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SELF-CARE PRACTICES AND BURNOUT EXPERIENCES OF MUSIC THERAPISTS IN A METROPOLITAN CITY

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SELF-CARE PRACTICES AND BURNOUT EXPERIENCES OF MUSIC THERAPISTS IN A
METROPOLITAN CITY

By

Sylvester Sroka

A Thesis Submitted to the
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"Dobby has no master (thesis to complete anymore). Dobby (Sylvester) is free!"

SELF-CARE PRACTICES AND BURNOUT EXPERIENCES OF MUSIC THERAPISTS IN A METROPOLITAN CITY

Abstract

By Sylvester Sroka

University of the Pacific
2022

This thesis examined a phenomenological inquiry into the lived experiences of music therapists in a metropolitan city in the United States. During the study, five music therapists were interviewed about their self-care practices and experiences with burnout. Data included a recorded Zoom transcription of the 30–45-minute open-ended interview. The data was analyzed through Moustakas' (1994) cluster of themes approach. Four themes emerged from the data analyses of the interviews: living/working in a metropolitan city, self-care practices, advice for entry level music therapists, and knowledge of and experience with burnout symptoms. Respondents associated living and working in a metropolitan city with challenges such as complex transportation, high costs of living, lack of recognition of the music therapy profession, and limited networking opportunities. However, they also shared positive aspects such as cultural diversity and having an active lifestyle. The respondents displayed high levels of engagement with their self-care habits across the following five domains: emotional, physical, mental, social and spiritual. Their advice to entry level music therapists emphasized developing work boundaries, finding networking opportunities, and dedicating time for self-care habits. Implications for music therapy clinicians, educators, students, and further research are also given.

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CHAPTER 1: INTRODUCTION

The World Health Organization (WHO; 2019) classified burnout as an occupational phenomenon as part of the 11th revision of the *International Classification of Diseases* (ICD-11). ICD-11 defines burnout as a “syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.” Occupational burnout was first investigated by American psychologist Herbert Freudenberger in the 1970s (National Center for Biotechnology Information, 2020). Freudenberger studied the turnover rates of helping professions, such as doctors and nurses, and found that the severe stress and high demands of their job greatly influenced the prevalence of burnout. Since then, a significant amount of research has been dedicated to burnout within various professions. Webster and Hackett (1999) administered the Maslach Burnout Inventory to 151 community mental health workers. The data showed that 54% of the respondent’s had high emotional exhaustion and 38% reported high depersonalization rates. Similarly, the result of a comprehensive literature review (Morse et al., 2011) also found 21-67% of mental health workers were at risk or already experiencing high levels of burnout. In an analysis of literature between 1978 and 2011, Heinemann and Heinemann (2017) reviewed 1,225 burnout studies in the medical field and found a significant spike occurred from 1991 to 2011, with an average of 80-100 articles a year in PubMed alone. As burnout is being studied across healthcare fields, a rise in burnout literature has also been found in the music therapy profession.

The American Music Therapy Association (AMTA, 2022) defines music therapy as the therapeutic relationship between the client, the music, and the music therapist in order to assess the client’s emotional well-being, physical health, social functioning, communication abilities,

and cognitive skills through musical and non-musical responses. Music therapists design sessions for individuals and groups based on clients' needs, work with interdisciplinary team members to develop a treatment plan, and document therapeutic effectiveness through ongoing assessment and evaluation. There are several unique challenges within this field such as heavy workloads, constant advocacy effort, poor compensation and benefits, isolated working environment, and compassion fatigue (Gooding 2019, Kim et al., 2013). Over time, a combination of these challenges may affect how well they perform at their job. Thus, a major task for music therapists lies in identifying what can be done to help mitigate the risk of burnout while maintaining a work-life balance that is conducive to their occupational well-being. Though there is not an official definition of work-life balance, some researchers have defined it as the ability to “accomplish the goals set in both work and personal life and achieve satisfaction in all life domains (Bulger, 2014).”

Research Gap

Although a small set of research studies on burnout in the music therapy profession has been published, there is a lack of qualitative research dedicated to this subject in the United States (US) context. In 2019, Gooding conducted an integrative review of burnout in the music therapy profession and only found 25 studies between 1981 and 2017. Of these, 17 were descriptive (quantitative) studies, four were qualitative studies, two were expert opinion papers, one was a mixed-methods study, and one was a literature review. Of the four qualitative studies, only one study was conducted in the US. Since 2017, only a few more studies have examined burnout among music therapists. There is also limited research on how different workplace environments and geographic settings impact career longevity. Thus, there is a need to study burnout within the Music Therapy profession in the U.S.

Purpose of Study

Whereas quantitative research relies on numerical or measurable data, qualitative research brings in the participants' personal account of the subject in question. It allows participants to freely describe their feelings, opinions, underlying motivations, or insights in a setting that is more open-ended and naturalistic. As burnout presents a dynamic range of work-life challenges, it is important for each participant to share their own experiences with the burnout phenomenon, what they do to prevent its onset or combat its symptoms, and how external influences, like their work environment, may play a role in their work-life balance. As the researcher only knew a limited number of music therapists working in a metropolitan setting, conducting a quantitative study would have provided data of limited statistical significance. A qualitative approach was used to better understand burnout among this population at a deeper level. Additionally, as music therapy is a growing profession, this in-depth analysis of the experience of the few can help provide a starting point for broader quantitative studies to better understand the experiences of the many, particularly as both the music therapy professional field grows and burnout becomes a more widely researched topic. Since the WHO (2019) also defines burnout as an occupational phenomenon, this study adopted the phenomenological approach to examine the lived experiences of music therapists in a metropolitan city, interviewing each participant to discover any commonalities or differences they share within their music therapy career. Thus, it is guided by the following two research questions:

