Berklee College of Music
Office of Graduate Studies
Music Therapy Department

We hereby approve the culminating project of

**Brianna Straut-Collard, MT-BC**

Candidate for the degree of Master of Arts in Music Therapy

Heather Wagner, PhD, MT-BC
Primary Advisor

Peggy A. Codding, PhD, MT-BC

Maureen C. Hearns, PhD, SCMT, MT-BC

# Burnout Experienced by New Music Therapy Professionals

Brianna Straut-Collard

Berklee College of Music

**Abstract**

The purpose of this interpretivist study was to understand the phenomenon of burnout as experienced by new music therapy professionals. For the purpose of this study, new music therapy professionals were defined as board-certified music therapists with between one and five years of experience working as a music therapist, part-time or full-time. Four music therapy professionals were interviewed on a volunteer basis, and the transcripts were analyzed to give a complete and thorough understanding of what new professionals experience. Through interviews, the participants shared their feelings and experiences with burnout and emphasized adequate education, accessible supervision, and maintaining a community to help alleviate the symptoms of burnout.

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# Burnout Experienced by New Music Therapy Professionals

Burnout is a psychological phenomenon that is characterized by emotional exhaustion, feelings of negativity, and a lack of motivation towards work (Maslach & Leiter, 2016, p. 103). Many professionals experience feelings of burnout, but it is very common among people in helping professions, such as mental health professionals, physicians, nurses, and educators (Maslach, Leiter, & Jackson, 2012). Typically, this phenomenon is observed after a professional has been in their chosen field for approximately seven years (Oppenheim, 1987).

This study will focus on new music therapy professionals and their experience of burnout. New professionals have been defined as board-certified music therapists who have been practicing for between one and five years. I have chosen to focus on new professionals as they can offer a new perspective to the research. Research has shown that moderate levels of burnout, as measured by the Maslach Burnout Inventory, have been seen in music therapists with less than five years of work experience (Fowler, 2006). Professionals that are experiencing a higher level of burnout often leave their respective field because of a lack of motivation and energy (Maslach & Leiter, 2016).

Working with new professionals in this study, offered a different experience of burnout that has yet to have been substantially examined in current research. New professionals may be more motivated to contribute to resources that could be helpful to present and future professionals because of their investment in the field and due to possible differences in the severity of symptoms when compared to longer serving professionals. I hope to bring more awareness to the experience of the phenomenon of burnout, while encouraging development of resources to combat related symptoms.

## Epoché

I am a new music therapy professional with four years of work experience in the profession. I have experienced symptoms of professional burnout. After a year of working part-time in school-based settings, I was offered a full-time position at a preschool for children with special needs. I was excited about the new position and I loved the work, but the added responsibility of more sessions and paperwork was stressful. I found that I was more irritable and my sleep was affected. I had a constant fear of not being good enough for my clients. I was also the youngest employee, which caused feelings of inadequacy and not given due consideration by the other therapists on my team.

I started the Berklee College graduate music therapy program three months after starting my full-time position. This program provided me with access to working professionals, including the students in my cohort and also professors. Participating in this community helped me realize that my feelings were shared by others. Being engaged with an understanding community offered me a way to express my feelings, and to develop self-care strategies that have ultimately helped me lessen my personal feelings related to burnout.

Currently, I feel more confident in my abilities as a professional and I have immersed myself in the therapy team at my school. Having a meaningful music therapy community encouraged me to address my struggles. I believe that establishing and participating in a community with other music therapy professionals was a positive self-care strategy for me. My experiences with my personal career struggle made me curious about the experiences of other new music therapy professionals. I was curious to discover resources they would find helpful in addressing their need for self-care, whether experienced within the music therapy profession, or

in other helping professions.

## Literature Review

### Burnout

Burnout is defined as "a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job" (Maslach & Leiter, 2016, p. 103). This syndrome is characterized by feelings of exhaustion, negativity, and lack of motivation toward the job. Exhaustion is usually the first sign of burnout, and can cause the professional to feel stressed and overworked. Exhaustion will typically lead to a feeling of detachment from the workplace and overall self-esteem issues. Anyone can experience burnout, but it is most prevalent when the individual is working in a helping profession. Active health care professionals, educators, and therapists are among those most affected by these symptoms (Maslach et al., 2012).

Maslach and Jackson (1981) created the first tool to assess burnout levels called the Maslach Burnout Inventory (MBI). This tool has been used throughout burnout research to assess the three dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment. Emotional exhaustion is characterized by feelings of overextension and an overall exhaustion attributed to one's work. In health services, depersonalization is characterized by a lack of feeling and personal response to a client and their experience. Personal accomplishment is characterized by feelings of success in one's work (p. 101).

The MBI includes response items for each dimension that describe personal feelings and attitudes. These feelings are measured based on both frequency and intensity of the feeling. Frequency of occurrence is rated between 1 (a few times a year) and 6 (every day). Intensity of feeling is rated between 1 (mildly noticeable) and 7 (very strong). Both scales offer the option to

choose zero, indicating that the participant did not experience the feeling. For both the emotional exhaustion and the depersonalization scales, higher scores refer to a higher degree of experienced burnout. For the personal accomplishment scale lower scores refer to a higher degree of experienced burnout. This scale was developed to provide an understanding of the phenomenon of burnout and contributing factors (p. 100).

The phenomenon of burnout evolved from the three dimensions to more complex models. These models have developed from the relation to job stress and imbalances that can lead to feelings of strain, and address the diminished access to internal and external personal resources (Maslach & Leiter, 2016). Two of these models include the Job Demands-Resources model (JD-R) (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001), and the Conservation of Resources model (COR) (Hobfoll, 1989). The JD-R model focuses on the individual experience of high job demands. The model outlines that dealing with extreme job demands paired with a lack of resources results in withdrawal behavior. This withdrawal behavior will ultimately lead to feelings of exhaustion and disengagement from the workplace (Demerouti et al., 2001, p. 502).

The COR model assumes that burnout occurs when there is a threat to available resources. The loss of resources can encourage burnout symptoms (Hobfoll, 1989). These resources have been sectioned into four categories: object resources, conditions, personal characteristics, and energies. Object resources include things of value, such as a home. Conditions are resources that are valued and sought after, like marriage, tenure, or seniority. Personal characteristics include the person's viewpoint of the world, these resources usually aid in lessening stress. Energies include resources, such as money, time, and knowledge (p. 517).

Another model that has become common is called the Areas of Worklife (AW) model. This model states that person-job imbalances lead to symptoms of burnout. The imbalances are set up in six key areas: workload, control, reward, community, fairness, and values. If the individual has imbalances in these areas, their experience of burnout will be affected and impact job performance, social behaviors, and personal well-being (Maslach & Leiter, 2016). The development of this model and others mentioned, has contributed to the knowledge and understanding of professional burnout.

Burnout was originally viewed as an experience of young professionals who were considered naive to the workload of bureaucratic positions. As understanding of this phenomenon developed, the experience of burnout has become more prevalent to working professionals. Burnout has been documented in healthcare workers internationally, throughout continents such as Europe, Asia, Africa, and Australia. There have also been studies completed in Latin America and New Zealand. Some locations prefer to use the term "professional exhaustion" (Schaufeli, Leiter, & Maslach, 2009). This is in response to the conceptualization that burnout is the last stage of the phenomenon and, as such, cannot be reversed (p. 210). This demonstrates that the severity of burnout and its symptoms are being taken seriously by researchers and professionals alike.

