Goodbye Yellow Brick Road:
A Descriptive, Cross-Sectional Study of Former Music Therapists' Workplace Attitudes

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Abstract

Understanding why music therapists are leaving the profession has largely gone unstudied and there is minimal research on career longevity within the field of music therapy. However, between the years 2020 and 2021 almost 300 music therapists left the field out of 9,594 total music therapists (CBMT, 2022), although 788 new music therapists joined the field. The purpose of this quantitative study was to examine workplace attitudes of former music therapists. Understanding workplace attitudes may help those in the music therapy profession at large understand the reasons music therapists- specifically new professionals- may leave the field. One hundred former music therapists participated in the survey, which was an adapted version of the COPSOQ III (Burr et al., 2019). Following the completion of the study, six main themes summarizing reasons behind why people may leave the music therapy profession were compiled: lack of safety in the workplace, lack of community and support, role ambiguity, high rates of demand, little possibility for development, and high rates of burnout. Prioritizing safety and support within clinical practice would help to address all six areas of concern. Additional research into what professions former music therapists pursue following their departure from the field, and similar analyses of related fields (social work, child life, etc.) is recommended to continue the understanding of this nuanced and challenging issue.

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Chapter I: Introduction

The current job market is in a state of transition. In 2022 alone, 4.2 million people quit their jobs according to the U.S. Bureau of Labor Statistics (2022). In fact, from the years 2020-2023 so many people quit their jobs that a new term, "the great resignation," was coined (Fuller & Kerr, 2022).

Music therapy as a profession has not been immune to these changes. In fact, between the years 2020 and 2021 almost 300 music therapists left the field (CBMT, 2022), while 788 new music therapists joined the field. This number was also influenced by a recertification rate of 81%, meaning 19% of music therapists did not renew their recertification, indicating that they left the field. While it is unclear what the impact of the COVID-19 Pandemic had on these statistics, similar trends have been seen in other years prior to the global pandemic (CBMT, 2022).

Understanding why music therapists are leaving the field has largely gone unstudied to date although understanding why there is minimal research in this topic is unclear. The Certification Board for Music Therapists (CBMT) collects certificant data each year, specifically identifying how many people passed the national music therapy board certification exam, the percentage of people who had to re-take the exam, and number of certificant renewals. While some of this data is available to the public (exam pass rates, number of new music therapists, recertification rate, etc.), the number of music therapists who have left the field has not been tracked as the data is changed quarterly and long-term tracking of data is difficult. This thesis explored related professions, examined current workforce statistics, and sought to identify and understand how workplace attitudes, burnout, and professional identity formation may have impacted career longevity in music therapists.

Terminology/Operational Definitions

American Music Therapy Association (AMTA)

Formed in 1998, AMTA is the national organization for music therapists in the United States of America. It is a 501c3 nonprofit whose mission is to advance public awareness of music therapy and advocate for music therapist protections.

Burnout

A state of emotional, mental, and/or physical exhaustion due to prolonged or repeated stress.

Certification Board for Music Therapists (CBMT)

The national credentialing body for music therapists located in the United States of America.

New Professional

A board-certified music therapist with less than five years professional experience working as a music therapist.

Purpose Statement

The purpose of this quantitative, descriptive study was to examine workplace attitudes of former music therapists. Understanding workplace attitudes may help the music therapy profession at large understand the reasons music therapists- specifically new professionals- may leave the field. Music therapy educators will benefit from the findings of this survey as they can better prepare students for the reality of the field. Practicing music therapists will benefit from the results of this study as it may decrease feelings of isolation and validate experiences in their current workplace. Finally, music therapy leaders at state, regional, and national levels will

benefit from the findings of this study as it contributes to a broader discussion of workforce retention efforts within the music therapy profession.

CHAPTER II: REVIEW OF LITERATURE

Retention of new professionals is a phenomenon being studied across many professions as alarming rates of employee turnover are being noticed around the globe (Ellerbeck, 2022). As minimal literature regarding music therapist retention exists, two related disciplines were examined for this literature review: nursing and education. These disciplines were chosen as they are both human services fields, they have similar extensive professional education and training, and music therapists often work in the same healthcare or education settings. Very little research has been conducted within the United States related to these fields, so to understand this phenomenon, the search for literature about the topic was expanded to include Europe, Asia, and Africa. It is important to note that research regarding workforce retention in the United States (US) was minimal at the time of writing this thesis, regardless of profession or location.

Healthcare workers

A large body of research about employee retention within the field of healthcare outside of the US exists from the last ten years as many healthcare professionals and companies have sought explanations for high rates of employee turnover. One longitudinal study by Rudman, Gustavsson, and Hultell (2014) followed nursing students in Sweden throughout their educational journey including their early years as a professional. This study followed 1,400 nursing students over five years and found that one out of five young nurses strongly intended to leave the field within their first five years of practice. This desire to leave the profession drastically increased in their initial years as practicing clinicians. A descriptive study in Finland by Flinkman and Salanterä (2015) was conducted to better understand why young nurses intended to leave the field. From the data collected from interviews with 15 registered nurses,

three key areas of influence on the desire to leave the profession emerged: a lack of support, poor orientation and mentoring, and a view that nursing was a 'second best' career choice.

A more thorough study examining both work-related factors and predictors of burnout/intention to leave the field among healthcare workers was conducted by Hämmig (2018) in Switzerland. Hämmig found that one out of six healthcare professionals thought frequently of leaving the field. It was also found that one out of twelve healthcare workers experienced burnout on a regular basis. Among the healthcare workers surveyed it was found that a work-life imbalance most strongly predicted burnout, whereas an effort-reward imbalance most strongly influenced thoughts of leaving the profession.

The COVID-19 Pandemic presented unique and challenging experiences to healthcare workers around the globe, including a catastrophic wave of employee burnout and turnover. Nie et al. (2021) studied nursing students' attitudes toward leaving the profession during one of the peaks of the COVID-19 Pandemic in China. The participants of the study who scored lowest when asked to rate their likelihood of staying in the profession reported that clinical nursing work was too dangerous during the COVID-19 Pandemic. Other factors that negatively impacted nurses' professional identity included their knowledge of COVID-19, control measures, the number of patients assigned to each nurse, and the amount of time spent doing COVID-19 related tasks.

Many of the studies exploring burnout also sought to understand and identify solutions and strategies for improving employee retention. Hämmig (2018) found that reducing workload and job frustration, as well as rewarding employees who had a frustrating experience at work, might prevent burnout. Professional strategies such as solid orientation, mentoring programs, and increased social support from management were recommended when examining how to assist

nurses with the transition from student to new professional (Flinkman & Salanterä, 2015; Rudman et al., 2014). Unique measures meant to reduce burnout in healthcare professionals who have worked during the COVID-19 Pandemic are still in development.

Teachers

In a similar trend to healthcare workers, the teaching profession has experienced marked levels of employee turnover in the last 10 years throughout all levels of teaching. Researchers have attempted to study this phenomenon and understand the reasoning for this growing trend. In an older study, Ladebo (2005) surveyed 165 primary school teachers in Lagos, Nigeria to understand the impact of work-related attitudes on employee intention to leave the profession. From this survey three categories of career satisfaction were identified: job apathy, satisfaction with pay and benefits, and intrinsic satisfaction. All three of these categories were directly related to professional commitment and a teacher's intent to leave the field. It was also found that intention to leave the field was linked to material rewards, advancement, and working conditions.

