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Leaving the Profession: A Grounded Theory Exploration of Music Therapists' Decisions

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Abstract

Published studies indicate that burnout and job satisfaction impact music therapists' longevity in the profession in the United States. It is unclear whether these factors are related to clinical or professional factors. No studies have been published exploring the reasons that music therapists in the United States have left the profession. The purpose of this grounded theory study was to develop a theoretical framework that describes the decisions and experiences of board-certified music therapists when leaving the profession. The specific aims were to (1) identify factors that influenced therapists' decisions to leave the profession, and (2) identify any unmet needs in training and supervision that may contribute to these decisions. Thirteen participants participated in the study. Each participant obtained board certification in the United States, worked in a music therapy job, and remain in the workforce but are no longer working in the music therapy profession. Participants completed semi-structured interviews. Interview transcripts were analyzed to understand the experiences and decisions that led to their departure from the profession. Music therapists from the U.S. who participated in this study left the profession due to: (1) availability of sustainable jobs, (2) access to professional support or supervision, and (3) burden of advocacy. These results did not vary according to individual factors such as age, level of education, or the year the therapist entered the profession. Further exploration of this theory and music therapists' experiences may point to opportunities for changes in training and development of support programs for new as well as experienced professionals.

Keywords: music therapists; profession; longevity; grounded theory

Background

An increase in public awareness and popular press surrounding music therapy in the United States (U.S.) has been accompanied by an increase in the number of MT-BCs trained and certified in the U.S., in the number of training programs available in the U.S., and in positive, peer-reviewed research that systematically explores the benefits of music-based interventions in healthcare, community, and academic settings. While there is evidence of growth in the number of MT-BCs in the U.S., there are no comprehensive reports describing the professional experiences of MT-BCs or quantifying the time that MT-BCs remain active in the profession. The researcher identified professional and personal factors that influence pursuit of this study, including observations of peers, awareness of the current literature, lack of complete workforce data, and personal experiences in the profession.

The growth of music therapy training programs in the U.S. is evident in the number of programs approved and reported by the American Music Therapy Association (AMTA). From 2004 to 2018, the number of AMTA-approved training programs increased from 72 to 84 (AMTA, 2004 & 2018). Training programs now offer undergraduate and graduate degrees as well as undergraduate and graduate equivalency programs. Doctoral degrees are offered in music therapy, expressive arts therapies, and in related fields with concentrations in music therapy. Additionally, there has been an increase in training program enrollment and degree attainment in the U.S. (National Center for Education Statistics, 2019). This report is supported by the 2019 findings of Iwamasa (2019), who found that enrollment and degree attainment for undergraduate and graduate level music therapy programs in the U.S. are increasing at a faster rate than all other music majors combined.

Predictably, the number of Board-Certified Music Therapists (MT-BCs) in the U.S. has also increased significantly in the past decade. In 2018, the Certification Board for Music Therapists (CBMT) recorded 8,342 MT-BCs, an increase of 59% since 2009, when 4,728 MT-BCs were recorded (CBMT, 2019; J. Schneck, personal communication, January 16, 2021; Silverman & Furman, 2014). This increase in the number of MT-BCs in the U.S. has had a positive impact on the availability of music therapy services, research, public awareness of the profession, and interest in training programs.

The evidence for increased interest, training, and availability of music therapy services is not accompanied by an increase in the availability of data regarding professional issues such as salary ranges, job markets, or longevity in the profession. CBMT and AMTA collect and maintain basic data regarding the number of persons that maintain the MT-BC credential, but do not provide a detailed profile of the profession. Details regarding employment settings, salary ranges, job titles, and job markets are collected only by AMTA and only from MT-BCs that volunteer this information. This annual survey report leaves significant gaps in the workforce data made available to MT-BCs, training programs, employers, and potential students.

CBMT maintains and shares basic demographic data for all MT-BCs. The information maintained includes the total number of persons with the MT-BC credential in any given year and the number of MT-BCs due to recertify in each five-year cycle. MT-BCs may voluntarily report contact, work setting, and degree information for inclusion in their shared professional profile. CBMT does not track whether MT-BCs are working in music therapy jobs or the reasons for not working in the profession (C. Biddle, personal communication, July 9, 2018). The basic demographic data collected does not include salary information, job title, or work setting, and leaves significant gaps in workforce information.