The phenomenon of burnout may be a stigmatizing concept among professionals because of its association with a lack of professional efficacy (Schaufeli et al., 2009). More recently, Maslach (2011), referred to the phenomenon as a "lack of engagement;" this somewhat more positive language offers a new perspective on the phenomenon. Maslach states that the change from burnout to engagement offers a representation of the desired goal of burnout interventions.

Engagement includes enhancing energy, promoting involvement in job related tasks, and ensuring dedication and a feeling of success. This positivity leads to focus on burnout prevention, rather than casting a shadow on the people experiencing it. It also encourages companies to educate and share resources with their employees because the positive language is more accepted overall (p. 45). The understanding of burnout has gained traction, but still many professions experience high levels of burnout.

**Burnout and helping professionals.** Professionals who work directly with people are more likely to experience higher rates of burnout than those who do not work with people. These professions include such vocations as doctors, nurses, therapists, social workers, and educators (Maslach et al., 2012). Many studies have aimed to further understand why burnout affects these professions at higher rates than others. Rossler (2012) stated that burnout symptoms correlate with: the amount of interaction with people; high expectations coupled with a lack of resources; and the amount of work assigned to an individual. Some helping professions are also met with low pay and feelings of being unappreciated by their teammates (Rossler, 2012, p. 68). This can also have an effect on an individual and their feelings of burnout. Burnout can ultimately lead to feelings of depression and inadequacy, and even physical symptoms, such as flu-like symptoms and gastroenteritis (Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012).

Lim, Kim, Kim, Yang, and Lee (2010) conducted a meta-analysis regarding burnout in mental health professionals. The included studies were conducted in the United States and used the MBI to collect data on the severity of burnout symptoms. They found that age, gender, level of education, years of work experience, work hours, and work setting had the most effect on the severity of burnout. Overall, being a female professional, being younger, having a higher level of

education, having a lack of work experience, working longer hours, and working in an agency setting rather than a private setting cause higher rates of burnout across all three dimensions of the MBI (emotional exhaustion, depersonalization, and personal accomplishment). A higher level of education contributed to higher scores in the personal accomplishment dimension.

Other emotional impacts that are linked to burnout and these helping professions are compassion fatigue, vicarious trauma, and secondary traumatic stress. Compassion fatigue is described as a lower capacity to understand a patients' suffering (Nimmo & Huggard, 2013, p. 38). Vicarious trauma refers to the negative outcomes of working with traumatized patients (p. 38). Characteristics of vicarious trauma include changes to the person's view of themselves, others, and the world because of the exposure to the traumatic experiences of their clients (Baird & Kracen, 2006). This trauma can cause disruptions to affected professional's idea of safety, esteem, trust, intimacy, and control (p. 182).

Secondary traumatic stress is defined as a stress response that takes place when working closely with traumatized clients (Nimmo & Huggard, 2013, p. 39). This stress response was originally thought to only occur when working with patients that had been diagnosed with Post Traumatic Stress Disorder (PTSD), as it can mirror the symptoms of PTSD. Some of these symptoms may include exhaustion, hypervigilance, avoidance, and numbing (Baird & Kracen, 2006, p. 182).

All of these emotional states are characterized by working closely with clients who have experienced trauma. These experiences can lead to burnout symptoms, such as exhaustion, a lack of empathy for clients and their experiences, and an overall negative experience with the profession (Nimmo & Huggard, 2013). These responses are linked to working with sensitive

populations. Professionals that may work with these populations need to be aware of the effects, so that they can understand how to identify and treat the symptoms within themselves before they can help their clients.

While numerous studies have shown that the workplace can result in the experience of burnout among professionals in helping professions, others have indicated that burnout can be reduced among these professionals with the use of targeted therapies. Craig and Sprang (2010) conducted a study that focused on the use of evidence-based practices and how they affected levels of compassion fatigue, burnout, and compassion satisfaction. Compassion satisfaction was defined as pleasures that one experiences by being able to work effectively. They surveyed social workers and clinical psychologists to assess perceived benefited from using evidence-based practices, such as exposure therapy, cognitive-behavioral interventions, and eye movement desensitization and reprocessing (EMDR) in their work (p. 322). They found that burnout and compassion fatigue were reduced and, in turn, compassion satisfaction increased when evidence-based practices were implemented. Being younger in age, having no experience or training to work with trauma patients, being an inpatient therapist, and having clients with PTSD were all linked to contribute to burnout symptoms.

A common theme throughout studies on burnout and helping professions is an overall confidence in the work. Carter (2011) used the MBI to survey special education administrators; she found that even when experiencing high levels of emotional exhaustion and depersonalization due to the workload and job stress, the study participants were also experiencing high levels of personal accomplishment. Nota, Ferrari, and Soresi (2007) utilized questionnaires and the MBI to study the effects of self-efficacy on quality of life and burnout in

health care professionals. They found that when professionals experienced high confidence in their work, their levels of emotional exhaustion and depersonalization were lessened. Quality of life was rated higher in professionals that had higher rates of self-efficacy. This shows that these professionals enjoy what they are doing and that the feelings of accomplishment can lessen the overall effects of burnout.

**Burnout and music therapists.** Research on burnout and music therapists shows similar results as other healthcare professionals. Oppenheim (1987) authored one of the first studies on music therapists and burnout. This study focused on the correlations of demographic data, such as population served, therapist age, therapist gender, hours worked per week, with burnout. Based on the Maslach Burnout Inventory (MBI), the participants were experiencing a moderate level of burnout, but there was no statistical significance in correlation to demographic data. Vega (2010) also used the MBI as a tool to measure the prevalence of burnout and personality traits. The majority of the participants had a moderate level of burnout. She concluded that anxiety and sensitivity were traits that contributed to burnout.

Fowler (2006) and Kim (2012) also used the MBI scale and found similar moderate burnout rates of the music therapist participants. Both studies found that when the therapist demonstrated a high level of self-esteem and appropriate coping strategies, they are less likely to experience burnout symptoms. Hills, Norman, and Forster (2000) studied music therapists that worked on multidisciplinary teams versus those who worked individually. The study consisted of a questionnaire, the MBI, and open-ended questioning to determine which group would experience higher rates of burnout. They found that neither group was experiencing high rates of burnout, however the music therapists who were a part of an interdisciplinary team had higher

rates of personal accomplishment and confidence in their work.

More recently, Berry (2017) focused on the relationship between burnout and the use of various music therapy methods (improvisation, re-creative, composition, and receptive experiences). Though the results were not statistically significant, Berry noted a trend in that therapists who used primarily improvisation in their practice had a higher rate of emotional exhaustion and therapists that used receptive experiences had a lower rate of emotional exhaustion She recommended that more research be completed with a larger sample size to gain a greater understanding of the relationship between burnout and these methods of music therapy.