Research Question 1: *What are the self-care practices of music therapists that live and work in a major metropolitan city?*

Research Question 2: *How, if at all, do music therapists living and working in a metropolitan city experience burnout?*

CHAPTER 2: LITERATURE REVIEW

Defining Burnout

Maslach and Leiter (2016) define burnout as a “psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job.” They developed the Maslach Burnout Inventory, which assesses to what degree an individual experiences the three main dimensions of burnout: (1) emotional exhaustion, (2) depersonalization and (3) reduced personal accomplishment. Maslach defines emotional exhaustion as being emotionally overextended and exhausted by one’s job demands and work environment. Depersonalization occurs when a worker displays an indifferent attitude towards their work, their co-workers, and especially towards clients who are reliant on their care services. Reduced personal accomplishment occurs when an individual negatively evaluates the quality of their work, believes they are not capable of completing their tasks, and often displays feelings of low self-esteem. Taken together, these three dimensions encompass a wide range of complex physical, psychological, and emotional symptoms. Physical symptoms include fatigue, insomnia, and stress; psychological symptoms include depression, anxiety, pessimism, depersonalization, apathy, and isolation; and emotional symptoms include irritability, feelings of cynicism, sense of failure, inability to cope with stressors, and detachment from one’s job. This leads to poorer job performance, less engagement with one’s self-care habits and interest in daily activities, and other health disruptions. Although these symptoms and their consequences can greatly impact everyday life, they are not always immediately identified by the one experiencing them. Often, individuals with burnout may not realize they are experiencing it until it is already severe, or it is brought to their attention by someone else.

Compassion fatigue is another term commonly associated with burnout. Figley (1995) defines compassion fatigue as the type of stress caregivers may experience when providing care to individuals who have gone through severe and traumatic experiences. These caregivers experience emotional and physical symptoms consistent with burnout, but compassion fatigue also diminishes their ability to feel compassion for others. It is important to note the distinct differences between the two terms and their symptoms. While compassion fatigue also stems from work related stressors, one of the main distinguishing factors is that the stress comes from caring for another individual and their traumatic experiences. Burnout, however, is not necessarily always linked to caring for an individual but is more related to the impact of the work environment itself, like high workloads, limited resources, and interpersonal conflicts.

Burnout in Healthcare Fields

Studies of healthcare fields have examined the impact of burnout on professional healthcare workers. Elliott (2021) investigated burnout and self-care practices of mental health practitioners, specifically between social workers, marriage and family therapists, and psychologists. Despite their collectively high self-care habits scores, they all scored in a moderate range of emotional exhaustion and lower ranges of depersonalization subscales of the Maslach Burnout Inventory. Reyes (2018) employed a two-phase mixed methods study to examine burnout among 57 Filipino occupational therapists. The Maslach Burnout Inventory-Human Services Survey was used in the first phase to gather information on work related factors and demographics. The second phase featured a focus group discussion and in-depth interviews. They found that the occupational therapists struggled with routine practice, being branded as a “caring” profession/therapist, and “doing more with so little time.” Routine practice was associated with a tendency to lose creativity in planning interventions. Participants described

their work like a conveyor belt, frequently using the same methods to solve a problem. By being branded as a caring profession, the occupational therapists felt an immense pressure to meet every patient's goal and expectation. Finally, they struggled with setting boundaries with constant work demands which ended in limited professional development. Taken together, the occupational therapists experienced varying levels of burnout and a decrease in creativity due to the perceived demands of their work and society. In a survey of 667 nurses, Leiter and Maslach (2009) examined the relationship between burnout and high turnover rates. They found that exhaustion, cynicism, efficacy, workload, reward, community, fairness, values, and turnover intention greatly influenced their career longevity. Exhaustion often led to feelings of cynicism. Overtime, this developed into feelings of inefficacy and less engagement with their clients and work environment.

Burnout in the Music Therapy Profession

While research is limited, there have been a few studies that examine the factors that lead to burnout within the music therapy profession. Gooding (2019) conducted an integrative review of burnout literature in the music therapy profession and found 26 studies between 1981 and 2017. They found the following factors contributed to burnout within the field: poor compensation and lack of benefits, limited job and promotion opportunities, personal issues, lack of training, negative work environment, and high workload. Their research indicated music therapists were at an average risk of burnout and experienced more burnout than related mental health professions. Kim et al. (2013) interviewed nine music therapists through consensual qualitative research methods, which is an in-depth process to study inner experiences, attitudes, and beliefs among a small set of participants. The following five domains were created from the cross analysis of the data: (1) factors contributing to turnover; (2) burnout; (3) turnover

procedure; (4) changes after turnover; and (5) factors contributing to retention. They found the factors that led to burnout included conflicts with supervisors and coworkers, insufficient recognition of music therapy, restricted environmental support, unsatisfactory salary, and limited opportunities for professional development. In a later study, Kim (2016) surveyed 163 Korean music therapists and analyzed the respondent's data on demographics, job demands, job autonomy, social support, burnout, and turnover intention. They found that music therapists who had higher levels of job demands with lower job autonomy were more likely to experience burnout, which also increased the music therapist's turnover intention. Music therapists that experienced lower social support in the work setting were also more likely to experience higher burnout, which also saw an increase in the likelihood of turnover intention.