AMTA workforce survey year	Total # MT-BCs per CBMT	# AMTA survey participants	Ages 20–29	Ages 30–39	Ages 40–49	% with < 10 years in profession
2008	4,728	1,460	18%	25%	23%	40%
2018	8,342	1,853	38.4%	25.3%	13.7%	50%

Table 1. AMTA Workforce Survey Responses for Age and Professional Longevity. (AMTA, 2009 & 2019)

AMTA collects and publishes music therapy workforce survey data each year from AMTA members and non-members. This data is provided voluntarily by survey respondents and includes self-reported salary, number of years in the profession, age of respondent, average number of hours worked each week, job title or role, and work setting. Historically, fewer than 50% of all MT-BCs in the U.S. complete the survey, and only a percentage of those respondents complete each question. In 2008, there were 5,246 MT-BCs recorded by CBMT. In that year, 30%, or 1,460, individuals completed the AMTA workforce survey (AMTA, 2009). In 2018, there were 8,342 MT-BCs recorded by CBMT; 22%, or 1,853 individuals completed the AMTA workforce survey. This low response rate for the workforce survey indicates a significant gap in the workforce data.

Data from the annual AMTA workforce survey suggests that the music therapy workforce is younger and that most report fewer than 10 years working in the profession. Table 1 illustrates the self-reported age ranges and professional longevity of AMTA workforce survey participants from 2008 and 2018. Survey results suggest that many professionals do not remain in the profession for 10 or more years and that there are fewer professionals over the age of 40 than in the 20-29 range. These trends were reported in both survey years, with there being a greater percentage of MT-BCs reported under the age of 30 in 2018 than in 2008.

This data suggests that the music therapy workforce in the U.S. is young and may not remain in the profession throughout their working years. Age and professional longevity may have a significant impact on skill development, access to professional advancement and leadership opportunities, and continued growth of advocacy and programming. Time working in the profession may allow MT-BCs to pursue skill development, professional education, leadership skill development, and opportunities to engage in program growth and professional advocacy activities. While there was a significant increase (43%) in the number of MT-BCs recorded from 2008 to 2018, there was not an equivalent increase in the number of survey respondents. This may indicate an important gap in available workforce data.

Research published in the music therapy profession reflects the data reported in the AMTA workforce survey, in that study participants volunteered their information and participants were MT-BCs still working in the profession. A 2010 study by Decuir and Vega did not find accurate measures of professional longevity for MT-BCs, but did find that available data indicated MT-BCs remain in the profession for relatively short periods and that MT-BCs may maintain membership in AMTA beyond their years working in the profession. Research by Cohen and Behrens (2002) reported that MT-BCs with higher degrees remained in the profession longer than MT-BCs with undergraduate degrees; the study did not include MT-BCs with advanced degrees no longer working in profession. This points to a gap in the workforce data surrounding MT-BCs that are no longer working in the profession.

Researchers have reported a similar absence of descriptive information in the inter-

national professional music therapy data. An international cross-sectional survey conducted in 2017 by Kern and Tague explored descriptive data related to music therapy profession demographics, clinical trends, and job trends. Music therapists surveyed often reported working part-time music therapy jobs and receiving low pay due to issues surrounding professional recognition, funding, and government regulation (2017). The study did not include the experiences of music therapists no longer working in the profession.

There is a significant body of research to examine the impact of burnout on MT-BCs working in the profession, but there is no comparable research exploring MT-BCs' decisions in leaving the profession. Several studies have identified factors that contribute to burnout for MT-BCs, but no published studies examine the experiences of MT-BCs in the U.S. that leave the profession. Factors contributing to burnout include low salaries, performance of non-music therapy duties, individual therapist traits, stress of contract jobs, and poor administrative support (Clements-Cortes, 2013; Kern & Tague, 2017).

Burnout is defined as “exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration” (Merriam-Webster Dictionary, n.d.). Feeling lack of control in a job, dealing with high workload, perceiving poor administrative support, and perceiving low reward for effort can contribute to burnout for a range of professionals (Aronsson et al., 2017).