Folkening (2017) studied new music therapy professionals and their experience of burnout in the transitional phase between internship and entry into the workforce. She surveyed music therapists in their first recertification cycle (five years or less) and received 133 responses. Her survey focused on demographic information (work setting, education, and client population) and self-care interventions that the respondents employed. Using the MBI, she found that the new professionals were experiencing burnout, a moderate range in the emotional exhaustion and a low range in the depersonalization scales. Aspects of the profession that contributed to the burnout included low salary, lack of respect for the field, not enough opportunity for advancement, and a lack of support networks. Among the respondents, the most commonly used self-care interventions to combat reported symptoms of burnout were time with loved ones, leisure time, participating in hobbies, exercise, time in nature, and rest.

**Self-care and Other Preventative Measures**

Two common conclusions of studies on burnout were the need for more research on the subject of burnout, and the importance of education and self-care strategies for those working in

helping professions. Chang (2014) interviewed music therapists who had reconciled their feelings of burnout, and found that taking better care of themselves, seeking professional help, and making changes in their workplace were main ways that therapists overcame their feelings. Many therapists have also shared that they had a lack of education when it came to the topics of burnout and self-care.

Self-care among health care professionals, including therapists, is not intuitive. It seems that it must be learned and practiced. Hearns (2017) found that therapists learned about self-care practices only after they had experienced symptoms of burnout. She suggested that education on self-care techniques before burnout symptoms emerged could lessen the length and intensity of experienced symptoms among music therapists. Volpato, Banfi, Valota, and Pagnini (2018) agreed with Hearns (2017) in concluding that education about burnout is essential to combat symptoms of this debilitating phenomenon. These researchers found that professionals felt more secure and confident in their work when they were given both the education and resources on burnout and how to combat it.

Methods of self-care that combat symptoms of burnout include relaxation, meditation, exercise, the seeking of alternative sources of satisfaction, the enhancement of social support, professional therapy, improved awareness of professional stressors in the workplace, and productive supervision (Clements-Cortes, 2013). Kunimara (2016) encourages helping professionals to practice self-care strategies daily, and to be aware of methods that will improve one's personal and professional life. Consistency of practice is important when implementing self-care practices to successfully combat the symptoms of burnout.

The purpose of this study was to better understand the phenomenon of burnout through

the eyes of new music therapy professionals, and to influence the education and development of resources to help combat burnout. The research questions were:

1. How do new music therapy professionals experience professional burnout?
2. How do music therapists respond to these feelings of professional burnout?
    a. What resources are available to them?
    b. What resources are needed?

## Methods

### Participants/Setting

The aim of this study was to explore the unique perspectives of new music therapy professionals. For the purpose of this study, a new professional was defined as a board-certified music therapist practicing for between one and five years. I purchased the email addresses of music therapists within their first recertification cycle from the Certification Board of Music Therapists (CBMT). I received a total of 3,744 email addresses from the CBMT. The email addresses were randomized using a feature on the Numbers spreadsheet application. Participants were recruited via email (see Appendix A). A total of three mass emails were sent between January 2019 and February 2019; each email was sent to 150 random email addresses. Four emails came back as undeliverable. Seven music therapists responded with interest in the study. Three of them were ruled out because they did not meet all of the participation criteria. Four music therapists were selected to participate in the study based on the following inclusion criteria:

- Participants must be a board-certified music therapist (MT-BC).
- Participants must hold at least a part-time position as a music therapist (20+ hours).

- Participants' work experience as an MT-BC be between one and five years.
- Participants should have adequate English language skills.

Participation in the study was voluntary. The participants were given a thorough explanation of the study and its aims before completing the interview process. All participants were asked to sign a consent form (see Appendix B), agreeing to the conditions of the study. Interviews occurred in February 2019 through online conferencing tools.

The four participants selected were new music therapy professionals ranging from a year and three months to just over five years in the music therapy profession. The representative American Music Therapy Association (AMTA) regions in which the participants worked included the Western region, the Southwestern region, the Southeastern region, and the Great Lakes region. Most of the participants worked either full-time or as a contractor in institutions, such as schools, hospitals, psychiatric units, and hospice centers. One of the participants worked exclusively in private practice with a team of music therapists. Table 1 outlines the professional information for each participant.

Table 1

*Participant information*

| Participants | Experience | Region(s) | Professional Position(s) | Population(s) |
|---|---|---|---|---|
| **Participant #1** | 3.5 years | Western | Inpatient medical | Adult psychiatric |
| **Participant #2** | 2 years | Great Lakes | Private practice | People with special needs |
| **Participant #3** | 5 years | Southwestern and Southeastern | School, support group, medical | Children with special needs, Parkinson's, bereavement, acute psychiatric, pediatrics, Hospice |
| **Participant #4** | 1.3 years | Western | Medical, behavioral health | Inpatient psychiatric and addiction recovery, hospice, general residential and inpatient, adolescents |

**Data Collection**

All data were gathered through one-on-one interviews. Interviews occurred in one session and lasted for approximately 60-90 minutes. The interviews were semi-structured, with a list of guiding questions (see Appendix C). I used the guiding questions to elicit information, while trying to follow the lead of the participant.

Interviews were audio-recorded and transcribed. The transcription was used in the data analysis. After the interview was transcribed, each participant was asked to read their transcript

to validate the information and to add any information they may have omitted. All participant information and data were kept confidential. Each participant was labeled by an identifying number, rather than by name. This number served as the participant identifier for the duration of the study. Interviews and transcriptions were kept on the my password protected computer. Information from the transcripts was shared only with the my academic advisor, and any identifying information was removed before sharing. Data will be kept for at least three years after the completion of the study, after which time, the data will be destroyed as per Berklee College Institutional Review Board guideline. Study methods were reviewed and approved by the Berklee College of Music Institutional Review Board (see Appendix D).

**Data Analysis**

A phenomenological design was implemented for this qualitative study, specifically that of narrative inquiry. Clandinin (2013) defines narrative inquiry as "an approach to the study of human lives conceived as a way of honoring lived experiences as a source of important knowledge and understanding" (p. 17). I used this method as a way to allow the participants to share their complete experience with the study phenomenon in order to educate current and future professionals. The unique experience of these professionals allowed for further understanding of burnout and a variety of resources that could be used to help others combat the symptoms of professional burnout.

Semi-structured interviews and self-reflection were used to establish a full account of what new professionals were experiencing and how it contributed to their feelings of burnout. The interviews were structured so as to feel more like a conversation, so that the participant was free to tell their story to the fullest extent. The completed interviews were transcribed and

analyzed while relating back to the three dimensions of narrative inquiry: temporality, sociality, and place (Clandinin, 2013). “Temporality” refers to the timing and constant change that occurs during participants’ stories. It is noted that the researcher must experience the narrative with the participants because shared stories constantly change as time progresses. “Sociality” refers to the characteristics of a person’s life that shape their experiences, such as cultural, social, institutional and familial narratives. “Place” refers to how stories are linked and influenced by where the individuals are in their lives. The places individuals have been shape their stories, so they are an important part of the narrative inquiry process.