In a similar study, Heffernan et al. (2022) surveyed 2,444 primary and secondary school teachers in Australia. Of those respondents only 41% reported their intention to remain in their profession. Reported reasons for leaving the profession included: heavy workloads, health and well-being concerns, and the status of the profession. The emotional toll of teachers within the teaching profession was studied by Harfitt (2015) who interviewed teachers in China who had left the profession but returned years later. Two teachers interviewed as a part of this study stated that the lack of support from their school was their main reason for leaving the field. However, the amount of caring for their students was what ultimately prompted them to return. This

qualitative study demonstrated that the reason for leaving a profession is often nuanced and cannot be linked to one exclusive factor.

Career Longevity Within Music Therapy

To date there has been very little research into career longevity within music therapy, and no formal study of the number of professionals leaving the field has occurred. Data from the Certification Board for Music Therapists (CBMT) and the American Music Therapy Association (AMTA) was utilized for this literature review to understand the current number of music therapists as well as the therapist retention rates from the last ten years. Burnout and professional identity formation will also be explored as studies from related disciplines often report them as factors that contribute to the intention to leave the profession.

Organizational Workforce Data

According to CBMT (2021), the number of music therapists has almost doubled in the last 10 years, with noted growth in educational programs and job opportunities. In 2021, there were 9,594 board-certified Music Therapists in the United States, with 788 new music therapists joining the profession. Comparatively, in 2012 -the earliest data was available from a CBMT representative- there were 5,651 board-certified Music Therapists with 447 new music therapists joining the profession (B. Dalsimer, personal communication, August 28, 2022). CBMT releases data each year on the number of current music therapists, the certification rate, the number of new music therapists, and the recertification rate from previous years. Although not all data is publicly available, CBMT is the most accurate and reliable source of music therapy workforce data.

Another source for information on workforce development and retention is the American Music Therapy Association (AMTA). It is important to note, however, that any data published

by AMTA may be limited as data collected is based only on survey responses from membership, and at the time of writing this thesis less than one third of MT-BCs are members of AMTA. The 2021 *AMTA Workforce Analysis* reported that 44 new music therapy businesses were started in 2021 (AMTA, 2021). It is important to note however that only 88 respondents answered questions regarding business practices in the 2021 AMTA Workforce Analysis, representing less than one percent of MT-BCs. Since this number does not include new positions created, the number of new music therapy jobs is unknown.

Another official 2022 publication from AMTA released the findings of the Workforce Retention Survey (Fletcher, Weaver, Cole, & Thompson, 2022). Over the course of a year, there were 256 respondents—with 15% identifying themselves as former music therapists. Of the respondents who are currently music therapists, only 29.5% of respondents reported that they can live comfortably without supplementing their music therapy income. Additionally, of the respondents who were no longer music therapists, 48.6% reported working a non-music therapy job to supplement their income. Reasons for individuals leaving the field were identified as "burnout, being unable to advance at the place of employment, and dissatisfaction with the employer" (p. 5).

A recent survey conducted by the Association for Indiana Music Therapy's (AIMT) Waiver Committee also provided some insight into workforce retention within the state. The committee found that 73% of music therapy providers struggled with high rates of staff turnover and 84% had difficulty locating and hiring music therapists (Waiver Committee, 2022). It was also found that high therapist caseloads were required as the rate of reimbursement through the Indiana Medicaid Waiver was so low. The results of this survey helped to support a positive change in reimbursement rates in 2023 for music therapists in Indiana. The positive response to

this survey indicates a need for similar research to better inform employers and third-party payors of discrepancies in reimbursement and caseload that could lead to music therapists leaving the profession.

Career Longevity

New articles on career longevity within the field of music therapy have been recently published. Branson (2023) conducted interviews with former music therapists to understand their reasons for leaving the field. Three primary categories were identified as factors that influenced the decision to leave the field: job satisfaction, feelings of isolation, and the burden of advocacy. Lack of job satisfaction was defined by participants as: feeling unprepared for the job market, finding few jobs in the specific area, earning too little (salaries ranging from $20,000- $32,000 per year), feeling overwhelmed with caseload/schedule, seeing no advancement opportunities, and doing tasks that are not music therapy. Lack of job sustainability was defined by feelings of isolation, having no clinical or peer supervision, feeling disconnected from the music therapy community-at-large, feeling undervalued in their job, and lack of access to benefits. Finally, participants reported feeling a burden of advocacy that influenced their decision to leave the field. As the field of music therapy is slow to be understood by the public, and may be misrepresented in media, music therapists often find themselves advocating for services, recognition, and acceptance among peers, businesses, organizations, and related disciplines. As stated by Branson (2023), constant advocacy for yourself and services can place a strain on music therapists.

Meadows et al. (2022a) examined workplace/job satisfaction, stress, burnout, and happiness of current music therapists in the United States. Many respondents (594) reported being employed full time as a music therapist with an average annual salary of $51,099.69.

When asking about workplace conditions, only 35.62% of participants completely agreed with the statement “I am generally happy with my work conditions” (p. 7). When asked about workplace stress, only 35.57% of participants completely agreed with the statement “I feel that my training has prepared me adequately to fulfill the demands of my job” (p. 10). Finally, when asked about their happiness at work, 44.13% of participants somewhat agreed with the statement “I am happy at work”. It was found that on average it takes up to six years for a music therapist to earn a salary about $40,000 a year, which presents an economic challenge for new professionals.

In a similar study, Meadows et al. (2022b) exclusively examined workplace satisfaction among music therapists. It was found that male identifying music therapists were more likely than female identifying music therapists to have a high work satisfaction score. When examining workplace settings, music therapists who worked in medical settings, universities/colleges, and hospice demonstrated a higher workplace satisfaction score. Music therapists working in older adult/long term care communities, mental health settings, community music therapy settings, or those who were self-employed/private practice reported the lowest workplace satisfaction scores. Finally, the researchers also found that salary was associated with work satisfaction. Music therapists who had a higher workplace satisfaction score reported having annual salaries of more than $45,000. In fact, the participants who scored the highest in workplace satisfaction had annual salaries of over $75,000. It was unclear why there was a discrepancy in salary ranges as this study solely focused on workplace satisfaction.

While research into career longevity within the field of music therapy is still emerging, and often contains contradictory findings, factors such as job satisfaction, burnout, professional identity, and salary are all common factors attributed to career retention.

Burnout

One of the first people to define burnout in a professional setting was Freudenberger (1974) who described professional burnout as physical, emotional, and mental exhaustion caused by the job demand of workers who help people with various needs encompassing physical, emotional, and social domains. In 1981, a scale for measuring burnout was developed, focusing on three areas: emotional exhaustion, depersonalization, and personal achievement (Maslach & Jackson, 1981).

Burnout and Music Therapy

Burnout within music therapy has become a common topic of research and continuing education within the last decade, with publications like Kunimura's (2018) *Resilience Over Burnout: A Self-Care Guide for Music Therapists* gaining in popularity over time. As of April 2023, the Self-Care Institute Facebook page had over 7.2 thousand followers (The Self-Care Institute, 2018). Clements-Cortes (2013) found that burnout was a major issue for music therapists and sought to understand the individual, social, and work factors that contribute to burnout. Work factors included insufficient pay, work overload, and client factors. Individual factors included personality traits and unrealistic expectations, age and years of work experience, and lack of rewards. Finally, social factors contributing to burnout included lack of support and control, isolation, and degree of contact, role ambiguity and role conflict, and insufficient training in communication skills.

Addressing other factors of burnout Gooding (2019) conducted an analysis of 26 studies regarding music therapy and burnout. Gooding found that music therapists had a higher rate of burnout than other mental health professionals, and emotional exhaustion was the most common effect cited. In similar findings to Clements-Cortes (2013), Gooding (2019) also found that the

most common contributors to burnout were work environment issues, compensation, and workload. In 2022, AIMT's Waiver Committee had similar findings in that the most common reasons contributing to burnout were finances and commuting demands.