Job satisfaction is defined as “fulfillment of a need or want” as it relates to an individual's perception of a job and the ways in which the job meets the needs of the worker (Merriam-Webster Dictionary, n.d.). Job satisfaction is impacted by intrinsic and extrinsic factors. Intrinsic factors include individual worker traits, motivation, and demographics, while extrinsic factors include compensation, work conditions, workload, job security, feelings of control, and access to adequate supervision (Chachula et al., 2015; Kim, 2012). Across decades and industries, researchers have identified extrinsic factors as having a significant impact on job satisfaction (Garg et al., 2012). A qualitative study by Galutano (2020) found that low job satisfaction could be linked to poor perception of extrinsic factors like pay and work conditions for workers across settings.

While there are no published studies examining factors impacting MT-BCs' decisions to leave the profession, several sources point to perceived imbalances in effort-reward and work-life priorities and experiences as factors in professional longevity for a range of other jobs. These studies also point to factors that have been identified as contributing to burnout in MT-BCs.

A systematic review by Aronsson, Theorell, Grape, Hammarstrom, Hogstedt, Marteinsdottir, Traskman-Bendz, and Hall (2017), found that issues of high workload demands, feelings of low job control, low reward, and feelings of job insecurity increased risk of exhaustion and burnout for persons working across settings. Chachula, Myrick, and Yonge (2015) reported that issues of workload, lack of professional support, and effort-reward imbalance have a negative influence on professional longevity amongst new registered nurses. The researchers found that nurses struggling with workload, social hierarchies, trauma, and effort-reward balance were more likely to leave the profession in the first five years after joining the workforce. A 2012 study by Hammig, Brauchli, and Bauer found that therapists and other non-nursing professionals working in a hospital setting reported a greater negative impact from effort-reward imbalances than from work-life balance on burnout. In a later study, Hammig (2018) found that for a range of professionals in a hospital, an effort-reward imbalance predicted thoughts of leaving the profession.

The Bureau of Labor Statistics (BLS), which is a U.S. government agency that measures and reports job market activity, work settings, salary ranges, and productivity in the U.S. economy, does not track employment metrics specifically for MT-BCs, but does provide an information page for music workers, which includes those working in music jobs outside of education. Unsteady income, travel, and market competition are cited as challenges for

music workers (2021). BLS cites difficulty in tracking employment metrics of these workers due to the small numbers of persons working in music jobs and the fact that these jobs may be secondary due to the need to have another, primary job to make a living (U.S. Bureau of Labor Statistics, 2021; online). This suggests that issues of income and workload may be concerns for music workers. Research in music therapy literature supports this finding relative to MT-BCs.

Research by Decuir and Vega (2010) identified issues impacting job satisfaction for MT-BCs. The researchers found that scarcity of jobs, lack of advancement opportunities, and low salaries were the most commonly reported factors contributing to job dissatisfaction for MT-BCs. Available AMTA and CBMT data support this finding. AMTA 2018 Workforce Survey respondents reported 96 new jobs created during 2017, while CBMT reported 790 newly certified music therapists during the same time period. 62% of AMTA survey respondents reported that their job title was music therapist (2018), with 43 respondents (8%) reported a job title of director, supervisor, or coordinator. Salaries reported in the survey indicate a slight decrease from 2017 to 2018 (2018).

Insufficient salary is a concern for MT-BCs and contributes to job sustainability as well as job satisfaction (Clements-Cortes, 2013; Silverman et al., 2013). A recent study found that MT-BCs in the U.S. earn lower salaries than other professionals with bachelor's degrees. This data is supported by information available from BLS (2021) and AMTA (2018). The music therapy profession aligns with the Healthcare Practitioners and Technical Occupations (HPT) group as defined by BLS. BLS estimates that professionals in the HPT group earn a mean annual salary of \$79,160 USD. The 2018 AMTA annual workforce survey indicated that the average annual salary reported by MT-BCs was US\$48,835. Salary may impact job satisfaction as it may be an indicator of professional status, education, or a feeling of value in the workplace (Bureau of Labor Statistics, 2018; Silverman et al., 2013). Salary may have an impact on professional longevity, as salary determines the ability of the worker to meet the dynamic needs of a household. MT-BC salaries are directly related to job placement; workers can not pursue opportunities that do not meet their financial needs. Understanding the impact that salary ranges have on job acceptance can impact the job placement rate. There is currently a gap in the data for job placement rates for MT-BCs in the U.S.