During the first analysis of each transcript, I hand coded using In Vivo coding. In Vivo coding involves using a word or short phrase from the transcription as the code. This form of coding is useful in expressing and sharing the voice of the participant (Saldaña, 2016). After this first round of coding was complete, I added the codes into each transcript document, using the comment feature on the Google documents application. This round of coding verified and validated the codes found in the hand coding and also allowed me to add new codes. These new codes were necessary to have a fuller understanding of the participants’ experience. Once these codes were added, descriptive coding was used to categorize and subcategorize the codes. Descriptive coding is used to identify and summarize the main idea of a piece of data (Saldaña, 2016). After the codes were categorized, I compared the findings from each transcript and identified themes that were common amongst all participants.

After themes presented themselves, the research went through a validation process. I shared my findings with my academic advisor; she analyzed the transcripts and assessed whether I had developed themes that were “in sync” with the narratives of the participants. This process

helped to ensure accuracy in the representation of the participant's narratives.

## Results

The purpose of this study was to understand the phenomenon of burnout through the eyes of new music therapy professionals and to influence the education and development of resources to help combat burnout. The research questions were: 1) How do new music therapy professionals experience burnout? 2) How do music therapists respond to these feelings of professional burnout? What resources are available to them? What resources are needed? Semi-structured interviews were used to gather the perspectives of four new music therapy professionals. Table 2 outlines the categories and themes that emerged from these interviews.

Table 2

*Emerging Categories and Themes*

| Categories | Themes |
|---|---|
| **1. Burnout** | 1. Factors that contributed to burnout<br>a. *Lack of support*<br>b. *Workplace issues*<br>2. Common symptoms of burnout<br>a. *Physiological symptoms*<br>b. *Psychological symptoms*<br>3. Lack of education about burnout<br>4. Responses to burnout |

Table 2

*Continued*

| Categories | Themes |
|---|---|
| **2. Prevention** | 1. Inadequate education<br>2. Preventative measures<br>*a. Physical measures*<br>*b. Psychological measures*<br>3. Music as a self-care<br>*a. Positive aspects*<br>*b. Negative aspects*<br>4. Self-care as a routine |
| **3. What is Needed?** | 1. Community<br>*a. Difficulties in accessing community*<br>*b. Prevention through community*<br>2. Education<br>3. Accessible supervision |

**Category 1: Burnout**

Many different topics arose when I spoke to the participants about burnout. They shared that there were many contributing factors that dealt directly with their workplace and with the lack of support they experienced. They all reported experiencing a variety of symptoms that ultimately led to thoughts of leaving the profession. Another commonality among the participants was their lack of formal education regarding burnout as a phenomenon.

**Factors that contributed to burnout.** The participants shared many different reasons for the cause of their burnout, and they were separated into the sub-themes of lack of support and workplace issues.

***Lack of support.*** Contributors to burnout categorized as 'lack of support' included a lack

of supervision and a lack of community, both music therapy and outside of the profession. The participants shared that they had difficulty expressing themselves in the workplace because they felt isolated and like they had to constantly explain what music therapy was. Table 3 lists direct quotes from the study participants that align with this sub-theme.

Table 3

*Lack of support*

| Participant | Quote |
|---|---|
| Participant #1 | “I felt like every time we had supervision I would have to explain aspects of music therapy, so having that extra bit of not having a supervisor who really knew what I did.” |
| Participant #2 | “Also, the company had no camaraderie. We, it was private practice, but we never actually met as a company. That was really a big thing for me that led up to me quitting that job. I was so dry, I was so burned out and I don’t even know what I’m doing. It was my first year as a music therapist. I didn’t have any sort of fellowship with the other people in the company.” |
| Participant #3 | "I was in a very isolated kind of job, there were no music therapists around, it was just me. I was new too, so half the time I thought I don’t know if I’m doing anything right or not." |

***Workplace issues.*** Contributors to burnout categorized as workplace issues included lack of stability in the workplace, constant travel, having to constantly validate and advocate for oneself, and having to regularly complete work tasks after work hours. It can be discouraging when there is a feeling that no one really understands or cares to learn about the profession and what it does for the clients. It can also be both mentally and physically exhausting to understand that excessive travel, low wages, and having to take work home can just be a part of being a music therapist. Table 4 lists direct quotes from the study participants that align with this sub-theme.

Table 4

*Workplace issues*

| Participant | Quote |
|---|---|
| Participant #1 | "When I started working there, I did a couple of inservice things about music therapy to try and, you know, combat some of that and get that. I had a drive to do that and, I guess that is a symptom of burnout too, I just find myself being cynical. Like that's not going to work and the people who come to inservice training are the people that don't need it and they already see the value in music therapy." |
| Participant #3 | "I had 100 clients on my caseload and I was driving sometimes up to 100 miles a day. I was also working seven days a week because my sub-contracting job paid me so very little money, I mean it paid me and I was grateful to have a paying job, but it didn't pay me enough to live on." |
| Participant #4 | "I think I was doing a lot of work outside of my working hours, if that makes sense. Because I would, even though I was compensated more for being a private contractor, it was still a lot of charting and paperwork to do outside of my 40 hour work week that I had." |

**Common symptoms of burnout.** When asked about symptoms of burnout the participants noted both physiological and psychological symptoms.

***Physiological symptoms.*** Reported physiological symptoms included loss of sleep, and lack of energy. The participants shared that this overall lack of energy made it difficult to focus on their work. Table 5 lists direct quotes from the study participants that align with this sub-theme.

Table 5

*Physiological symptoms*

| Participant | Quote |
|---|---|
| Participant #1 | "Yeah, exhaustion definitely." |
| Participant #3 | "My session prep would get started at 5pm after a full work day. I would just have to do it at home and just doing that several times in a row and whenever I did try to do session prep, like learn a new song or make a new laminated visual aid, I had to stay up until midnight or one and then wake up and do it again. I just wasn't getting a lot of sleep so I was tired in a lot of different senses." |

***Psychological symptoms.*** The psychological symptoms included feelings of depression, loss of focus, symptoms of anxiety, an overall irritability and frustration, feelings of dread associated with their music therapy practice, and a loss of interest in educating and advocating for the profession. Table 6 lists direct quotes from the study participants that align with this sub-theme.

Table 6

*Psychological symptoms*

| Participant | Quote |
|---|---|
| Participant #1 | "...tearfulness or irritability, like emotional responses that aren't congruent with what I would normally experience related to the situation, dreading going to work or dreading doing things that I really enjoy doing, just not feeling like I could do them. Definitely like anxiety symptoms, like heart racing, thoughts racing, trouble concentrating." |
| Participant #2 | "The worst thing was feeling unhelpful to my clients, feeling like ineffective. You're like not excited about it anymore." |
| Participant #3 | "I would also get frustrated with clients when I shouldn't have been. I would take out some of my frustration in some of those sessions. Unfortunately, I can think of a couple examples of one client, where I would just lose my patience with them easier than I ever had before. I would do everything in my power to get through the day, to the point where a lot of the quality of my work was suffering." |
| Participant #4 | "I do have depression and that felt increased, even more so with the position." |

**Lack of education about burnout.** All of the participants shared that most of the education they had received on the phenomenon of burnout was sought out independently, rather than being provided in a educational or work setting. Some of the education they sought out was formal (conferences, workshops provided by or required for work setting), but most of the education was acquired through self-study (online research, workshops and courses found online).