Professional Identity and Imposter Syndrome

In a recent study from Byers and Meadows (2021), early career music therapists were asked about barriers to professional identity formation. The participants indicated that one of the major barriers in their professional identity formation process was feeling like they weren't prepared for the realities of the field: "these realities of life in the field contributed to dissatisfaction for interviewees, whose professional experiences were not reflective of their idealized educational experiences" (p. 7). Participants also "expressed feeling uninformed about these clinical and professional realities, which contributed to feelings of inadequacy, under preparedness, and imposter syndrome" (p. 8).

Imposter phenomenon was originally used by Clance and Imes (1978) to "designate an internal experience of intellectual phoniness" (p.1). Symptoms of imposter phenomenon can vary from person to person, but it is often characterized by anxiety, low self-confidence, depression, and feelings of shame, unworthiness, or guilt.

Sims (2017) found that music therapy students experience frequent imposter tendencies manifesting as anxiety, fear of failure, unsureness, unworthiness, and low self-esteem. When these students became young clinicians, faced with the realities of the profession, their imposter syndrome only increased. While a healthy presence of imposter symptoms can help to develop a sense of therapeutic effectiveness, an unhealthy presence can be harmful to a student's mental health and inhibit therapeutic effectiveness. Understanding imposter phenomenon symptoms is an important part of developing clinical wisdom and therapeutic effectiveness.

Pickett (2020) found that in a poll of 1,135 music therapists, many participants (40.4%) were experiencing moderate levels of imposter phenomenon, demonstrating a worsening in imposter syndrome symptoms. Participants with only one to two years of experience had the highest imposter phenomenon scores (66.04). Over time, and with experience, feelings of imposter phenomena decreased in participants. It was also noted that participants who worked with seven or more populations had the lowest mean imposter phenomenon scores. Feelings of imposter syndrome directly impact professional identity, and thus impact intentions to leave the field.

Summary

Music therapy is not unique in its struggle with professionals leaving the field but as a profession it is falling behind its counterparts in attempting to understand the factors behind attrition rates. Last year 268 music therapists did not renew their CBMT certification (CBMT, 2022) with even more leaving the field but still maintaining their certification. Murillo (2013) found that music therapists are more likely to leave the field in the first five years of practice than any other time. It is unknown why large numbers of music therapists are leaving the field, with no published studies on this topic to date. This study will seek to survey music therapists who left the field within the first five years of practice to understand the reasons behind why they left the field.

Chapter III: Methodology

Design

The design of this study was a quantitative, descriptive, cross-sectional survey study. The survey was a 102-question, online survey that was a customization of the Third Version of the Copenhagen Psychosocial Questionnaire (COPSOQ III) (Burr et al., 2019). Participants were asked to respond to seven demographic questions prior to answering 95 main multiple-choice survey questions. See Appendix A for the informed consent form and for the full list of questions see Appendix B.

Participants

Participants in this study were found via social media posts, and an email "blast" utilizing contact information purchased from CBMT and then distributed to 9,527 emails, although over 600 of those emails were undeliverable for various reasons. To participate in this study, the participant must have left the music therapy profession within the first five years of becoming a board-certified music therapist. A sample size of 50 former MT-BCs was the target number of participants, as this phenomenon has never been studied within music therapy literature. In total, the survey was completed by 100 participants.

Materials

The researcher created a digital version of the 95-question COPSOQ III (Burr et al., 2019) via SurveyMonkey®. The COPSOQ III is an inventory of varying lengths depending on the need of the researcher. The COPSOQ III inventory was developed to analyze trends, assess occupational risk, and research broad health topics. There was no fee to utilize this instrument. The survey was also customized to include areas for informed consent and questions regarding demographic information. A draft of the survey was reviewed prior to publication by professors

and colleagues. More information about ethical considerations can be found later in the document.

Procedure

All participants were sent an email message with a description of the study, information about confidentiality, a brief description of their rights as a respondent, information about their ensured anonymity, and a hyperlink to the survey. The initial question of the survey asked for consent to view and publish any data collected as a part of the survey. If the respondent did not give consent, they were not allowed to continue with the survey. There were 222 total attempts to take the survey, however only 100 met the criteria and were allowed to continue. After each respondent had given consent, the initial seven questions asked about demographic information and their current level of education. The COPSOQ III then followed taking anywhere from 15-20 minutes. The entire survey process took approximately 20-25 minutes to complete.

Data from the multiple-choice questions on the survey were collected by the SurveyMonkey® system. All data went directly to this SurveyMonkey® system. The researcher did not know which recipients had completed the survey as IP addresses were not linked to responses. Preserving anonymity was a top priority of the researcher, so at no point was the researcher able to see the names or any kind of identifying information provided by the individual respondents. Reported data was then reviewed and analyzed to draw conclusions about what areas contributed the most to music therapists leaving the field.

Data Analysis

Data collected were provided to the researcher via SurveyMonkey® in the form of raw data and tables. The researcher then assembled the data and analyzed the scores to determine what subscales had the highest influence on respondent's decisions to leave the field. The raw

data were then exported to JMP® statistical software for post-collection analysis (SAS Institute, 2023). One-sample *t*-tests were used to compare the data collected in this study to the "control" mean of the COPSOQ III (Burr et al., 2019). In this case, the COPSOQ III scores serve as the "expected" score. Results from the analysis determine if the difference between the scores acquired in this study differ from what should be expected.

Ethical Considerations

Multiple steps were taken to ensure that the research was conducted in the most ethical way possible. Before the research began, approval was obtained from the Saint Mary-of-the-Woods College Institutional Review Board (IRB) on February 8, 2023. All raw data from the survey and the group report data were provided to the researcher via SurveyMonkey®. Data were then placed on an encrypted USB flash drive, and immediately deleted from the researcher's computer once the transfer of data was ensured. The USB flash drive was kept in a locked, fire-proof box within the researcher's office. Information from the study will be kept up to four years after its collection, and the flash drive will be electronically wiped and physically destroyed at that time.

Anonymity was ensured by not having names or any identifying information associated with responses. Informed consent was gathered from each respondent in the form of the first question on each of the survey questions. Finally, the respondents were also informed of their rights under the law and not coerced in any way. These ethical standards were ensured through IRB and peer-review.

CHAPTER IV: RESULTS

Demographics

There were 101 total responses to the primary demographic questions, but only 98 people answered questions with more than six possible answers. Most respondents self-identified as White/Caucasian and female within the ages of 25-34 (See Table 1). This sample aligns with the demographic makeup of the profession with most music therapists self-identifying as female (86%) and White/Caucasian (88%) (AMTA, 2021). However, the study sample skewed slightly younger than the average music therapist, who tends to fall within 30–39-year-old age range (AMTA, 2021). Data regarding the states in which respondents lived can be found in Table 2.

When asked about level of education most respondents reported only achieving a bachelor's level education, with 41% stating that they had completed graduate school (See Table 3). Most respondents had practiced as a music therapist for three years or less, with the majority practicing for exactly three years (See Table 3). Finally, a majority reported working for a private music therapy agency with nursing home/assisted living, inpatient psychiatric unit, and self-employed/private practice being reported in similar ways (See Table 4).