The annual AMTA workforce survey and CBMT rosters provide access only to workforce data shared through voluntary self-reporting by MT-BCs working in music therapy jobs. These resources do not collect data regarding the number of new or experienced MT-BCs searching for a music therapy job or seeking to change music therapy jobs. The two resources do not provide comprehensive data regarding the number of new music therapy jobs available in the U.S. or the number of existing jobs that remain unfilled. This is a significant gap in workforce data.

Professional factors influencing the study include the researcher's observation of colleagues and interns leaving the profession after brief periods of time working in the profession, or never working in the profession at all. Conversations with MT-BCs indicated that many were only able to remain in the profession if they worked multiple jobs or had a partner and access to two incomes. The researcher observed few jobs posted in the Music Therapy ListServ, AMTA job board, professional Facebook groups, and online recruiting platforms that included detailed job descriptions, jobs for experienced clinicians, and offering sustainable salaries and access to benefits such as paid time off and health insurance.

Personal factors influencing the study include the researcher's experiences in searching for a suitable, sustainable job in the U.S. The researcher actively searched over three years for full-time jobs appropriate for an experienced clinician with administrative experience that paid a comparable and sustainable wage within an eight-hour driving radius of the researcher's current city. The researcher sought resume help, career coaching, networking

groups, and additional leadership education in efforts to secure a sustainable job. It was during this search that the researcher determined to learn more about the professional issues facing MT-BCs throughout their careers, and specifically why MT-BCs in the U.S. leave the profession, especially when training, internship, and board certification require intense preparation, time, and use of resources.

Understanding the factors and experiences that impact the professional longevity of MT-BCs may help improve training, supervision, job development, and retention practices. Providing a realistic outlook of the profession could help prepare students for the realities of the jobs available. Professional and clinical supervision could provide insight and decrease feelings of isolation while helping to improve individual accountability for clinical training and growth. The development of jobs that provide a living wage, access to benefits, and opportunities for professional growth and salary increases may help attract and retain MT-BCs in the workforce. Retention of MT-BCs in the workforce may lead to opportunities for professional advancement and support, continuing education, and development of advanced skill sets for MT-BCs practicing in communities. Improvements in these factors may lead to improved professional recognition and support for the profession across settings.

Purpose

The purpose of this study was to develop a theoretical framework that describes the experiences and decisions of MT-BCs in the U.S. when leaving the profession. The specific aims were: (1) to identify factors that influenced their decisions to leave the profession, and (2) to identify any unmet needs in training and supervision that may have contributed to these decisions. Concerns for the music therapy profession include retention of experienced MT-BCs and creation of professional advancement opportunities for MT-BCs. Understanding the events and circumstances that MT-BCs experience when leaving the profession may inform the ways MT-BCs are trained, supervised, and supported throughout their careers. A grounded theory approach was used to explore the lived experiences and decisions made by MT-BCs when leaving the profession.

Method and Ethical Considerations

Grounded theory (GT) is a research methodology that provides a “way of thinking about and studying social phenomena” (O’Callaghan, 2016, p. 542). GT methods are effective in exploring lived, shared, or common experiences and processes to better understand factors that impact these experiences, processes, and outcomes, providing a structured way for researchers to carry out qualitative inquiry. Charmaz proposes that most “qualitative methods allow researchers to follow up on interesting data in whatever way they devise. Grounded theory methods have the additional advantage of containing explicit guidelines that show us *how we may proceed*” (Charmaz, 2014, p. 3).