Similarly, Clement-Cortes (2013) conducted a literature review on how work, individual, and social factors lead to burnout among music therapists. Their analysis of the literature found that work factors and stressors often included insufficient pay, large caseloads, duties outside of their role, and feeling helpless for severely ill clients. Individual factors included personality traits, unrealistic goals and expectations for their clients, and lack of rewards within part-time positions. Social factors involved a lack of support and control in their work, feelings of isolation, and role ambiguity. There were also unique challenges of private practice, including the need to create their own support and networking opportunities, which can be time-consuming and costly.

Others have examined how personal factors relate to burnout and career longevity among music therapists. Vega (2010a) used the Maslach Burnout Inventory and Sixteen Personality Factor Questionnaire to examine personality and burnout among 137 music therapists across the seven regions of the United States. Eleven percent of participants had a high degree of burnout

and less than one percent had a low degree of burnout, indicating that most of the participants were experiencing a moderate level of burnout. They also found that certain personality traits contributed to the likelihood of experiencing burnout symptoms. For example, anxiety may lead to greater emotional exhaustion, which is defined as feelings of being overwhelmed and fatigued by one's work environment. Another personality trait is dominance, which is the ability to maintain control or make an impact in a work environment. Vega found that music therapists with higher levels of dominance lead them to experience a greater sense of personal accomplishment, which contributes to one's feelings of capability and proficiency when working with people. Fowler (2006) conducted a correlational study and examined career longevity and demographic factors among 49 music therapists. The participants completed a packet that contained a demographics questionnaire, the Maslach Burnout Inventory, and a Stress Profile, which measures how an individual's personal traits and lifestyle habits may either protect against or contribute to stress-related illnesses. They found that music therapists who exhibited positive mental coping strategies and attitudes were more likely to sustain career longevity. Additionally, individuals who engaged in specific lifestyle changes, like exercising, eating healthily, and getting adequate rest, increased their professional well-being.

Kim (2012) found that job satisfaction was related to the design of the job, personal characteristics, salary, promotion opportunities, job security, supervision, and workgroup characteristics and that higher job satisfaction was associated with lower levels of burnout. Furthermore, in a survey of 151 music therapists, Hills et al. (2000) found that being part of a multidisciplinary team led to greater levels of personal accomplishment than working independently. Music therapists' part of a multidisciplinary group had higher levels of role clarity and identified with their profession more than non-team music therapists. However, the

findings also demonstrated that both team and non-team music therapists experienced similar levels of emotional exhaustion and depersonalization.

Impact of Geographic Setting

Work environment can also have an impact on burnout experience among healthcare workers. Schank and Skovholt (1997) interviewed 16 licensed psychologists that practiced in rural areas and small communities. The researchers found that these psychologists often had overlapping social, business, family, and work relationships with their clients. For example, the psychologists often crossed paths with their clients at a variety of places like at local restaurants, health clubs, or grocery stores. Or that the clients would often bring up issues that they had with other clients that the psychologists were also counseling. This was an especially difficult obstacle for the psychologists to overcome as it brought up ethical issues in their counseling advice.

There is a limited amount of research which analyzes the effects of geographic setting on the experience of music therapists. To date, only Bevan-Baker (2018) has examined this through a study of three music therapists working in different rural communities of Atlantic Canada. Among the positive qualities, they found that a rural setting provided the participants with a smaller community and slower pace, being closer to family, being able to raise a family and the benefit of having pre-existing connections within their community. Among the challenging aspects, they found a lack of knowledge about the music therapy community made it difficult for these music therapists to get their practice started. Additional barriers included the time and expense needed to travel to clients who did not live nearby, and large caseloads preventing them from performing self-care. Participants also mentioned that it was challenging to be anonymous in a small town where they frequently ran into their clients at local restaurants or stores.

Self-care and Preventive Strategies

Gooding (2019) identified a variety of self-care practices that may remedy or even prevent the effects of burnout. For example, some music therapists shared that continuing education, like advocacy training, higher education, and attending conferences were part of their self-care strategies. Ferrer (2017) suggests additional strategies including short and frequent refresher courses on coping with work-related stress, learning to perceive office work as integral to one's job, conducting research, setting personal and professional goals, connecting with other professionals, and allowing unplanned chunks of time in one's schedule during the workday. Outside of work, Ferrer also recommends maintaining a healthy diet, exercising, reading for fun, making music, prioritizing time for family and friends, and maintaining a sense of humor. Chang (2014) found the following practices help with the resolution of burnout: seeking help from health care professionals, verbal counseling, making changes at work, leaving the job or taking time off, and taking time for or away from music. Clement-Cortes (2013) recommends music therapists become aware of stressors in their work environment and have a network of support to share and talk about their experiences.

Gooding (2018) found that music therapists are at great risk of injuries and disorders related to instrument playing. Vocal fatigue is common among singers and often includes misuse of their instrument, overuse, inflammation, infections, and vocal nodules. Musculoskeletal disorders are common in pianists and often come with pain/aches in wrist, hands, and fingers. Guitar players also face similar challenges to pianists in that they experience pain, decreased functioning, motor coordination problems due to the demand on the hands, arms, neck, and back. Gooding (2018a) offers a variety of strategies to prevent and resolve these

injuries, including warming up, getting adequate sleep, using an appropriately sized instrument, hydration, nutrition, voice conservation, posture, and alignment.

Trondalen (2016) recommends the Resource-oriented Bonny Method of Guided Imagery and Music (R-oGim) as a mental health resource for musicians. R-oGim is a music-centered music therapy method that uses classical music and relaxation techniques to help the individual experience a variety of images, bodily experiences, thoughts, feelings and memories. Through these experiences, one's personal development, identity, and musical performance can be greatly influenced and explored. Of the ten participants in Trondalen's study, each participant was offered five individual R-oGIM sessions. Semi-structured interviews were conducted after the participants completed their sessions. Trondalen found that participants alleviated their anxiety when they discovered themselves in relation to their musical identity. Additionally, they found that the sessions increased the participant's self-awareness, self-agency, and their relationship with personal and professional resources in everyday life. As will be discussed later, this may be useful for a music therapist who is experiencing anxiety, music performance issues, or struggling with their musical identity.

