigger emotional instability, including depression and heightened anxiety. Patients experiencing severe pain may also develop fear toward future medical procedures, potentially hindering adherence to care [25].

Differences in Response to Classical Music Therapy

Although both Subject I and Subject II experienced acute postoperative pain described as "like being slashed" and aggravation with movement, their responses to classical music therapy reveal important differences.

Subject I – Mr. Az

During the initial sessions on June 11 and 12, 2025, the classical music intervention did not immediately reduce his pain, which remained at a score of 5. He explicitly stated that he felt bored and preferred engaging in other activities like playing Mobile Legends. This highlights a significant barrier: lack of personal enjoyment or emotional engagement with the intervention. In music therapy, this factor is critical, as effectiveness often depends on the patient's emotional and cognitive involvement. When the music does not resonate with a patient's preferences, the desired distraction and relaxation effects may not occur.

A notable improvement emerged on June 13, 2025. Mr. Az reported a decrease in pain from 4 to 3, coinciding with his expression of enjoyment toward violin-based classical music, saying it felt "more exciting, like being at a concert." This shift suggests that once the patient identified a subtype of classical music he genuinely liked, engagement increased significantly. This aligns with Nadeak (2021), who noted that music therapy is most effective when aligned with the patient's musical preferences. In this instance, personal enjoyment transformed the intervention from a passive task into an active and pleasurable experience, resulting in greater therapeutic benefit [15].

Subject II – Mr. Ra

In contrast, Subject II demonstrated a more rapid and consistent positive response. On June 22, 2025, his pain score immediately dropped from 6 to 5 after the first session. Over the subsequent days (June 23–24), his pain continued to decrease, eventually reaching a score of 3. Mr. Ra expressed immediate comfort with the classical music, actively downloaded the music onto his phone, and reported falling asleep while listening to it the night before.

This pattern indicates high initial acceptability and emotional resonance with the intervention. His intrinsic enjoyment likely triggered positive neurophysiological responses—such as dopamine release—which play a role in modulating pain perception and enhancing mood. Consequently, the analgesic effect of music was more pronounced and consistent in his case.

Overall Interpretation

The comparison between Mr. Az and Mr. Ra clearly demonstrates that enjoyment, personal preference, and patient engagement are critical determinants of the success of classical music therapy in managing postoperative pain. While classical music in general has been shown to be effective [18], tailoring the intervention to match the patient's specific musical preferences can significantly enhance outcomes. For Mr. Az, discovering violin-based classical music unlocked the therapy's effectiveness; for Mr. Ra, preference alignment was present from the beginning, resulting in more rapid and consistent improvement.

Nurses play a vital role in facilitating this personalization. Supporting patients in exploring their preferred musical genres can enhance autonomy, comfort, and adherence to therapy, which are essential components of non-pharmacological pain management. Additionally, supportive care environments and collaboration with pharmacological treatment contribute to overall reductions in pain intensity for both subjects.

CONCLUSION

These findings highlight that classical music therapy can serve as an effective non-pharmacological intervention for reducing acute post-operative pain, particularly when patient preference and emotional resonance with the music are taken into account. Personalized selection of musical elements—such as tempo, instrument, and style—plays a critical role in maximizing analgesic effects. The study also underscores the importance of nurse–patient collaboration in identifying music preferences to enhance relaxation, reduce anxiety, and support overall recovery.

In conclusion, classical music therapy is a safe, inexpensive, adaptable, and beneficial complementary strategy for post-operative pain management. Incorporating patient-preferred classical music into routine nursing care may improve comfort, reduce reliance on pharmacological analgesics, and contribute to better post-surgical outcomes.

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