These research methods evolved along with sociological sciences and research in the United States, beginning in the 1960s (Charmaz, 2014), when Barney G. Glaser and Anselm L. Strauss first developed and documented one approach to GT. Their inductive approach was developed through the analysis and organization of their own clinical and research decisions while working with dying patients in modern hospital settings (Bryant & Charmaz, 2014). The two researchers analyzed their collected data and developing theories in very structured ways that other researchers could adopt and use in pursuit of other research questions (Charmaz, 2014). With GT, the researchers “aimed to provide a clear basis for systematic *qualitative* research” (Bryant & Charmaz, 2014, p. 33). The GT method outlined by Glaser and Strauss outlined a technical process for collecting and

analyzing data and advocated for “*developing* theories from research grounded in qualitative data rather than *deducing* testable hypotheses from existing theories” (Charmaz, 2014, p. 6).

GT methods evolved through the 1970s and 1980s, with a split between Glaser and Strauss based on GT method objectives and strategies. Glaser maintained that GT methods were a method of discovery and not verification. Strauss joined with researcher Juliet Corbin and maintained that GT methods were useful as a method of theory verification and focused on technical procedures for inquiry as opposed to analyzing and addressing emergent theoretical categories based on the raw data (Charmaz, 2014).

In the 1990s, Kathy Charmaz offered a constructivist approach to GT methods. Charmaz’s approach adopts the inductive, comparative, emergent, and open-ended approach of Glaser and Strauss’ original stance (Charmaz, 2014), but maintains “systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories from the data” (p. 1). Using this constructivist approach, data collected during a project form the foundation of the theory, and analysis of these data generates the concepts constructed through the research (Charmaz, 2014). The researcher constructs the theory based on interpretation of the data within the context of the project.

Charmaz’s constructivist approach was utilized for two reasons: (1) this constructivist approach was the GT method taught and supported by the researcher’s graduate program, and (2) this approach provided structure for exploring participants’ lived experiences. Access to experienced mentors in GT and clinical supervision throughout the project were vital components to help shape a useful project with potential real-world applications. There are no existing theories published that explore the reasons that MT-BCs in the U.S. leave the profession, and this was a question the researcher had for both professional and personal reasons. A structured and guided exploration of the research question was needed; a constructivist approach was the most available and the most suitable method.

This project utilized elicited data from semi-structured interviews. The interviews followed an interview guide that evolved slightly as new data was collected and analyzed and new questions emerged. Data collection and analysis occurred concurrently, with constant comparison of collected data to new data, and to the categories in development. This constant comparison informed and impacted further sampling and data collection through the “recognition of patterns and connections among elements of the data” (O’Callaghan, 2016, p. 538).

Study approval was obtained from the university Institutional Review Board. Study materials included an approved digital invitation to participate, study information sheet, and an interview scheduling email. Participants were provided digital and verbal opportunities to share questions or concerns regarding the study. Written response to the invitation, participant scheduling of the interview, and a verbal consent at the start of the interview were accepted as informed consent for each participant.

The author conducted the study interviews. She is a board-certified music therapist with 18 years of experience working in adult medical and rehabilitation settings. Most recently, she held an adjunct lecturer appointment at a regional campus of a large Midwestern university system while pursuing a graduate degree in music therapy. The author has had formal and informal education in research methods, including grounded theory.

Sample, Sample Size, and Strategy

The amount of data needed to build a theory depends on the depth of interviews, the number of interviews with each participant, and the homogeneity of the sample. GT experts caution against a predetermined sample size, as it can be difficult to predict the richness and quality of the data prior to the beginning of data collection (Charmaz, 2014;

Morse, 2015). Thus, sample size is dependent on the nature, complexity, scope, and existing knowledge of the phenomenon (Morse, 2015), and not based on the number of participants in the study. Data collection continues until saturation is achieved; a researcher has reached saturation when no new information is evident in the data.

For this study, the researcher sought participants with self-reported experience and knowledge relevant to the research question. This author recruited participants from across the U.S. with a range of years in the field and with undergraduate and graduate degrees in music therapy or a related field. Participants were recruited from a list of former MT-BCs known to the author as well as through a digital invitation posted in the Music Therapists Unite! Facebook Group.

31 persons responded to the online invitations to participate in the study; 13 persons completed a study interview. Of the 18 that did not complete a study interview, only one provided a rationale. This potential participant reported that a new job provided opportunities to provide some music therapy intervention. The candidate felt that this disqualified them from the study.