Table 1

Demographics

		Respondents (n=101)	Percentages
Gender			
	Female	92	91%
	Male	5	5%
	Nonbinary	4	4%
Race/Ethnicity			
	Asian/Pacific Islander	9	1%
	Black or African American	1	1%
	Hispanic	2	2%
	Multiple Ethnicities	6	6%
	White/Caucasian	83	82%
Age			
	18-24	5	5%
	25-34	77	76%
	35-44	16	16%
	45-54	1	1%
	55-64	1	1%
	65+	1	1%

Table 2

State of Residence

		Respondents (n=98)	Percentages
Location			
	Ohio	8	8%
	Indiana	7	7%
	Pennsylvania	6	6%
	Wisconsin	5	5%
	California	5	5%
	North Carolina	5	5%
	Massachusetts	5	5%
	Illinois	5	5%
	Missouri	4	4%
	Kansas	4	4%
	New York	4	4%
	Texas	4	4%
	Washington	4	4%
	Georgia	3	3%
	Colorado	3	3%
	Tennessee	3	3%
	Virginia	3	3%
	Florida	2	2%
	Connecticut	2	2%
	Michigan	2	2%
	Oregon	2	2%
	South Carolina	2	2%
	Maryland	1	1%
	Minnesota	1	1%
	Hawaii	1	1%
	New Hampshire	1	1%
	New Jersey	1	1%
	Arkansas	1	1%
	Oklahoma	1	1%
	Arizona	1	1%
	Utah	1	1%
	Alabama	1	1%

Table 3
Music Therapy Demographics

		Respondents (n=101)	Percentages
Level of Education			
	Some Graduate School	15	15%
	Completed Graduate School	41	41%
	Graduated from College	45	45%
Length of Practice			
	1 Year	20	20%
	2 Years	20	20%
	3 Years	27	27%
	4 Years	19	19%
	5 Years	15	15%

Table 4
Workplace Data

		Respondents (n=98)	Percentages
Facility			
	Private MT Agency	17	17%
	Nursing Home/Assisted Living	12	12%
	Inpatient Psychiatric Unit	11	11%
	Self-Employed/Private Practice	10	10%
	Community Based Services	6	6%
	Other	5	5%
	School (K-12)	5	5%
	Adult Day Services	4	4%
	Hospice/Bereavement Services	4	4%
	Outpatient Clinic	3	3%
	Child/Adolescent Treatment Center	2	2%
	Drug/Alcohol Program	2	2%
	General Hospital	2	2%
	Home Health Agency	2	2%
	Intermediate Care Facility	2	2%
	State Institution	2	2%
	Children's Hospital/Unit	1	1%
	Community Mental Health Center	1	1%
	Correctional Facility	1	1%
	Day Care/ Preschool	1	1%
	Early Intervention Program	1	1%
	Forensic Facility	1	1%
	Geriatric Facility- not nursing	1	1%
	Group Home	1	1%
	Physical Rehabilitation	1	1%

Core COPSOQ III- Control Group

To establish a comparable control group, data from a study completed by Burr et al. (2019) was utilized. The study was a compilation of COPSOQ III data collected from 23,361 workers from six different countries (Canada, Spain, France, Germany, Sweden, and Turkey) that captured data from a wide variety of professions including manufacturing, private companies, human service workers, and a range of low to high socioeconomic positions. Burr et al. focused on the same 54 "core" and "middle" version questions highlighted in the study completed as a part of this thesis.

Core COPSOQ III- Analysis

The first 54 questions of the survey consisted of "core" questions from the COPSOQ III instrument as well as select questions from the "middle" version of the COPSOQ III (Burr et al., 2019). The core section of the survey consisted of the following 23 categories: quantitative demands, work pace, emotional demands, demands for hiding emotions, influence at work, possibilities for development, control over working time, meaning of work, predictability, recognition, role clarity, role conflicts, quality of leadership, social support from supervisor, social support from colleagues, sense of community at work, job insecurity (fear of losing their job or being moved), insecurity over working conditions, job satisfaction, work life conflict, vertical trust (trust in upper management), organizational justice (trust that difficult situations would be handled fairly and equitably), and self-rated health. Full definitions of each category can be found in Appendix C.

Following the completion of the survey, a statistical analysis of the data was completed using JMP® statistical software (SAS Institute, 2023). A one-sample *t*-test was utilized to determine the statistical significance between the category means from the study and the

previously described control group due to the COPSOQ III (Burr et al., 2019) serving as the expected mean. A summary of all the data and means from each category can be found in Table 5.

Core COPSOQ III- Results

Except for two categories (Work Pace and Meaning of Work), a statistical significance was found between the control group and the survey group in every category ($p < 0.05$). Former music therapists scored higher than the average worker in: quantitative demands, emotional demands, demands for hiding emotions, influence at work, control over working time, role conflicts, job insecurity, and work life conflict. However, former music therapists scored lower than the average worker in: possibilities for development, role clarity, quality of leadership, social support from supervisor, social support from colleagues, sense of community at work, insecurity of working conditions, job satisfaction, vertical trust, organizational justice, and self-rated health.

Conflicts and Offensive Behavior

Following the core COPSOQ III section, the next 15 questions asked questions regarding seven categories: gossip and slander, unpleasant teasing, cyber bullying, sexual harassment, threats of violence, physical violence, and bullying (See Table 6). Of those seven categories, the one category that received a majority response (69%) from former music therapists was "gossip and slander". Of those who experienced gossip and slander, 32% reported that they experienced this daily with the main perpetrator being their colleagues. "Gossip" and "slander" were not defined by Burr et al. (2019) so it was up to the discretion of the respondents to answer as they felt it applied to them. To those affected, colleagues were the primary perpetrators of psychosocial offenses (gossip and slander, unpleasant teasing, and bullying). However, of those

affected by emotional and physical offenses (cyber bullying, sexual harassment, threats of violence, and physical violence), clients/customers/patients were the primary perpetrators.

Table 5

COPSOQ III Core Questions

Categories	Survey Mean (*n*=100)	Mean Range	Control Mean (*n* = 23,361)	*t* Test	Prob > *t*	Prob < *t*
Quantitative Demands	48	45 – 51	39	5.50	***< 0.0001***	1
Work Pace	62	58 – 66	61	0.50	0.32	0.68
Emotional Demands	69	66 – 72	47	14.00	***< 0.0001***	1
Demands for Hiding Emotions	69	66 – 72	57	7.50	***< 0.0001***	1
Influence at Work	53	50 - 55	42	7.40	***< 0.0001***	1
Possibilities for Development	54	50 – 57	66	-7.80	1	***< 0.0001***
Control Over Working Time	45	42 – 48	39	3.67	***0.0001***	0.999
Meaning of Work	73	70 – 76	72	0.40	0.03437	0.6563
Predictability	44	40 – 48	56	-6.40	1	***< 0.0001***
Recognition	46	39 – 52	55	-2.80	0.9971	***0.0029***
Role Clarity	52	47 – 57	75	-8.95	1	***< 0.0001***
Role Conflicts	55	51 – 60	45	4. 78	***< 0.0001***	1
Quality of Leadership	38	34 – 42	61	-12.30	1	***< 0.0001***
Social Support from Supervisor	54	50 – 59	69	-6.40	1	***< 0.0001***
Social Support from Colleagues	63	59 – 67	68	-2.27	0.9877	***0.0123***
Sense of Community at Work	58	53 – 62	77	-8.86	1	***< 0.0001***
Job Insecurity	50	45 – 55	39	4.21	***< 0.0001***	1
Insecurity over Working Conditions	29	25 – 33	41	-6.12	1	***< 0.0001***
Job Satisfaction	38	34 – 41	56	-11.86	1	***< 0.0001***
Work Life Conflict	67	63 – 71	42	11.48	***< 0.0001***	1
Vertical Trust	52	49 – 55	64	-7.36	1	***< 0.0001***
Organizational Justice	45	41 – 49	57	-6.28	1	***< 0.0001***
Self-Rated Health	43	38 – 48	63	-7.28	1	***< 0.0001***