Some of the participants shared that they were told about the phenomenon during their undergraduate education, but it was informal education. The participants shared that there wasn't a full understanding of burnout until they had experienced it themselves. Table 7 lists direct quotes from the study participants that align with this theme.

Table 7

*Lack of education about burnout*

| Participant | Quote |
|---|---|
| Participant #1 | "I was already in the swamp of burnout and then started receiving mentorship from her about that." |
| Participant #3 | "I knew what burnout was coming into the field, I had one professor in my undergrad who was very passionate about burnout. I already knew what it was and I had a great understanding of it having experienced it. Yes, it was helpful, but I also had a lot of prior knowledge as well." |
| Participant #4 | "I would say in some ways, yes, and in some ways, no. With the aspect of seeing perspectives of burnout, I was able to recognize that it is common among us, but I don't think there was enough how to actually cope with it. Yes, coping skills, but not long term if that makes sense." |

**Responses to burnout.** A common response to burnout by these participants was leaving the music therapy profession. All of the participants shared that leaving the music therapy profession seemed like one of the options to relieve the symptoms of burnout. All of the participants left a music therapy job position when they were experiencing burnout and two of the participants left the profession, at least for a time. One of the participants left the profession to pursue a career as an educator; she kept a part-time music therapy position on weekends and worked with two private clients. She returned to a full-time music therapy position after a year of working as an educator and moving to a different state. The other participant has recently decided to leave the profession without any idea as to whether she would return. It shows that even when a professional loves the work and feels appreciated, that the symptoms of burnout can still cause the thought of leaving the profession. Table 8 lists direct quotes from the study participants that align with this theme.

Table 8

*Responses to burnout*

| Participant | Quote |
|---|---|
| Participant #1 | "I'm in the process of switching to a different, like a lateral move within work, and that's a big part of the reason. I have been a part of the same interdisciplinary team, well on the same unit, not all the people have stayed the same for three and half years. I feel like I am still doing education about the same things or explaining the same things and it gets really exhausting after a while." |
| Participant #2 | "...debating my career as a music therapist, thinking about switching." |
| Participant #4 | "I think I felt like I was doing a good job and I would get that validation from my clients and colleagues. I felt like I was doing well and things were going well, but at the same time I feel like my skills in life should be used elsewhere and I'm not feeling like I would want to keep doing all these things that are very overwhelming and time consuming and traveling. I felt like I had gifts to use in other places." |

**Category 2: Prevention**

Similarly to conversations on burnout, the participants were not given an adequate education on self-care, unless they sought out the information for themselves. Half of the participants did not keep a regular self-care routine, but all of the participants reported having developed interventions that work best for them when they are experiencing stress. Using music as a self-care intervention was discussed, and the participants shared both their interests and difficulties in using music in this way.

**Inadequate education.** Again, all participants shared that they had little to no education on self-care or preventative measures while completing their undergraduate education. All of the participants found self-care interventions that worked for them through self study (online research, workshops and courses found online) and some formal education (conferences,

workshops provided by or required for work setting). Table 9 lists direct quotes from the study participants that align with this theme.

Table 9

*Inadequate education*

| Participant | Quote |
|---|---|
| Participant #1 | "I have received some education through that and just my own study as well. A lot of it has been exploring things on my own, but I have received some education from other sources." |
| Participant #2 | "Yes, we definitely talked about it in school, but that's another area that you can take notes on, but you don't apply it." |
| Participant #3 | "Yes, eventually. I was told self-care, but for me self-care could've been going out on Friday night. Like, yes that's self-care, sure, but there are better more effective ways to take care of yourself that I'm still learning now. I don't think I was…my professors in undergrad always talked about self-care, but they would just say self-care." |
| Participant #4 | "Yes, again we had a similar conference. It was burnout and self-care...No, I sought that out." |

**Preventative measures.** Each participant had developed measures that worked for their specific needs regarding burnout. These measures can be categorized as physical and psychological.

***Physical measures.*** The physical measures included exercise routines and maintaining an appearance that made them feel presentable. The participants that kept regular physical routines shared that it helped them maintain a higher energy level and gave them something to look forward to throughout their work day. Table 10 lists direct quotes from the study participants that align with this sub-theme.

Table 10

*Physical measures*

| Participant | Quote |
|---|---|
| Participant #1 | "I try and plan going outdoors and like trying to plan a day to go hike somewhere or go to the beach. I live like an hour from the beach and an hour from the mountains, so it's really great. I didn't take advantage of that for a long time and now I'm forcing myself to." |
| Participant #3 | "I try to make myself look presentable, I do a skincare evening where I might be doing lots of homework and other things, but at least I have a face mask on. Then I'll take a bath every couple of weeks. I exercise every single day, giving myself maybe one or two days off." |

***Psychological measures.*** The psychological measures included being mindful of what symptoms they were experiencing so that they could cater specifically to that need (breathing techniques, listening to music, meditation, a day off), professional counseling, and peer supervision. Table 11 lists direct quotes from the study participants that align with this sub-theme.

Table 11

*Psychological measures*

| Participant | Quote |
|---|---|
| Participant #2 | "So I actually saw a counselor for a while and that was probably the most helpful. Somebody that knows nothing about, you know, what I do and was a complete outside source was really helpful for me to express to her and stuff like that." |
| Participant #4 | "...in my mind, self-care is understanding and accepting and working through what you are experiencing." |

**Music as self-care.** The participants shared both positive and negative aspects of using music as a self-care intervention.

***Positive aspects.*** All of the participants shared an interest in using music as a self-care intervention for themselves, but none of them use it regularly. Interest in the topic was fueled by the understanding that music is something these music therapists enjoy and that it would supposedly assist each of them in being a better therapist and musician. Most of the participants shared that using music, voice or an instrument, that was separate from that used at work helped them to incorporate music into their self-care interventions. Table 12 lists direct quotes from the study participants that align with this sub-theme.

Table 12

*Positive aspects*

| Participant | Quote(s) |
|---|---|
| Participant #1 | "I know what music is going to meet me where I'm at and what music will regulate me, so it's something that I know will work and I know how to make it work. With other things, it's like I'm going to try this and see if it helps reduce my anxiety and sometimes it does and sometimes it doesn't. With music, I know how to make that work."<br><br>"One thing that I realized I needed--I tend to use the music I like in sessions and then it becomes music therapy music and not my music, so like identifying music that is just for me and that I will never bring into a session." |
| Participant #2 | "I actually recently got a keyboard. I love playing, so I even bought a classical piano book and just sit and play the piano. This is something I haven't done in a long time. That's nice because it is able to, I can't play Mozart and I don't carry a keyboard to my sessions, so for me this is something separate that I wouldn't really do in sessions." |
| Participant #3 | "Usually, I play the piano. I have a piano at home and I play piano because I don't get to play that at work at all. I like to keep up my skills on that." |

***Negative aspects.*** All of the participants shared that it can be both physically and psychologically exhausting to move from a full day of utilizing music in their work to using music for pleasure or personal therapy. They stated that they were often singing and playing instruments for long periods of time and that it could be exhausting. Overall, there was an interest in incorporating music into their self-care routines, but the music therapists indicated that music was sometimes difficult to manage after exhausting work days. Table 13 lists direct quotes from the study participants that align with this sub-theme.