All participants were adults in the United States who:

- completed an accredited music therapy training program (AAMT, NAMT, or AMTA)
- passed the Certification Board for Music Therapists exam or were registered on the National Registry for Music Therapists
- continue to work in a job outside of the profession
- are no longer working in the music therapy profession

This project included participants of all genders and with a variety of educational, racial, and cultural backgrounds. Participants were aware that the author was conducting the study in partial fulfillment of a graduate degree at IUPUI.

Sampling Strategy

Purposive, convenience, and theoretical sampling strategies were used in this study. These sampling methods differ from methods used in quantitative research in that they are not random, and that sampling continues throughout the GT study. Participants were invited to participate specifically for the unique perspective and experience that each person may share. Sampling took place throughout the study and inclusion criteria evolved to help ensure an in-depth exploration of the research question. Each sampling method used in this study had an impact on and was impacted by the objectives of the research.

Purposive sampling is a form of selective sampling where selection is based on the characteristics of a population and the objectives of the study. This method allows researchers to explore specific questions with persons that are known to have experience of a process or phenomena. The author sought information about experiences and decisions when leaving the profession from MT-BCs who had left the profession. Purposive sampling strategies guided inclusion criteria for potential participants.

Convenience sampling was used concurrently to recruit participants. This method allowed the author to access potential participants using available resources within the constraints of time, finances, and access to the research population. Recruiting took place entirely online to help keep the project moving on time, on budget, and with little disruption for the participants.

Theoretical sampling was used as the study progressed and data were compared and analyzed to guide recruitment of subsequent participants. Theoretical sampling starts with collected data, is rooted in the ideas emerging about the data, and allows the researcher to study these ideas through further inquiry (Charmaz, 2014). This type of sampling helps

the researcher explain the categories developing from the raw data. Theoretical sampling is not about ensuring representation of a population or increasing the generalizability of the results but is about fitting the developing theories in the data (Charmaz, 2014). By focusing the inclusion criteria, the author could further explore developing themes and categories identified in the existing data. The author intentionally recruited participants from different geographic regions, with training from different programs, and who had been certified for different lengths of time.

During the first phases of sampling, purposive and convenience methods were used to recruit participants known to the author. Following initial analysis of three interview transcripts, the author utilized emerging categories from the raw data to proceed with theoretical sampling and explore more specific questions with participants having varied experiences and knowledge related to the research question. During this second phase of recruitment, the author recruited participants from different regions of the United States that had obtained certification within the past 10 years. For the final group of interviews, the author recruited participants that had studied in various training programs, worked in the profession for varying periods of time, and left the profession in the past three to five years.

Individual, semi-structured interviews were scheduled with each participant during a time convenient to the participant in either the participant's place of employment or via secure video call. All participants were asked to review a study information sheet that outlined the study purpose and procedures, described potential risks and benefits, and informed the participants that participation was voluntary and could be ended at any time without penalty.

Interviews were conducted by the author, using an interview guide developed with open-ended questions intended to elicit participants' stories, perceptions, and experiences while working in music therapy jobs. The interview guide provided some degree of structure to the data collection and helped ensure that specific pieces of data were collected from each participant. Participant files and recordings were coded by the author to maintain confidentiality of participants during transcription and analysis. Interviews lasted from 20 to 60 minutes. No other persons were present during the interviews. No repeat or follow-up interviews were conducted.

One risk for participants was potential emotional discomfort in describing their experiences or decisions to leave the profession. Several participants reported feelings of sadness or frustration when discussing their experiences. Two participants exhibited feelings of sadness or grief through tearfulness or requesting a pause in the questioning. All participants completed their interviews. The transcripts were not returned to the participants for review.

The interviews asked participants to describe:

- motivation in choosing music therapy as a career
- academic program and internship
- year that board certification was obtained
- music therapy jobs
- number of years that participant worked in each job
- perceptions of each job
- steps taken to leave each job
- other degrees obtained
- experiences in jobs outside the music therapy profession
- whether maintaining board certification
- consideration for returning to the profession
- resources or circumstances that may have impacted/changed decisions to leave the profession

Data Management

The interviews were digitally recorded and stored in a secure Box file, and then uploaded via secure server to a professional transcription service. Each interview recording was transcribed by a professional transcriptionist and saved in Word files. The data were encrypted and stored on the secure cloud-based document storage application accessible to the academic advisor and researcher. The advisor worked closely with University Technology and Information Services to ensure data security.