Table 6

Conflicts and Offensive Behavior

Categories		Choices	Count	Probability
Gossip and Slander	*Were you exposed to gossip and slander at your workplace during the last 12 months of your employment (n = 99)*			
		No	30	30%
		Yes; a few times	25	25%
		Yes; daily	22	22%
		Yes; weekly	20	20%
		Yes; monthly	2	2%
	If yes, from whom? (n = 70)			
		Clients/Customers/Patients	6	9%
		Manager/Superior	10	14%
		Multiple/Other	11	16%
		Colleagues	43	61%
Unpleasant Teasing	*Had you been exposed to unpleasant teasing at your workplace during the last 12 months of your employment? (n = 99)*			
		No	72	72%
		Yes; a few times	15	15%
		Yes; daily	5	5%
		Yes; weekly	4	4%
		Yes; monthly	3	3%
	If yes, from whom? (n =29)			
		Multiple/Other	3	
		Manager/Superior	3	10%
		Clients/Customers/Patients	6	21%
		Colleagues	17	59%
Cyber Bullying	*Had you been exposed to work related harassment on social media, by email, or text messages during the last 12 months of your employment? (N = 99)*			
		No	96	97%
		Yes; a few times	3	3%
	If yes, from whom? (n = 6)			
		Clients/Customers/Patients	4	67%
		Multiple/Other	2	33%
Sexual Harassment	*Had you been exposed to undesired sexual attention at your workplace during the last 12 months of your employment? (n =99)*			
		No	64	65%
		Yes; a few times	22	22%
		Yes; daily	6	6%
		Yes; weekly	6	6%
		Yes; monthly	1	1%
	If yes, from whom? (n = 36)			
		Clients/Customers/Patients	25	69%
		Manager/Superior	1	3%
		Multiple/Other	6	17%
		Colleagues	4	11%

Table 6

Conflicts and Offensive Behavior

Categories		Choices	Count	Probability
Threats of Violence	*Had you been exposed to threats of violence at your workplace during the last 12 months of your employment? (n =99)*			
		No	65	66%
		Yes; a few times	20	20%
		Yes; daily	8	8%
		Yes; weekly	4	4%
		Yes; monthly	2	2%
	If yes, from whom? (n = 35)			
		Clients/Customers/Patients	32	91%
		Multiple/Other	3	9%
Physical Violence	*Had you been exposed to physical violence at your workplace during the last 12 months of your employment? (n =99)*			
		No	55	56%
		Yes; a few times	24	24%
		Yes; daily	11	11%
		Yes; weekly	7	7%
		Yes; monthly	2	2%
	If yes, from whom? (n = 46)			
		Clients/Customers/Patients	43	93%
		Multiple/Other	3	7%
Bullying	*Had you been exposed to bullying at workplace during the last 12 months of your employment? (n =99)*			
		No	78	79%
		Yes; a few times	8	8%
		Yes; weekly	6	6%
		Yes; monthly	4	4%
		Yes; daily	3	3%
	If yes, from whom? (n = 23)			
		Clients/Customers/Patients	5	22%
		Manager/Superior	7	30%
		Multiple/Other	2	9%
		Colleagues	9	39%

Health, Well-being, and Personality

The final 25 questions in the survey asked participants to answer questions related to their health/well-being as well as their personality (self-efficacy). These questions were broken down into six categories: burnout, stress, somatic stress, cognitive stress, depressive symptoms, and self-efficacy. Definitions of these categories can be found in Appendix C. Because there was no established control group, the only analysis that could be completed was finding the mean and mean range of each category (See Table 7). Former music therapists ranked highest in burnout, and stress overall. However, they scored lowest in somatic symptoms and cognitive stress. When asked to judge feelings of self-efficacy former music therapists scored a 65% on average.

Table 7
Health, Well-being, and Personality

Categories	Mean	Mean Range
Burnout	76	74 – 79
Stress	65	62 - 68
Depressive Symptoms	52	49 - 55
Cognitive Stress	46	43 - 49
Somatic Stress	40	37 - 43
Self-Efficacy	65	63 - 66

Chapter V: Discussion

The purpose of this quantitative study was to gather information from former music therapists to better identify potential reasons why they left the field of music therapy. Based on the results of this data, former music therapists scored above or below the average employee in almost every single category, reported high rates of burnout, and were exposed to gossip and slander by their colleagues. Types of gossip and slander were not specified, nor was the content of the gossip/slander. Overall, the results of this study point to a lack of safety in the workplace, lack of community and support for music therapists, high rates of demand (emotionally, quantitatively, and physically), little possibility for development, and high rates of burnout.

Comparison to Previous Literature

When compared to the existing literature, several claims were either supported or contradicted by the data from this study. Reasons for leaving the field that were supported by this study include: being unable to advance at the place of employment (Fletcher et al., 2022; Branson, 2023), dissatisfaction with the employer (Fletcher et al., 2022; Branson, 2023), feelings of isolation (Branson, 2023), burden of advocacy (Branson, 2023), and feeling overwhelmed with caseload/schedule (Branson, 2023; Waiver Committee, 2022).

When looking at rates of self-efficacy and imposter syndrome, data collected in this study is not strongly supportive of the claims that professional identity formation impacts the longevity of music therapists as the average self-efficacy score was 65/100. While that statistic could be higher, the score does not indicate concern over levels of self-efficacy and its potential impact on career longevity. Burnout does have the potential to be a major factor in music therapists leaving the field (Branson, 2023; Fletcher et al., 2022; Gooding, 2019; Clements-Cortes, 2013) as the average former music therapist scored $x = 76$ out of 100 possible points. Rates of burnout could

also be influenced by other factors reported in the study (high demand, low role clarity, lack of support, etc.) but would require additional study.

Interpretations

Although there were 25 categories that yielded statistically significant data, in a similar vein to Branson's (2023) study, six main summary categories for reasons behind why people may leave the music therapy profession were noted: lack of safety in the workplace, lack of community and support, role ambiguity, high rates of demand, little possibility for development, and high rates of burnout. The first category, lack of safety in the workplace, refers to the amount of harassment (both physically and psychologically) received by music therapists and the lack of trust in (and quality of) leadership/supervisors. Due to the nature of the survey questions, it is unclear if the supervisors/leaders described were also music therapists or if they belonged to a different discipline. The role of a supervisor is to not only be a shield, but also a psychological support whenever issues arise for the music therapist. Without it, music therapists are left feeling isolated and unsafe.

The next category, lack of community and support, refers to below average reporting in social support (from supervisors and colleagues) and a lack of a sense of community at work. It is basic human nature to need to feel like a member of a community, so without it, music therapists are again left to feel isolated and vulnerable to unsafe psychological, emotional, and physical situations.

Role ambiguity refers to the below average score in role clarity as well as the above average score in job insecurity and role conflicts reported by former music therapists. As Branson (2023) reported, feelings of constant advocacy and non-music therapy related tasks were both reasons for leaving the field and could potentially contribute to below average feelings

of role clarity. Former music therapists also reported fears regarding the ability to find another job if their current position were to be eliminated or if they were to leave. Both factors contribute to feelings of being "stuck" or insecure in your job.

The high rates of demand category refers to the above average scores in emotional demands, quantitative demands, demands for hiding emotions, and work-life conflict. Music therapists are often asked to manage unreasonable caseloads (AIMT, 2022) all while managing a customer service model and unconditional positive regard that often requires them to push their emotions aside. These emotional and physical demands are often incongruent and lead to work-life conflicts that can be challenging for anyone to maintain long-term.

Little possibility for development refers to the limited possibility for advancement (either in their career or within the organization that they work for). The top places of employment reported by participants were private music therapy practices, nursing homes, inpatient psychiatric units, and self-employed/private practice. All these facilities have limited room for advancement as many music therapists are their own employer or are employed by one other person. Lack of advancement can again lead to feelings of being "stuck" and can make it challenging to have something to work toward.