Table 13

*Negative aspects*

| Participant | Quote |
|---|---|
| Participant #3 | "Yes, I do. I'd like to use it more, but sometimes, especially with my work now in hospice, my voice is just shot." |
| Participant #4 | "It's still hard to go from a day of music; I do tend to shy away from music and do other things." |

**Self-care as a routine.** All of the participants shared that they enjoy and see the value in having a self-care routine, but that there wasn't always enough time to keep a routine. They all developed interventions that worked for their specific needs through trial and error, but only two of the participants had a more regular routine (regular physical exercise). Table 14 lists direct quotes from the study participants that align with this theme.

Table 14

*Self-care as a routine*

| Participant | Quote |
|---|---|
| Participant #2 | "I really love to stay fit and active. Especially, driving and sitting all day is terrible for someone who likes to be energetic, so I actually have a friend who has a gym. I go to workout classes three or four times a week, if I can make them. I try to make it where I can go because it makes my week so much better if I can get to those classes. Even just looking forward to that at the end of my day is amazing. It gets me through the day." |
| Participant #3 | "That's a really great stress reliever for me, when I don't exercise I'm not a very happy camper." |

**Category 3: What is Needed?**

When communicating what was needed to help alleviate the symptoms of burnout, the participants shared that they would like more access to a music therapy community, more education on the topics of burnout and self-care during our training programs, and more access to supervision. The participants shared a variety of ways to assist future music therapists to thrive when entering the profession.

**Community.** All of the participants shared that developing community is important to prevent and ameliorate symptoms of burnout. However, there are challenges that, at times, may make this difficult. Further, there was a sense among participants that having an existing music therapy community established *before* burnout symptoms arise is important to the prevention of this experience.

***Difficulties in accessing community.*** The participants communicated that a necessary step forward for the profession must be to provide a more accessible way to create a music therapy communities for new and established music therapists. One concern expressed was that

the professional dues required of music therapy organizations are expensive, and it makes the community it provides seem out of reach.

There was also an emphasis on being more prepared for the lack of recognition from the communities that we will come into contact with when practicing, and how to combat and work through that process effectively. All of the participants shared that constant advocacy and a continued lack of understanding even after educating the community were contributors to their feelings of burnout. Table 15 lists direct quotes from the study participants that align with this sub-theme.

Table 15

*Difficulties in accessing community*

| Participant | Quote(s) |
|---|---|
| Participant #1 | "I think that connection and that support system is really important. I know that there is some of that when you are able to join a local music therapy chapter, there is some of that. I think to some degree that those can be hard to get into, whether it is financial constraints. The AMTA membership is so expensive and the local organizations won't let you join unless you are an AMTA member."<br><br>"...not so much the ones that I see on a day to day basis that have the same patients and we are on the same team, just because of some of the things I've been talking about. I feel like I'm always in education mode and the psychiatrist and the unit manager that runs the team sometimes get it and sometimes they really don't get it." |
| Participant #3 | "I also had a hard time breaking to the music therapy community in the area where I was. There were a couple small, well not small, there were a couple colleges where they had the major and a masters degree so there was a tight knit community and I had a hard time breaking into it, so after a while I just got frustrated and thought what's the point?" |

***Prevention through community.*** When asked what they would like to share with other new professionals regarding burnout, the participants stressed that they work to cultivate community, both inside and outside of the profession, before they start working in the field. Having someone to share their feelings with and validate the struggle helped the participants process and relieve some of the pressure from what they were experiencing. Table 16 lists direct quotes from the study participants that align with this sub-theme.

Table 16

*Prevention through community*

| Participant | Quote |
|---|---|
| Participant #1 | "Hearing that I'm not alone in what I'm going through and that music therapy isn't alone. We may not be having the exact same experiences, but some of the barriers are the same. That has been reassuring and helpful." |
| Participant #2 | "It's pretty cool to have people that know your training and know your professors and have a lot of mutual friends with. There is a decent community here." |
| Participant #3 | "Advice I have is try to form your community early and don't be afraid to reach out to other people because I was...like reach out and try to find people because when you have some kind of music therapy community and when you're aware of what you're getting yourself into, I think that it can prevent a lot of issues down the road." |

**Education.** The participants shared that an emphasis on burnout and self-care in the music therapy educational process is important to help prepare student music therapists for burnout and to help them develop strategies to anticipate and/or alleviate it. Table 17 lists direct quotes from the study participants that align with this theme.

Table 17

*Education*

| Participant | Quote |
|---|---|
| Participant #1 | "More education about burnout and the symptoms because you don't really know that you're in it until you're in it. Unless someone teaches you the things to look out for because now I'm recognizing it in myself and other people." |
| Participant #2 | "I think maybe more experiential of hearing people's experience with it because I don't know if I have really heard a lot of people talk about it. Like, people talk about it, but I haven't heard of a lot of people actually telling their story." |

**Accessible supervision.** All of the participants shared that supervision from another music therapist was helpful in the process of understanding their burnout and relieving the symptoms that they were or continue to experience. All agreed that supervision should be mandated or that stricter requirements should be put into place by the organizations that create our standards and protocols. Ideas to make supervision more accessible included online mentorship, group and peer supervision done by region or state, and support groups. Table 18 lists direct quotes from the study participants that align with this theme.

Table 18

*Accessible supervision*

| Participant | Quote |
|---|---|
| Participant #2 | "Definitely made me think, like I feel like when I was in the burnout stage, you feel like you can't see past the day. You just feel like you're in a box and so, when I spoke to them it reminded me that you can still dream your big dreams and you can still have your goal jobs and this isn't your forever place or your forever job. It helped me to keep an open mind and things like that, it was really important." |
| Participant #3 | "...they need to be getting supervision. Okay, that's one thing the AMTA could do. AMTA could be more strict about supervision because I went two years without being supervised and did anyone talk to me about it? No. I wasn't trying to hide it. I told someone at one point that I had never seen a supervisor as a new professional and she just said, 'Oh.'" |
| Participant #4 | "I think it was helpful in realizing that I wasn't the only person that felt that way because it was a lot of colleagues. It was the exact same experience, pretty much." |

## Discussion

Research about professional burnout and new music therapy professionals is currently lacking. The aim of this study was to develop an understanding the existence and scope of burnout as experienced by four music therapy professional volunteer interviewees living in the United States and within five years of entry into the profession. I wanted to know if and how these professionals experienced burnout and what resources they found necessary to help prepare them and others liked them to prevent or alleviate the symptoms they may have experienced. The results of this study, as reported, confirm Folkening's (2017) findings that a lack of respect for the profession and a lack of perceived and experienced community are primary contributors to burnout in new music therapy professionals. There was a difference in results from Folkening's work in terms of living wage and opportunity for advancement being main contributors to

burnout. I found that both the points of living wage and opportunity for advancement were mentioned as contributors to burnout, but only by one participant. The participants in this study shared feelings of love for and confidence in the music therapy profession, but spoke to the amount of stress to be tolerated to begin working in the profession. The music therapy profession seems to be appreciated by others, they said, but this appreciation isn't always enough to negate the struggles that can be experienced by the new music therapy professional. These struggles and resultant symptoms of burnout can and do cause music therapists to leave the profession.