Moore and Wilhelm (2019) conducted a survey on music therapy student's perceived stress levels and self-care practices. The students completed a demographics questionnaire, a Perceived Stress Scale, and a Student Self-Care Scale. They found that higher levels of perceived stress were associated with a lower frequency of self-care practices, which could be due to the intensity and time commitments of academia. Students experiencing high levels of stress may view self-care practices as an additional task that takes up their already limited time. Research also indicates that they prioritized social forms of self-care over practices that contribute towards physical well-being, balancing work, school, and personal life.

CHAPTER 3: METHODOLOGY

Study Design

Music therapy is a unique profession within the medical field. One cannot assume that a music therapist's experiences of burnout will be the same as that of other medical professionals. The limited research that does exist indicates that music therapists are at moderate to high risk of burnout. Thus, there is an urgent need to examine this phenomenon among this population, and particularly research how geographical location may play a role in a music therapist's day-to-day life. The purpose of this study is to better understand the experiences of music therapists that live and work in a metropolitan city. Specifically, to examine their self-care practices and any experiences with burnout or its associated symptoms.

Participants

This study's inclusion criteria included current board-certified music therapists who live and work in a metropolitan city, between the ages of 18 and 65. Due to the researcher's limited time and resources, participants were recruited through purposeful sampling, a method of selecting participants based on the researcher's own judgment to be a part of their study. The researcher aimed to select music therapists with a wide range of work experiences, years in the field, work settings, and populations served. Ten email invitations were sent to prospective participants, five agreed to be interviewed (Appendix A).

Procedure

Once the participants electronically signed all informed consent forms (Appendix B), they were invited to join a video call appointment via Zoom, a video conferencing service. Each

participant was asked for permission to be recorded and have their responses automatically transcribed during the interview through Zoom's transcription feature.

Data Collection

The data were collected through semi-structured interviews with a list of open-ended questions about the participants' experiences, conducted in an informal and interactive manner (Appendix C). The interview lasted approximately 30-45 minutes in length, starting with demographic questions to learn more about the background of each participant. Then transitioned to questions about the participants' self-care practices, habits, and motivations. Lastly, the participants were asked about their familiarity and/or knowledge of burnout. More specifically, have they experienced any of the common symptoms of burnout and what came about from the experience. They were also asked what advice they would have given themselves when they first entered the music therapy profession.

In order to improve the trustworthiness of the study, member checking was used to ensure the participant's responses were accurately represented. Once the interview was complete, the researcher reviewed the transcript alongside the video recording to ensure every word was transcribed correctly. The transcriptions were then sent to the participants via email to provide them the opportunity to review, clarify, and ultimately approve the transcript before it was finalized for data analysis. Three of the five participants made minor changes to their transcripts in a word document format. Most of the edits were grammatical and/or de-identifying any personal information that could potentially identify the participant. The participants then e-mailed their final transcript version back to the researcher to be used for data analysis.

Data Analysis

Using Moustakas' (1994) cluster of themes approach, each interview transcript was read several times to obtain the overall meaning of the participants' experience. Then significant statements that were related to the central questions were identified and listed in an excel spreadsheet. Once the data had been saturated, or no longer presented new information, it was then organized into categories and themes. These categories and themes were then used to determine the similarities and differences between the respondents and their lived experiences of self-care practices and any burnout experiences. To ensure the authenticity of the findings, this data analysis process was also reviewed by the thesis advisor.

Epoché

Epoché is “a process involved in blocking biases and assumptions in order to explain a phenomenon in terms of its own inherent system of meaning” (Moustakas, 1994). It aims at addressing the researchers' preconceived notions of the subject matter in the research process. Before proceeding with data collection, I reflected on my interests in this topic and answered all of the interview questions related to self-care habits and experiences of burnout.

My interest in this topic began throughout my clinical internship. I found myself overwhelmed with the many different duties a music therapist typically performs on a daily basis. I struggled with leading groups back-to-back while having to drive to different facilities, some of which would easily take an hour to travel to. I averaged about 2-3 hours of driving a day, with a lot of time being stuck in traffic. By the time I got home, I was too tired to do anything and frequently had to catch up on clinical work and internship competencies on the weekends. I often questioned if being a music therapist was the right path for me.

My role as the researcher was to investigate how my colleagues experienced working as a music therapist and the types of settings they work in. I wanted to learn if they too experienced similar hardships I had faced and if so, what are they doing to maintain their work life balance. I was especially interested in how they are dealing with the higher costs of living, lack of advocacy for the profession, navigating the long commute times, leading multiple sessions in a day, and having enough energy to do the things they need or like to do after work.

My definition of self-care is the act of intentionally setting aside time to engage in an activity that is physically, emotionally, socially, mentally, and/or spiritually restorative. When I think of the word “burnout,” the first thing that comes to mind is feeling completely depleted of your physical and mental energy. It is a feeling similar to that of when you pull an all-nighter and try to complete a task with limited resources/energy, except this feeling might linger for days or weeks on end. I consider symptoms of burnout to be fatigue, reduced enjoyment in activities, reduced motivation, cynical thoughts, and emotional distress.

Living and working in a metropolitan area has its benefits and drawbacks. I enjoy the weather, access to nature, lifestyle, restaurant scene, and openness to alternative therapies like music therapy. The challenge is that a starting music therapy salary can be difficult to budget to enjoy all of the things a metropolitan city can offer. When you take into consideration higher costs of living, heavy reliance on owning a vehicle as a means of transport, insurance, and depending on job requirements, driving throughout the city can all be additional stressors.