The final category is high rates of burnout, which refers to reported burnout, stress, and below average self-rated health scores. This category not only speaks to the high rate of burnout reported by former music therapists, but also the physiological impacts long-term stress and burnout can have on a person. The factors and categories listed previously may impact rates of burnout, but it is also important to recognize the impacts burnout and stress can have on music therapists over time.

Additional Input

Following the initial "email blast" to the CBMT email list, response emails were received from 12 individuals who were not eligible to participate in the study but wanted to share their experience with leaving the profession. Following the receipt of the email, a response email was sent to them following approval by thesis advisor Gray Baldwin, MA, MT-BC. This response email requested consent to extrapolate themes from their emails for use in the discussion section of this thesis (See Appendix D).

Of the 12 response emails that were sent, consent was received from 5 participants, all of whom had been practicing music therapists for 5-20 years each. Following the receipt of informed consent from each respondent, common themes were extracted from each email, as well as unique reasons each respondent listed. Common reasons for music therapists leaving the field included: life changes (becoming a parent, moving, etc.), the impact of the COVID-19 Pandemic, physical demands, no opportunities for advancement, low salary, cost of education, and the amount of working hours required to "make ends meet". Other than opportunities for advancement, none of these factors were studied as a part of this thesis. However, these personal reflections serve to demonstrate the nuanced nature of leaving the profession that was unable to be captured in this thesis. Although these comments and themes are anecdotal and not a part of the research study they are important to note.

Implications for the Music Therapy Field

There are several long-term implications/recommendations for the music therapy field following the results of this study. For music therapy business owners, it is recommended that there be more things to address such as the lack of safety and support and high rates of demand placed on new music therapists. Providing regular, on-going supervision to new music therapists

may help to provide a sense of safety and address any concerns about role ambiguity and high rates of demand. Prioritizing safety and support within clinical practice would help to address all six areas of concern.

Additionally, while illuminating challenges facing the music therapy community, this data can also be used to reduce the feelings of isolation and shame felt by current music therapists. Creating safe, inclusive spaces to talk about these challenges can help to combat concerns around a lack of community/support. On an institutional level, more advocacy and resources for new professionals regarding workplace safety and supervision may also help to address areas of concern.

Limitations

There were several factors that may have limited the outcome of this study. First, while the COPSOQ III measured workplace attitudes, there were no specific questions regarding salary, or external workplace factors that would have influenced the decision to leave the profession. As demonstrated by the themes extracted from emails following the survey, the decision to leave the profession is often nuanced and can be heavily impacted by factors for which this survey tool did not allow for.

Other limitations to this study included the limited sample size and the limited scope. The sample size of this research was very limited as former music therapists were difficult to contact. In total, a call for participants was sent out over a three-week period to the 9,527 emails listed on the CBMT email list. Over 600 of those emails were undeliverable for various reasons, and it is unknown how many people on that list are still practicing music therapists to establish a threshold of respondents. Therefore, there is a concern about lack of participation and low sample size. Finally, the scope of this study was limited as to target “new professionals”,

however the data may be different if music therapists who had been practicing longer had been allowed to participate (as exhibited by the 222 survey attempts v. 100 complete responses).

Future Research

More follow up research is required of this topic, as it is an issue that will become more prevalent as the music therapy profession continues to grow. A qualitative analysis examining why music therapists are leaving the field may lend itself to the more nuanced nature of this topic. Further study of self-efficacy/burnout and the effect on music therapists' desires to leave the field is also recommended. Finally, longitudinal studies such as that of Rudman et al. (2014) that follow music therapy students throughout their education and early years of practice may be beneficial for music therapy education programs.

Conclusion

In conclusion, the reasons behind why music therapists leave the profession is a challenging and nuanced issue. In reviewing workplace attitudes, six areas of concern were identified: lack of safety in the workplace, lack of community and support, role ambiguity, high rates of demand, little possibility for development, and high rates of burnout. Additional research into what professions former music therapists pursue following their departure from the field, and similar analysis of related fields (social work, child life, etc.) is also recommended. Further research into this topic is necessary for the growth and development of the music therapy profession.

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Appendix A

Informed Consent Page

Goodbye Yellow Brick Road: A Quantitative Study of Former Music Therapists

Welcome to My Survey

You are being asked to participate in a research study about former music therapists who left the field of music therapy and their reasons for leaving. Key information for you to consider is provided below. Please carefully consider this key information and read this entire form to obtain more detailed information about this research study. Please feel free to ask questions about any of the information before deciding whether to participate in this research project. Participating in this research project is voluntary.

Key Information

· **Purpose of the research study**

This study is to understand the factors that contribute to music therapists leaving the field.

· **Procedure and Duration**

You will be asked to answer 7 demographic questions prior to the main survey, which will consist of 95 questions. This will take approximately 20-25 minutes to complete.

· **Risks and discomfort**

Risks or discomforts from this research study include potential emotional/psychological discomfort at recalling past workplaces/experiences. Information regarding national mental health resources can be found at the bottom of this page and at the end of this survey.

· **Potential benefits**

Benefits that may be expected from this research study include improving career retention in the future and validating the experiences of both past and present music therapists.

· **Participation is voluntary.**

Purpose of the Research

The purpose of the research study is to understand the factors that contribute to music therapists leaving the field. You are being asked to participate because you are a former music therapist who left the field within your first five years of practice.

Procedures

All participants will be sent an email message with a description of the study, information about the protection of their responses, a brief description of their rights as a respondent, information about their ensured anonymity, and a hyperlink to the study. The initial question of the survey will be asking for consent to view and publish any data collected as a part of the survey. If the respondent does not give consent, they will not be allowed to continue with the survey. After the respondent has given consent, the initial 7 questions will ask about demographic information and their current level of education. The COPSOQ III will then follow taking anywhere from 15-20 minutes. The survey should take 20-25 minutes to complete.

Data from the multiple-choice questions on the survey will be collected by the SurveyMonkey system. All data will go directly to this SurveyMonkey system. The researcher will not know which recipients had completed the survey as IP addresses will not be linked to responses. Preserving anonymity is a top priority of the researcher, so at no point will they be able to see the names or any kind of identifying information provided by the respondents. The researcher will then review and analyze the reported data in order to draw conclusions about what areas contributed the most to music therapists leaving the field.

Risks or Discomforts
Recalling former employment or workplace feelings/instances may cause emotional discomfort. However, participants will be limited to the Likert scales included in the survey, and not asked to expand upon traumatic or emotional experiences. Information regarding national mental health resources can be found at the bottom of this page and at the end of this survey.

Potential Benefits
Understanding why music therapists are leaving the field can help to improve career retention in the future and validate the experiences of both past and present music therapists.
Confidentiality
All raw data from the survey and the group report data will be provided to the researcher via SurveyMonkey. All of this data will be placed on an encrypted USB flash drive, and immediately deleted from the researcher's computer once the transfer of data is ensured. The USB flash drive will be kept in a locked, fire-proof box within the researcher's office. Data will be retained for up to four years following the conclusion of data collection, at which time the flash drive will be wiped of any data and physically destroyed.

Voluntary Participation
It is entirely voluntary to participate in this research study. You can decline participation in the study by not signing the consent form. You can withdraw from the study at any time without penalty by simply exiting the online survey, even if you decide to be part of the study now.

Use of Data for Future Study
Data collected in this study may be used for future research studies or distributed to another investigator for future research studies without additional informed consent.

If you have questions about this research study, please contact the principal investigator or co-investigator.