Another point that was validated by the results was the need for education on both burnout and self-care. Hearns (2017) and Volpato, Banfi, Valota, and Pagnini (2018) stated that most professionals did not seek self-care measures until they were experiencing symptoms of burnout. A way to combat these symptoms could be education about the importance of self-care and prevention of burnout before these trained professionals enter the workforce. All of the participants shared that they felt that they did not understand the phenomenon of burnout until experiencing it, and that they had to do their own research on interventions that could alleviate their symptoms. This research included trial and error while searching to find interventions that worked for them. If students were taught about these subjects while in their education programs, they could establish routines using established and effective interventions prior to the experiencing of the symptoms of burnout.

Self-care interventions that were common among the participants and confirmed in the literature included exercise, seeking professional therapy, making changes to the work environment, and supervision (Clements-Cortes, 2013; Chang, 2014). Supervision from music therapy colleagues and colleagues in similar professions (art therapy, recreation therapy,

occupational therapy) were common interventions that the participants found comforting in their self-care process. Having a support system is an important aspect of psychological health that the music therapy profession must address. Most of the study participants shared that they were uncomfortable in trying to develop community in music therapy on both regional and national levels, including at conferences, due to financial and time constraints. Greater emphasis on community within the field could help many professionals feel comfortable seeking help.

Using music as a self-care intervention was something that I was interested in understanding. Music therapists come to this profession, in some aspect, because of their enjoyment of music or their faith in the potential of music as a healing force. It was important to understand whether music is a strong self-care option to these new professionals. Some of the participants shared an interest in using music in their self-care routines, but there was also an aspect of exhaustion that kept them from using music as a regular self-care intervention. Most of the participants shared that using music and instruments that they did not use in their work helped them more regularly incorporate music into their lives as a self-care measure. There is an underlying love for the medium that leads people to the music therapy profession, so it seems that incorporating music into a personal self-care routine would benefit the music therapist as well as their clients.

Sharing one's story and perspective can be powerful and helpful for others. When asked about what she would share with other new professionals, Participant #3 said, "The four years or how ever many years that you spent working toward this are just the beginning; you're about to face the real challenge which is advocating for your existence and your job." Preparation can be a key to creating a successful professional and personal life. Having this point stressed during the

education process could make a difference in how new music therapy professionals process their stress. When asked what she would want to share with new professionals, Participant #1 stated, "The awareness of keeping some of yourself for yourself because I think so many of us have this tendency of because we are givers and helpers, you just give until you have nothing left and then you give some more." Being able to help oneself before helping others can be a hard concept to embrace, but it is an important concept to share with helping professionals.

**Limitations/Implications**

A limitation of this study was the lack of interview experience on my part. The topic of burnout and self-care can be a sensitive topic, so as a means to make the participants feel comfortable, I shared my personal experiences of the phenomenon. Although sharing my own experience was intended to create an atmosphere of validation and understanding, it may have caused a bias that colored the data. I may have influenced their responses with my own experiences and opinions. Rather than share my own experiences, I should have used language to help the participants feel comfortable while allowing them to express their own feelings. Through the process of transcribing, coding, and validation by my academic advisor, I was able to understand where my biases were overly influencing the participants' responses and removed these codes from the transcripts. The biased data was not a part of the categorizing and theming process.

Due to the time constraints of the graduate program and the use of manual transcription and hand coding, the researcher was only able to have four new music therapy professionals participate in this study. The perspectives of these participants are appreciated and have resulted in new and useful information on the topic of burnout and new professionals, so more research

should be done with more participants. More information and higher levels of correlation amongst participant data could be acquired by research studies with more participants.

An overwhelming conclusion based on the themes and sub-themes of this study was the need for education on the phenomenon of burnout and self-care strategies. All of the participants shared that education on the topics of burnout and self-care could have better prepared them for the symptoms they faced and how to combat them. Educating student music therapists on these topics will give them the knowledge to identify symptoms if/when they experience them and will allow them the time to formulate self-care interventions that are appropriate and effective for their personal needs. The ideal standard would be to have a specific course dedicated to these topics within the mandatory coursework for all music therapy programs. This coursework will not guarantee that music therapy professionals will not experience symptoms of burnout, but it will give each student time to understand the symptoms and integrate effective self-care strategies into their routine before they enter the field.

A phenomenon that links closely to burnout and, therefore, should be researched among music therapists, is moral injury. “Moral injury” is referred to as the mental and physical result of committing or being exposed to events that go against your personally held morals (Wisco et al., 2017). Symptoms can include guilt, shame, anger, frustration, and a sense of rejection. Most of the research regarding moral injury has focused on veterans because moral injury is said to be a contributor to Post Traumatic Stress Disorder, but there has been some relation to the health-care professions. Health-care professionals are asked to deal with moral situations every day when they offer clients care that is overly expensive or not in the best interest of the client. Talbot and Dean (2018) shared that burnout can be a symptom of moral injury due to the stresses of working

in a profession that is controlled by what is best for the business, rather than the client. Dean described that diagnosing a physician as 'burned out' can place the responsibility on the professional, instead of placing the blame on the institution that is causing the physician to act outside of their morals ("Is it burnout--or moral injury?", 2019). Since burnout in music therapists can also be linked to systemic issues ranging from low wages to lack of respect from other professionals (Folkening, 2017), more research needs to be done to help evaluate what can change systematically to help prevent and alleviate burnout and moral injury.

## Conclusion

Based on the results of this study, new music therapy professionals should educate themselves on the phenomenon and identify self-care interventions that are effective for them and their lifestyles. The newer professional should also be prepared for the systemic issues they may face when pursuing this profession, such as the need for constant advocacy, the issue of travel, and the need to complete work after work hours.

The purpose of this study was to understand burnout as it relates to the new music therapy professional and what can be done to alleviate the experienced symptoms. Support systems and supervision were interventions that the participants of this study stressed as helpful for their process. Identifying colleagues and other professionals that can be relied on when processing work can be helpful when experiencing symptoms of burnout. Coming together as a community and sharing our experiences will only strengthen the profession and may help to lessen the occurrence of burnout in music therapy professionals, whether new, or firmly established.

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## Appendix A

## Recruitment Email

Dear music therapy professionals,

My name is Brianna Straut-Collard and I am conducting a research study pertaining to the experience of burnout in new music therapy professionals. This research is my graduate thesis with Berklee College of Music. For purposes of this study, burnout is defined as "a psychological syndrome that involves a prolonged response to chronic interpersonal stressors on the job." Symptoms of this phenomenon include overwhelming exhaustion, a detachment from your work, and feelings of ineffectiveness and lack of accomplishment. Many music therapy professionals experience these symptoms, but may lack the proper education and resources to combat these symptoms.

This study is a narrative analysis on how new music therapy professionals experience burnout and what resources they believe would be helpful in preventing and coping with burnout. For the purpose of this study, a new music therapy professional is defined as a board-certified music therapist with between one and five years of experience in the music therapy field, part-time (at least 20 hours per week) or full-time.

Participation is this study involves:

- An interview in-person or on an online conferencing tool. Interviews will last between one and two hours.
- Follow up conversation to discuss transcribed interviews and content of the study.