CHAPTER 4: RESULTS

Participants

Table 1 provides the demographic information of the five participants. Each participant was de-identified to provide general demographic information of their career experience, populations they served, setting they primarily worked in, and any burnout experiences.

Table 1
Participants' Demographics

| Participants | Career Experience | Populations | Setting | Burnout Experiences |
|--------------|-------------------|---|----------------------------|---|
| Alex | 20+ years | Children, Adults, Older Adults, Developmental | Facility, Private Practice | Experienced Burnout 15-20 years into career |
| Teddy | Less than 5 years | Older Adults, Mental Health | Facility | Experienced some mild symptoms |
| Dani | 20+ years | Adults, Older Adults, Developmental | Facility | N/A |
| Brian | 5-10 years | Adults, Older Adults, Palliative Care | Facility | N/A |
| Samantha | Less than 5 years | Adults, Older Adults, Hospice | Facility | N/A |

Alex has been a music therapist for more than 20 years and has worked in a variety of settings and populations. They shared that they have experienced burnout and displayed most of the symptoms commonly associated with burnout. Unfortunately, they had to close their practice due to how much burnout impacted their physical and mental well-being.

Teddy has been a music therapist for less than five years. They have solely worked in a facility setting with older adults who experience a wide range of mental health complications. In Teddy's interview, they shared that they have experienced a couple of mild burnout symptoms.

Dani has been in the music therapy field for more than 20 years. They have worked in a facility setting primarily with adults and older adults with developmental issues. They did not share having experienced any burnout experiences or symptoms.

Brian has been a music therapist for less than 10 years. They solely worked in a facility setting focused on providing palliative care to adults and older adults. They did not share having experienced any burnout experiences or symptoms.

Samantha has been working in the field for less than 5 years. They have only worked in a hospice facility setting for adults and older adults with palliative care needs.

Major Themes

Four themes emerged from the data analyses: living/working in a metropolitan city, self-care practices, advice for entry level music therapists, and knowledge of and experience with burnout symptoms.

Living/Working in a Metropolitan City

Respondents discussed positive and negative aspects of living and/or working in a metropolitan city, including challenges related to transportation, high cost of living, lack of awareness of the profession and limited networking opportunities, and benefits such as cultural diversity and active lifestyle. Three of the five respondents reported that traffic, commuting, and the complex transportation system were difficult to navigate in the metropolitan city. For example, Alex shared "the commute was actually a factor in letting go of contracts because it got to the point where I just couldn't spend my time driving (unpaid) for two hours just for one hour

of work.” Teddy and Samantha both expressed that the transportation system is not reliable for commuting purposes and that most facilities require frequent use of a car.

The need to advocate for the music therapy profession was another challenge discussed. Alex found themselves frequently explaining to activity directors that “music therapy isn’t a form of entertainment.” They found it “exhausting to constantly have to explain what music therapy is and what it is that I do.” However, working in a metropolitan city also presented opportunities for music therapy programs to grow. In Brian’s experience, they felt that people in cities are more “open to the use of music as a therapeutic medium and recognize its benefits.” They also noticed “more and more music therapists are being invited to a variety of work settings to help enhance the health of their workers.” Teddy has also found music therapy to be well-supported in their facility as it has been a part of the therapy program for more than 30 years.

Several respondents discussed feelings of isolation and said there needs to be more networking opportunities for music therapy. For example, Teddy mentioned that despite working for a corporation that has music therapists at other local facilities, they felt “pretty isolated at my site since usually only one music therapist is at the facility.” To help remedy this, they created an online community for the music therapists. Samantha mentioned that networking became harder to do after leaving the college campus setting. Alex had a unique experience of working in the facility setting and in private practice. They shared that “in private practice, there is often less support than a facility. In my practice, I had no employees or partners, which often felt isolating.”

Although many challenges were discussed, participants also cited benefits related to living and working in a metropolitan city. Cultural diversity was one of the primary positive aspects participants discussed, as they found things such as variety of food, distinct communities

and cultures, and unique life perspectives to be beneficial. Active lifestyle, weather, and access to nature were additional positive factors mentioned. Teddy, Dani, and Brian all shared that the consistent weather, nearby access to hiking trails, and inclusivity of cultures stood out to them. Teddy shared “there are also a lot of opportunities for growth and in cultural awareness, especially from the clients.”

Self-care Practices

Most of the respondents engaged in self-care practices across the following five domains: emotional, physical, psychological, social and spiritual. Common emotional self-care habits involved making music, journaling, meditating, creating art, and experiencing therapy. Exercise, sleep, hydration, walking, nutrition, dance, taking a bath, and outdoor activities were the common physical self-care practices. Reading, playing an instrument, learning a skill, and puzzles were the common psychological self-care habits reported by the respondents. Social practices included spending time with friends and family, community engagement, creating boundaries, and asking for help. Finally, spiritual self-care habits included meditation, yoga, being in nature, and religious practices.

The respondents discussed the importance of self-care to their daily routines. Alex shared that without actively engaging in self-care practices they “would be irritated [and] difficult to live with, because part of my self-care practices helps me in getting out anxiety or frustration.” Teddy discovered that exercising for an hour daily “serves as a buffer between work and life...[it] allows [me] to spend quality time with my significant other and other life activities.” They also noted that self-care “allows me to put work stress out the door and to do something much different than what I've been doing all day and get myself in a different headspace so that I can be the more enjoyable person to be around.” They also realized that “I've

been trying to allow my self-care activities to be a little bit more exploratory rather than just always going to the thing that usually works for me, which is exercise.” Dani shared the insight that self-care is about “finding things you like to do and actually setting aside time to do them...continue doing the things you really like to do that make you feel better and help you relax.” Brian noted they felt “uneasy and restless” when their self-care practices were interrupted.