Principal Investigator
Gray Baldwin, MA, MT-BC
Gray.Baldwin@smwc.edu

Co-investigator
Sara Langenberger, MT-BC
Sara.Langenberger@smwc.edu

Question Title

* 1. I have read the above consent information, and affirm that I am consenting to participate in this study.

I agree

I disagree

If you are in a crisis, get immediate help:

988 Suicide & Crisis Lifeline

Call or text 988; Use Lifeline Chat on the web

The Lifeline provides 24-hour, confidential support to anyone in suicidal crisis or emotional distress. Call or text 988 to connect with a trained crisis counselor

APPENDIX B: *List of COPSOQ III Questions*

Scale	Dimension Name	Item name	Question	Response Option
Quantitative Demands	QD	QD 1	Was your workload unevenly distributed so it piled up?	1
		QD 2	How often did you not have time to complete all your work tasks?	1
		QD 3	Did you get behind with your work?	1
Work Pace	WP	W 1	Did you have to work very fast?	1
		W 2	Did you work at a high pace throughout the day?	2
Emotional Demands	ED	ED 1	Did your work put you in emotionally disturbing situations?	1
		ED 2	Did you have to deal with other people's personal problems as part of your work?	1
		ED 3	Was your work emotionally demanding?	2
Demands for Hiding Emotions	HE	HE1	Did your work require that you hid your feelings?	2
		HE2	Were you required to be kind and open towards everyone-regardless of how they behave towards you?	2
		HE3	Did your work require that you did not state your opinion?	1
Influence at Work	IN	INX 1	Did you have a large degree of influence in the decisions concerning your work?	1
		IN 2	Could you influence the amount of work assigned to you?	1
		IN 3	Did you have any influence on what you did at work?	1
		IN 4	Did you have any influence on HOW you did your work?	1
Possibilities for Development	PD	PD 2	Did you have the possibility of learning new things through your work?	2
		PD 3	Could you use your skills and expertise in your work?	2
		PD4	Did your work give you the opportunity to develop your skills?	2
Control over Working time	CT	CT1	Could you decide when to take a break?	1
		CT2	Could you take holidays more or less when you wished?	1
		CT3	Could you leave your work to have a chat with a colleague?	1
		CT4	If you had some private business is it possible for you to leave your place of work for half an hour without special permission?	1

Scale	Dimension Name	Item name	Question	Response Option
Meaning of Work	MW	MW 1	Was your work meaningful?	2
		MW 2	Did you feel that the work you did was important?	2
Predictability	PR	PR1	At your place of work, were you informed well in advance concerning, for example important decisions, changes, or plans for the future?	2
		PR 2	Did you receive all the information you needed to do your work?	2
Recognition	RE	RE 1	Was your work recognized and appreciated by the management?	2
Role Clarity	CL	CL1	Did your work have clear objectives?	2
Role Conflicts	CO	CO1	Were contradictory demands placed on you at work?	2
		CO2	Did you sometimes have to do things which ought to have been done in a different way?	2
Quality of Leadership	QL	QL_T	To what extent would you say that your immediate superior made sure that the members of staff had good development opportunities?	2t
		QL3	To what extent would you say that your immediate superior was good at solving conflict?	2t
		QL4	To what extent would you say that your immediate superior was good at work planning?	2t
Social Support from Supervisor	SS	SS1	How often was your immediate superior willing to listen to your problems at work, if needed?	1t
		SS2	How often did you get help and support from your immediate superior, if needed?	1t
Social Support from Colleagues	SC	SC1	How often did you get help and support from your colleagues, if needed?	1±
		S2	How often were your colleagues willing to listen to your problems at work, if needed?	1±

Scale	Dimension Name	Item name	Question	Response Option
Sense of Community at Work	SW	SW1	Was there a good atmosphere between you and your colleagues?	1±
		SW2	Did you feel part of a community at your place work?	1±
Job Insecurity	JI	JI1	Were you worried about becoming unemployed?	2
		JI2	Were you worried about it being difficult for you to find another job if you became unemployed?	2
Insecurity over Working Conditions	IW	IW1	Were you worried about being transferred to another job against your will?	2
		IW2	Were you worried about the timetable being changed (shift, weekdays, time to enter and leave) against your will?	2
		IW3	Were you worried about a decrease in your salary (reduction, variable pay being introduced, etc.)?	2
Job Satisfaction	JS	JS1	Regarding your work in general, how pleased were you with your work prospects?	6
		JS2	Regarding your work in general, how pleased were you with your job as a whole, everything taken into consideration?	6
		JS3	Regarding your work in general, how pleased were you with your salary?	6
Work Life Conflict	WF	WF1	Do you feel that your work drained so much of your energy that it had a negative effect on your private life?	2
		WF2	Do you feel that your work took so much of your time that it had a negative effect on your private life?	2
Vertical Trust	TM	TM1	Did the management trust the employees to do their work well?	2
		TM2	Could the employees trust the information that came from management?	2
		TM3	Were the employees able to express their views and feelings?	2
Organizational Justice	JU	JU1	Were conflicts resolved in a fair way?	2
		JU2	Was the work distributed fairly?	2

Scale	Dimension Name	Item name	Question	Response Option
Self-Rated Health	GH	GH1	In general, would you say your health was:	7
(Intro Negative Acts)				
Gossip and Slander	GS	GS1	Were you exposed to gossip and slander at your workplace during the last 12 months of your employment	4
		GS2	If yes, from whom?	5M
Unpleasant Teasing	UT	UT1	Had you been exposed to unpleasant teasing at your workplace during the last 12 months of your employment?	4
		UT2	If yes, from whom?	5M
Cyber Bullying	HSM	HSM1	Had you been exposed to work-related harassment on the social media (e.g. Facebook), by e-mail or text messages during the last 12 months of your employment?	4
		HSM2	If yes, from whom?	5M
Sexual Harassment	SH	SH1	Had you been exposed to undesired sexual attention at your workplace during the last 12 months of your employment?	4
		SH2	If yes, from whom?	5M
Threats of Violence	TV	TV1	Had you been exposed to threats of violence at your workplace during the last 12 months of your employment?	4
		TV2	If yes, from whom?	5M
Physical Violence	PV	PV1	Had you been exposed to physical violence at your workplace during the last 12 months of your employment?	4
		PV2	If yes, from whom?	5M
Bullying	BU	BU1	Bullying means that a person repeatedly is exposed to unpleasant or degrading treatment, and that the person finds it difficult to defend himself or herself against it. Had you been exposed to bullying at your workplace during the last 12 months of your employment?	4
		BU2	If yes, from whom?	5M

Scale	Dimension Name	Item name	Question	Response Option
Bullying	BU	BU3	How often did you feel unjustly criticized, bullied or shown up in front of others by your colleagues or your superior?	1S
(Intro Health)				
Burnout	BO	BO1	How often did you feel worn out?	9
		BO2	How often had you been physically exhausted?	9
		BO3	How often had you been emotionally exhausted?	9
		BO4	How often did you feel tired?	9
Stress	ST	ST1	How often did you have problems relaxing?	9
		ST2	How often had you been irritable?	9
		ST3	How often had you been tense?	9
Somatic Stress	SO	SO1	How often did you have a stomach ache?	9
		SO2	How often did you have a headache?	9
		SO3	How often did you have palpitations?	9
		SO4	How often did you have tension in various muscles?	9
Cognitive Stress	CS	CS1	How often did you have problems concentrating?	9
		CS2	How often did you find it difficult to think clearly?	9
		CS3	How often did you have difficulty in making decisions?	9
		CS4	How often did you have difficulty with remembering?	9
Depressive Symptoms	DS	DS1	How often did you feel sad?	9
		DS2	How often did you lack self-confidence?	9
		DS3	How often did you have a bad conscious or feel guilty?	9
		DS4	How often did you have a lack of interest in everyday things?	9
Self-Efficacy	SE	SE1	I am always able to solve difficult problems, if I try hard enough	10
		SE2	If people work against me, I find a way of achieving what I want	10
		SE3	It is easy for me to stick to my plans and reach my objectives	10
		SE4	I feel confident that I can handle unexpected events	10
		SE5	When I have a problem, I can usually find several ways of solving it	10