If you would like to participate or need more information about this study, please contact the principal investigator, Brianna Straut-Collard, by email at bstrautcollard@berklee.edu.

Best Regards,

Brianna Straut-Collard, MT-BC
Principal Investigator

Study Title: Burnout Experienced by New Music Therapy Professionals

## Appendix B

## Informed Consent Form

**Study Title:** Burnout Experienced by New Music Therapy Professionals
**Principal Investigator:** Brianna Straut-Collard, MT-BC
**Co-Investigator:** Heather Wagner, PhD, MT-BC

This consent form will give you the information you will need to understand why this research study is being done and why you are being invited to participate. It will also describe what you will need to do to participate as well as any known risks, inconveniences or discomforts that you may have while participating. We encourage you to ask questions at any time. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. You will be given a copy of this form to keep.

**Purpose and Background**

This study is a narrative analysis pertaining to the phenomenon of burnout and how it affects new music therapists' lives and what resources can contribute to lessening the symptoms associated with burnout. The purpose of this study is to add the perspective of the new professional to the understanding of burnout, and to develop resources to help combat the symptoms of burnout. Participants are required to be board-certified music therapists up to five years of music therapy work experience, working at least 20 hours per week, who have experienced or are currently experiencing symptoms of burnout.

**Procedures**

The subjects will be expected to participate in an initial interview about their experience with burnout and resources that either have been helpful or that are needed in dealing with the symptoms of burnout. This interview will range from one to two hours and will take place either in person or over an online conferencing tool. The researcher will audio record the interviews, so that she can transcribe them and compare themes among participants. After the interviews are transcribed, the researcher will share it with the participant to make sure the information is accurate and expresses what the participant wants to convey. Participants will also be able to add to their transcriptions at this time to further express their perspectives. The narrative inquiry method calls for the researcher to keep the participants involved during the data collecting and analyzing process so that their true perspective is being depicted in the results. The participants will be expected to be in contact with the researcher, via phone, email, or in person if convenient for the participant, from the beginning of February to the end of April. This contact will consist of review of themes developed from the interviews.

**Risks**

It is possible that participants will exhibit emotional responses and feelings of discomfort due to the sensitivity of the topic. The expected risk is minimal. The participant is welcome to decline to answer questions that cause undue discomfort. Participation is completely voluntary

and can be withdrawn at any time. The researcher will also try to create a comfortable environment for expression by listening completely to each participants' experience.

Basic demographic information will be gathered. Due to the makeup of new music therapy professionals, the combined answers to these questions may make an individual person identifiable. Every effort will be made to protect participants' confidentiality. However, if you are uncomfortable answering any of these questions, you may decline to answer.

**Benefits**

Participants may feel a sense of accomplishment or relief by expressing their experiences with burnout. Through sharing their experiences, they will add to the research of the phenomenon and educate others on the symptoms and effects of burnout. The research will also contribute to the development of useful resources to lessen the symptoms of burnout.

**Extent of Confidentiality**

Participant information will be kept confidential during this study. Confidentiality is defined as individuals can be identified directly or through identifiers, but the researchers will not divulge that information. The participants will be given a pseudonym for use during the research report. Questions pertaining to demographic information, such as their work experience and aspects pertaining to their educational background, will be asked, but participants are welcome to skip those questions.

Interviews will be audio-recorded, transcribed, and kept in the researcher's password protected computer. The interviews must be audio recorded so that the participant's point of view can be expressed accurately. The researcher will have direct access to this data, but she will share it with her academic advisor and a member of her graduate school cohort in order to facilitate validation process of data analysis. Any identifying information will be removed before sharing. The data will be kept for at least three years after the completion of the study, after which time, the data will be destroyed.

Direct quotes from the interviews may be used, but participants will be asked for permission and the participant's number will be used to conceal their identity. All findings used in any written reports or publications which result from this evaluation project will be reported in aggregate form with no identifying information. It is, however, useful to use direct quotes to more clearly capture the meanings in reporting the findings from this form of evaluation. You will be asked at the end of the interview if there is anything you said which you do not want included as a quote, and we will ensure that they are not used.

**Compensation**

Participants will not be compensated for their participation in this study. Subjects do not have to be in this study if they do not want to. They may also refuse to answer any questions they do not want to answer. If they volunteer to be in this study, they may withdraw from it at any time without consequences of any kind or loss of benefits to which they are otherwise entitled.

**Questions**

If you have any questions or concerns about your participation in this study, you should first talk with the principal investigator at bstrautcollard@berklee.edu. You may also contact the researcher's academic advisor, Heather Wagner, at hwagner@berklee.edu.

If you have questions about your rights as a research participant, you may contact the Berklee Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects at institutionalassessment@berklee.edu.

**Documentation of Consent**

I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement, and possible risks have been explained to my satisfaction. I understand I can withdraw at any time.

| _____ | _____ | _____ |
|---|---|---|
| Printed Name of Study Participant | Signature of Study Participant | Date |

| _____ | _____ |
|---|---|
| Signature of Person Obtaining Consent | Date |

## Appendix C

## Questions

1. When did you start working as a board-certified music therapist? What is your work experience?
2. Have you received education about burnout? If so, where? Was this sufficient for you to fully understand? Was it formal education or informal/mentorship?
3. Have you experienced symptoms of burnout?
    a. If so, how would you describe them?
    b. What factors of your work led to the experience of burnout?
    c. What did you do to help alleviate the feelings of burnout?
    d. What was your inner experience in response to these feelings?
    e. Were you able to communicate these feelings to anyone? If so, how and what was the result?
4. Were you educated about self-care? If so, in what context (a specific course on it, just a few techniques, given resources, etc.)?
5. Do you have a self-care routine or any kind of self-care techniques that you do regularly?
6. Do you use music as a self-care intervention? Why or why not?
7. Do you feel like you are a part of a community in your current work as a music therapist?
8. What do you think can be implemented to lessen burnout in our profession?
9. What resources would you want to be created to help lessen burnout?
10. What would you want to explain to others about being a new professional and experiencing symptoms of burnout?

## Appendix D

## IRB Approval Letter

Berklee

1140 Boylston Street, Boston, MA 02215-3693
Tel 617-266-1400 berklee.edu

12/7/2018

Brianna Straut-Collard
277 Washington Ave
Apt 2D
Brooklyn, New York 11205
bstrautcollard@berklee.edu
917-576-4649

Dear Brianna,

Thank you for your IRB application submission and research proposal entitled "Burnout and New Professionals: Developing Resources to Alleviate Symptoms of Burnout"
IRB Proposal #B Straut-Collard 181128-S-E-S1.

The Berklee College of Music Institutional Review Board (IRB) reviewed your submission and approved your proposal through expedited review. There are no changes required to your proposal.

Congratulations, and please let us know if you have any additional questions.

Yours sincerely,

Michael C. Mason, Ph.D.
Co-Chair, Institutional Review Board
Assistant Chair, Liberal Arts Department
Berklee College of Music

Sharon Kramer, Ph.D.
Co-Chair, Institutional Review Board
Dean, Institutional Research, Assessment, and Accreditation
Berklee College of Music