Advice for Entry Level Music Therapists

Each respondent was asked what advice they would have given themselves when they first entered the profession. Developing work boundaries was one theme that arose. For example, Teddy shared to “not put more things on your plate than you have to. Learn to say no and create boundaries with your coworkers and yourself. Try to pace yourself; be productive without being too busy.” Dani shared that it is important “to have a little bit of separation between work and life...to find things you like to do and set aside time to do them.” Samantha said to “make sure you explore the logistical sides of a job before accepting the work,” such as if the job requires a lot of driving and any costs associated with this.

Another sub-theme that arose was the importance of networking. Teddy would advise others to “set up networks with fellow music therapists and build community.” Samantha recommended “having colleagues in similar fields to maintain networking and to maintain supervisor relationships.” Brian emphasized the importance of professional development, stating “you never stop learning about what music therapy is and can be.”

Two respondents emphasized the importance of self-care habits. Brian said “understand the importance of self-care habits and/or activities that contribute to your wellness. Educate yourself on what options are available and trust what feels natural to you. And make the time for

it.” Samantha also suggested “finding a guitar that fits your size and needs,” as they realized how frequent misuse of the instrument led to the need for chiropractic services and consultation.

Knowledge of and Experience with Burnout Symptoms

Research has shown that music therapists are at moderate to severe risk for burnout throughout their career. The researcher was interested to examine to what extent the participants were familiar with the term burnout, its common symptoms, and if they had any experiences related to burnout. To some extent, all of the participants had general knowledge of and/or familiarity with burnout. However, only one participant, Alex, self-reported that they had fully experienced burnout.

Alex reported their symptoms included irritability, procrastination, avoiding tasks, and a lack of engagement with work. They closed their private practice due to these symptoms. They shared, “I would show up to a session and not be present...wishing that I wasn't there...wishing that I was reading or on an island with a tropical drink somewhere...faking it but not making it.” Another struggle they experienced with it was that “everything musical that I was doing, I was doing it for someone else, I was not making any music for myself or for my self-care.” This made them feel like they had “given all of my musical efforts to other people and I had not saved any to enjoy for just me.”

Teddy felt that the line between burnout and everyday stress from work was blurry. When discussing symptoms they have experienced at work, such as fatigue and irritability, they noted “it’s hard to know if that’s really burnout or just regular work-tired-stress.”

Dani, Brian, and Samantha did not report experiencing burnout or its related symptoms. When asked about what came to mind when they heard the word “burnout,” Dani reflected on “how it could have gotten to that point is something I think about often.” Brian shared that when

they share an intense experience or emotion with a client, they have learned how to “recognize, process, and let go of the experience within a session through mindfulness practice...In a way, it helps me build resilience to burnout without it impacting me or my day to day.” Samantha shared that “it may be too early to tell since I just started practicing music therapy but...I think I know how to identify burnout because I have been around employees who were burned out and it is a very distinct attitude that they display.”

CHAPTER 5: DISCUSSION

The purpose of this study is to examine the lived experiences of music therapists living and working in a metropolitan city, their self-care habits, and any burnout experiences. The respondents included five music therapists with a variety of career experiences, especially with the populations and settings of where they worked. Four themes emerged from the data analyses of the interviews: living/working in a metropolitan city, self-care practices, advice for entry level music therapists, and knowledge of and experience with burnout symptoms.

Findings by Research Question

Research Question 1

The first question was, *what are the self-care practices of music therapists that live and work in a major metropolitan city?*

Most respondents in this study engaged in self-care habits across the following five domains: emotional, physical, mental, social, and spiritual. Their engagement with self-care habits offered a variety of benefits such as work-life balance, feeling more restored, managing stress, professional development, having a structure in their routine, and opportunities for personal growth.

Among the five domains of self-care habits, physical self-care habits, such as exercise, sleep, and nutrition were the most prevalent in frequency. It may be that these habits often provide more immediate benefits. For example, consistently getting a good night's sleep can help with mental alertness, feeling refreshed, and improved mood. Nutrition and exercise can help with improving your mental and physical health, regulating appetite, lowered risk of illness and disease, energy levels, improved quality of sleep, and managing stress levels. This is in line

with Fowler's (2006) research in that nutrition, eating habits, and adequate rest are specific lifestyle changes that may help with career longevity.

For most, being in a large metropolitan city provided the respondents with additional self-care opportunities. For example, cultural diversity was mentioned as a great way to learn about new cultures, try new food, learn about traditions, and meet new people. Although not specific to all metropolitan areas, many also cited that there are ample opportunities in taking advantage of the consistent weather and access to nature.

Research Question 2

The second question was *how, if at all, do music therapists living and working in a metropolitan city experience burnout?*

The study found that only one participant self-reported fully experiencing burnout. Alex reported that their burnout symptoms included difficulty sleeping, irritability, fatigue, detachment from work, decreased interest in activities, compassion fatigue, and reduced empathy. Within the context of a metropolitan city, they felt that the traffic and commute impacted their private practice business as more time was spent driving than being in session. Additionally, they felt that the frequent need to advocate for music therapy was exhausting.