Scale	Dimension Name	Item Name	Question	Response Option
Self-Efficacy	SE	SE6	Regardless of what happens, I usually manage	10

Scoring:

1: Always (100); Often (75); Sometimes (50); Seldom (25); Never/hardly ever (0)
2: To a very large extent (100); To a large extent (75); Somewhat (50); To a small extent (25); To a very small extent (0)
4: Yes, daily; Yes, weekly; Yes, monthly; Yes, a few times; No
5M: Colleagues, Manager/superior, Subordinates, Clients/customers/patients (Multiple response options)
6: 6: Very satisfied (100), Satisfied (75), Neither/Nor (50), Unsatisfied (25), Very unsatisfied (0)
7: Excellent (100), Very good (75), Good (50), Fair (25), Poor (0)
9: All the time (100); A large part of the time (75); Part of the time (50); A small part of the time (25); Not at all (0)
10: Fits perfectly (100); Fits quite well (67); Fits a little bit (33); Does not fit (0)

t Including the response option, if deemed necessary: 'I do not have a supervisor' (coded as missing).
± Including the response option, if deemed necessary: 'I do not have colleagues' (coded as missing).
S Including the response option, if deemed necessary: 'I do not have a superior / colleagues' (coded as missing).

Note: From "COPSOQ III: Guidelines and Questionnaire," by COPSOQ International Network (2019). https://www.copsoq-network.org/assets/Uploads/COPSOQ-network-guidelines-an-questionnaire-COPSOQ-III-180821.pdf

APPENDIX C

Category Definitions

Category	Description
Quantitative Demands	Quantitative Demands deal with how much one has to achieve in one's work. Quantitative Demands can be assessed as an incongruity between the amount of tasks and the time available to perform these tasks in a satisfactory manner.
Work Pace	Work Pace deals with the speed at which tasks have to be performed. Work Pace is a measure of the intensity of work.
Cognitive Demands	Cognitive Demands deal with demands involving the cognitive abilities of the worker
Emotional Demands	Emotional Demands occur when the worker has to deal with or is confronted with other people's feelings at work. Other people comprise both people who are not employed at the workplace, e.g., customers, clients, or pupils, and people employed at the workplace, such as colleagues, superiors, or subordinates.
Demands for Hiding Emotions	Demands for Hiding Emotions occur when the worker has to conceal her or his own feelings at work from other people. Other people comprise both people who are not employed at the workplace, e.g., customers, clients, or pupils, and people employed at the workplace, such as colleagues, superiors, or subordinates.
Influence at Work	Influence at Work deals with the degree to which the employee can influence aspects of work itself, ranging from, e.g., planning of work to e.g., the order of tasks.
Possibilities for Development	Possibilities for Development deal with if the tasks are challenging for the employee and if tasks provide opportunities for learning, and thus provide opportunities for development not only in the job but also at the personal level. Lack of development can create apathy, helplessness, and passivity.
Control Over Working Time	Control over Working Time deals with the degree to which the employee can influence conditions surrounding work, e.g., breaks, length of the working day, or work schedules.
Meaning of Work	Meaning of Work concerns both the meaning of the aim of work tasks and the meaning of the context of work tasks. The aim is "vertical", i.e., that the work or product is related to a more general purpose, such as healing the sick or to produce useful products. The context is "horizontal", i.e., that one can see how ones' own work contributes to the overall product of the organization.
Predictability	Predictability deals with the means to avoid uncertainty and insecurity. This is achieved if the employees receive the relevant information at the right time.
Recognition	Recognition deals with the recognition by the management of your effort at work.

Role Clarity	Role Clarity deals with the employee's understanding of her or his role at work, i.e., content of the tasks, expectations to be met, and her or his responsibilities.
Role Conflicts	Role Conflicts stem from two sources. The first source is about possible inherent conflicting demands within a specific task. The second source is about possible conflicts when prioritizing different tasks.
Quality of Leadership	Quality of Leadership deals with the next higher managers' leadership in different contexts and domains.
Social Support from Colleagues	Social Support from Colleagues deals with the employees' impression of the possibility to obtain support from colleagues if one should need it.
Social Support from Supervisors	Social Support from Supervisors deals with the employees' impression of the possibility to obtain support from the immediate superior if one should need it.
Sense of Community at Work	Sense of Community at Work concerns whether there is a feeling of being part of the group of employees at the workplace, e.g., if employee relations are good and if they work well together.
Job Insecurity	Job Insecurity deals with aspects of security of the employment of the employee, e.g., regarding the risk of being fired or the certainty of being reemployed if fired
Insecurity Over Working Conditions	Insecurity over Working Conditions deals with aspects of security of working conditions such as the content of work, e.g., if one is reallocated within the company, change of working hours, or deterioration of pay.
Job Satisfaction	Job Satisfaction - - satisfaction with work- - deals with the employees' experience of satisfaction with various aspects of work.
Work Life Conflict	Work Life Conflict deals with the possible consequences of work on privacy or on personal and family life and includes conflict regarding energy (mental and physical energy) and conflict regarding time.
Vertical Trust	Vertical Trust deals with whether the employees can trust the management and vice versa. Vertical Trust can be observed in the communication between the management and the employees.
Organizational Justice	Justice and respect in the workplace is about if workers are treated fairly. Four aspects are considered: First the distribution of tasks and recognition, second the process of sharing, third the handling of conflicts and fourth the handling of suggestions from the employees.
Self-Rated Health	Self-rated/perceived health is the person's assessment of her or his own general health.
Burnout	Burnout concerns the degree of physical and mental fatigue/ exhaustion of the employee.
Stress	Stress here is defined as a reaction of the individual. Stress is here defined as a combination of tension and displeasure. As elevated stress levels over a longer period are detrimental to health, it is necessary to determine long-term states of stress.

Somatic Stress	Somatic Stress is here defined as a physical health indicator of a sustained stress reaction of the individual.
Cognitive Stress	Cognitive Stress is here defined as cognitive indicators of a sustained stress reaction of the individual.
Depressive Symptoms	Depressive Symptoms cover aspects which together indicate depression.
Self-Efficacy	Self-Efficacy is the extent of one's belief in one's own ability to complete tasks and reach goals. Here self-efficacy is understood as global self-efficacy not distinguishing between specific domains of life.

Note: From "The third version of the Copenhagen Psychosocial Questionnaire," by Burr et al. in *Safety and Health at Work*. (2019). https://doi.org/10.1016/j.shaw.2019.10.002

Appendix D

Consent for email use

Hello,

Thank you for the feedback, and for your willingness to participate in this study! Over the last week I have received a lot of feedback from folks— many of whom don't meet the criterion for this study, but who want to share their story about why they left the field. Because of that, I am going to compile themes and excerpts from all of these emails and include them in the discussion section of my thesis.

So, although you don't meet the criterion for this survey, any and all anecdotal information you are willing to share would be wonderful to include! For example, what are some of your reasons for leaving the field/pursuing jobs outside of music therapy (salary, work demands, burnout, etc.)?

With that being said, could I have your permission to include some themes from your upcoming email (while removing any kind identifying information of course) to share in the discussion section of my thesis?

Please take some time to think about it, and please let me know! I am again so grateful for your email and your willingness to contribute to this study.

With gratitude,

Sara L.