Another participant was unsure if their symptoms were related to burnout or just typical work stress. When asked what symptoms they have experienced, they indicated feeling irritable, overwhelmed, and tired. When asked about the frequency of these symptoms, they mentioned that "prior to COVID-19, these symptoms would occur once in a while but ever since the pandemic started, it's been a regular thing." As a result, they identified that an increase in their self-care habits helped them to significantly reduce these symptoms. When asked about their experiences of living and working in a metropolitan city, they mentioned that the transportation

system is not always reliable and that the use of a car is almost always required for work. They also felt isolated at work as they were the only music therapist at their facility.

The remaining participants did not report having burnout symptoms or experiences in their work so far. Dani, who has more or less had the same job and population for more than 20 years, shared that they are content with their job, primarily because of their manageable caseload, sense of autonomy, and easy commute. Brian, who has been working in a variety of settings for the last five to ten years also expressed that despite the difficult demands that come with palliative care, they are “satisfied and comfortable” with their work. Samantha, an entry level professional of less than five years, has had rewarding experiences working in hospice care, especially the flexibility that comes with their caseload on a weekly basis.

Limitations of the Study

The limitations of the studies include sampling procedure, small sample size, exclusion of music therapists who left the field, and lack of assessment tools with regards to burnout. The use of purposeful sampling of the participants and small sample size was done primarily out of convenience for the researcher as it allowed them to quickly collect data at a lower expense of time and resources. The researcher selected these participants from their own personal contacts rather than retrieving a list of music therapists that live in the area of study, which limits the extension of the findings. Future researchers should consider retrieving a mailing list from local or online organizations to invite more eligible participants into the study. Next, the study only involved actively practicing music therapists and not music therapists that have recently retired or resigned from working due to burnout. This may limit the extension of the findings of the study as it does not take into account their lived experiences and recommendations for current music therapists. Lastly, the researcher did not implement any assessment tools to determine if

the participants were at risk for burnout. Instead, the researcher relied on the participants to self-report their experiences of burnout, which does not necessarily determine whether or not they are specifically experiencing burnout.

Professional Implications

Even though most of the participants did not experience burnout symptoms, it was interesting to examine the advice they would have given themselves when they first entered the profession. The participants talked about the importance of networking, professional development, work boundaries, and self-care habits. Each one of these themes potentially serve as preventive measures to burnout. As was discussed in the literature review, networking is important because it helps one stay connected with others, mitigates feelings of isolation, and creates opportunities to further their professional development (Clements-Cortes, 2013; Ferrer, 2017; Gooding, 2019). Participants' advice also emphasized work-life balance, such as creating work boundaries, learning when to take on more responsibility and when to say no, efficient time and energy management, and setting aside time for self-care activities. As was discussed by Kim (2016), the more demanding the job, the stronger the relationship between burnout and turnover intention. This further emphasizes that the participant's advice to themselves is somewhat centered around preventive measures against burnout. These findings imply that if music therapists actively undertake self-care habits, they may be less likely to experience burnout.

When the participants were asked about their general knowledge of burnout, they were aware of some of the more common symptoms of burnout such as difficulty sleeping, irritability, negative attitude towards clients, reduced empathy, mental and physical fatigue. However, there are other symptoms of burnout that were not identified by the participants. For example, the early signs of burnout and compassion fatigue include anger, frustration, cynicism, lack of

motivation, sadness, grief, reduced empathy, addiction, nightmares, and detachment (Maslach & Leiter 2016; NCBI, 2020; WHO, 2019). As was identified in Vega's (2010a) research on music therapists across the seven music therapy regions of the United States, approximately 98 percent of the participants experienced moderate to high level of burnout. This indicates that the prevalence of burnout is bound to impact the average music therapist. Furthermore, as was shared by Alex and Teddy, it was difficult for them to identify the differences between burnout and typical work stress. If music therapists are unaware of burnout symptoms, then they may be less able to prevent them from occurring. This implies a need for music therapy educators and clinical trainers to educate students on burnout earlier on and throughout their academic career. The more aware the students are of the potential risks of occupational burnout, the earlier they may be able to identify warning signs and develop healthier habits to combat burnout.

Recommendations for Future Research

This study examined the lived experiences of music therapists in a metropolitan city. Although they were interviewed about the type of population they worked with and settings they worked in, little was identified by the respondents on how this may have impacted their work-life balance. Researchers may want to consider more specifically analyzing the different burnout experiences among music therapists who work in different types of settings. For example, there may be unique challenges and opportunities of working in private practice versus a facility or working with an interdisciplinary team versus independently. It would also be worthwhile to conduct a study on music therapists that have left the profession due to burnout and how their lived experiences compare.

It is interesting to note that as music therapy is entirely centered around making music and using it as a tool to help people improve their lives, research to-date has not identified it as a

major self-care strategy for music therapists. Music therapists, more than anyone, would seem to know that it helps with creativity, relaxation, cognitive skills, and biological functioning; why then, do they not use it for themselves? The answer may be related to the person's views of music. While some may see it as a tool for expression and relaxation, for others, such as Alex, it may be too similar to their day-to-day job responsibilities to provide enjoyment. For others, engaging in a different type of music can be a form of self-care. For example, Teddy and Dani engaged in music ensembles that used vastly different music than ones they used with their clients. Brian shared that they "cannot do sports without music...the entrainment of the beat helps them to stay focused and in the moment with the music." Samantha shared they "only really learn new music when a client brings up a piece of music they like...I will make the time for that but not really for my own self." It would also be worthwhile to study how a music therapist's relationship with music changes throughout their music therapy career and the impact it may have on them.

Conclusion

This qualitative study explored the self-care practices and burnout experiences of five music therapists in a metropolitan city in the United States. Four themes emerged from the data analyses of the interviews, which related to: facets of living/working in a metropolitan city, self-care practices, advice for entry level music therapists, and knowledge of and experience with burnout symptoms. The respondents had unique benefits and challenges with living and/or working in a metropolitan city, were highly involved in their self-care practices, shared similar advice for entry level music therapists, and had a range of knowledge and experience with burnout. Though only one participant self-reported experiencing burnout, all the respondents

demonstrated similar efforts in combating the prevalence of burnout, especially through their self-care habits and the advice to entry level professionals.

The findings of this study were consistent with the existing literature on burnout. The implication of the findings demonstrates that networking, professional development, work boundaries, and self-care habits serve as some of the more common preventive measures to burnout. Networking offers opportunities to meet other music therapy and/or healthcare professionals, build business relationships, share clinical expertise, and build community. Networking can easily be done in online community groups, or in person at conferences or networking events sponsored by the local organizations like universities or healthcare centers. Professional development can take on many different forms from pursuing higher education or specific certifications, becoming an internship supervisor, starting your own business, or starting a local committee or support group for other music therapists. Work boundaries include learning to say no, taking time off, communicating your needs, and learning to prioritize your work tasks before taking on additional roles and duties. Lastly, self-care habits can help to address emotional, physical, mental, social, and spiritual needs. It is important that music therapists in academic and professional institutions understand the causes and symptoms of burnout, as well as strategies to both prevent and treat it. By furthering this understanding, this research helps contribute to music therapist's longevity in the field and overall health throughout their careers.

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APPENDIX A: RECRUITMENT EMAIL

Dear [insert name]

My name is Sylvester Sroka and I am a graduate student from the music therapy department at the University of the Pacific. I'm emailing to talk to you about participating in my research study. This is a study on board certified music therapists that work and live in a metropolitan city.

If you decide to participate in this study, you will be invited for a 30–60-minute interview. The interview will involve a series of questions related to self-care practices and/or burnout experiences. Your information will be completely deidentified and password protected.

Your participation in this study is completely voluntary. If you would like to participate, please email me or contact me at: s_sroka1@u.pacific.edu or 773-***-****.

Thank you for your time,

Sylvester Sroka

APPENDIX B: INFORMED CONSENT

Title of the Research Study:

Self-care practices and burnout experiences of music therapists in a metropolitan city

Investigators:

Sylvester Sroka, MT-BC | University of the Pacific | Department of Music Therapy

Dr. Feilin Hsiao, Ph.D., MT-BC | University of the Pacific | Department of Music Therapy

You are invited to participate in a research study that will involve a qualitative inquiry into the experiences of being a board-certified Music Therapist in a metropolitan city. Specifically, this study will investigate the self-care practices and any burnout related experiences among the participants.

The results of the study will provide insight into what similarities and differences exist between music therapists when challenged with occupational stressors. It will also provide a list of resources and practices that are utilized by music therapists and other related professions. Lastly, it will contribute to the growing literature of qualitative research on self-care and occupational well-being of music therapists in the United States.

You were selected as a possible participant in this study because you are a board-certified music therapist that currently works and resides in a metropolitan city. You will be asked to participate in a 30–60-minute recorded interview that will take place over a video calling service such as Zoom. A follow up email will be provided to ensure that your responses were interpreted and transcribed correctly. Your information will be deidentified and password protected to ensure your privacy and confidentiality.

There may be a minimal risk to the psychological and sociological well-being of the participants due to the content of the interview questions. The questions may evoke emotional memories or reactions as the participants reflect on their prior and/or ongoing experiences. Your responses will be deidentified and password protected to ensure your privacy and confidentiality. You may edit your response(s) at any time. Only the primary investigator will have access to your recorded interview. This data will be stored on a password protected laptop and will require unique login credentials for the Zoom transcription service. Once the transcribed data has been coded, the data will be maintained in a safe and locked location. This data will be destroyed after the completion of the study.

If at any point during the research study you have any concerns and questions, please contact Sylvester Sroka at (773)-297-3860 or email him at: s_sroka1@u.pacific.edu. If you have any questions about your rights as a participant in a research project, please call Human Subjects Protection at the Office of Research and Sponsored Programs., University of the Pacific (209)-946-3903.

Your participation is entirely voluntary and your decision on whether or not to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You are free to discontinue participation at any time without penalty.

Your signature below indicates that you consent to a recorded interview, read and understand the information that is provided, that you willingly agree to participate, that you may withdraw your consent at any time, and that you are not waiving any legal claims, rights, or remedies.

Date: _____

Signature: _____

Scan and email the completed form to: s_srokal@u.pacific.edu

You will be given a copy of the consent.

APPENDIX C: INTERVIEW QUESTIONS

Preliminary Questions

1. How long have you been a music therapist?
2. How long have you been living and working in a metropolitan city?
3. Can you please describe the population you currently work with, average weekly caseload, and anything else you find interesting?
4. What has your experience been like working and/or living in a metropolitan city?

Research Question #1

What are the shared experiences of Music therapists in a metropolitan city? Specifically, what are their self-care practices?

1. What does self-care mean to you?
2. What self-care practices do you follow routinely?
3. Are there any self-care practices that you no longer engage in?
4. What are/were the factors that facilitated or hindered your self-care practices?
5. Which of the factors do you think were the most influential in your self-care practices?
6. What advice would you give to an entry-level music therapist regarding self-care practices?

Research Question #2

To what extent are these Music Therapists familiar with occupational burnout?

Specifically, what were their experiences like?

1. When I say “burnout,” what comes to mind?
2. What do you consider to be symptoms of burnout?
3. Have you experienced these symptoms? If so, can you describe how it impacted you?
4. What advice would you have given yourself when you first entered the profession?
5. How has living/working in a metropolitan city influenced your career?