Data Analysis

Grounded theory research utilizes constant comparison of collected data for analysis and to guide further data collection. Constant comparison requires that the researcher examine and compare data throughout data collection and after data collection is complete. This comparison allows the researcher to find patterns or gaps in the data, identify a need to adapt the interview guide, identify a need to return to a participant for further questioning, memo questions or ideas as they arise in the project, and interact with the data.

Three levels of coding: initial coding, focused coding, and theoretical coding (Charmaz, 2014) were utilized to fracture, label, identify and then reassemble and sort the pieces of data from the interview transcripts. The levels of coding and analysis took place concurrently throughout the entire study, as data were analyzed and compared as new data was collected and new ideas or questions emerged.

Data were gathered and sorted from the line-by-line codes and from memos, or notes, recorded by the author throughout the project. The data were closely examined and compared between transcripts and memos throughout the project to create categories and identify themes to summarize each piece of data and each theme. The comparison occurred throughout the data gathering process (interviews), helped guide the process throughout the project, shaped later interviews, informed later comparison of transcripts, and resulted in the development of themes and categories.

Initial coding is the first layer of work in labeling data. This level of analysis helps identify what the researcher perceives in the data (O'Callaghan, 2016). The data were fractured, or analyzed, using line by line labeling to describe the experience, action, or process taking place in that line of transcribed data. The author utilized line-by-line coding for initial analysis of each of the interview transcriptions. Line-by-line coding requires that the researcher name each line of the written or transcribed data with a phrase that describes the action or process occurring in that line (Charmaz, 2014). Line by line coding can help the researcher identify ideas or themes that may otherwise escape notice during an initial analysis, especially when researching processes or shared experiences.

The second level of coding in constructivist GT is focused coding. During this process, the author looked for the most utilized and most significant labels, or codes, to begin to organize the data and to develop themes. This process helps identify whether there are common elements to participants' reported experiences, actions, or processes. Focused coding helps condense and highlight what the researcher finds to be important in the developing analysis (Charmaz, 2014).

Theoretical coding helps tell a story. The codes are integrative and lend shape to focused codes. This level of coding was used to identify potential relationships between developing categories and the shared experiences and processes reported by the participants (Charmaz, 2014).

During each of the coding processes, the author used comment functions in Microsoft Word to assign gerund phrases to each line in every transcription. Merriam-Webster defines gerunds as "verbal nouns in Latin that express generalized or incomplete action" (Merriam-Webster Dictionary, Dictionary, n.d.). In GT coding, gerunds are used to indicate

To help ensure the trustworthiness of the method, data, and final product; the author utilized Charmaz's four criteria for GT studies (2014):

- credibility
- originality
- resonance
- usefulness

These criteria guided examination of the data and analysis of the theory construction.

Credibility (Charmaz, 2014) indicates whether there is sufficient data to support the proposed theory as well as whether there are systematic comparisons between the data and the categories. The author found relationships between the raw data and the categories. Participants reported similar lived experiences that had a direct impact on their decisions to leave the profession.

Originality (Charmaz, 2014) indicates whether the research provides new insights into a known phenomenon and whether the analysis yields a fresh rendering of the data. There are currently no published studies examining MT-BCs' departure from the profession. Clinical supervision from two university research advisors, memoing, and an audit trail helped ensure credibility and originality as well as document each decision and category development.

Resonance (Charmaz, 2014) indicates whether the theory makes sense to the persons experiencing the studied phenomena and refers to the connections made between larger institutions and the individual lives of participants. Available workforce data is consistent with these participants' experiences, in that participants reported short tenures in the profession and issues with salary, workload, and access to professional supervision. Gaps in workforce data point to areas of concern for future research, including the numbers of MT-BCs certified but not working in the profession, job market details, and a more detailed picture of jobs available in the U.S.

As the study progressed, questions were added to the interview guide-based previous participants' responses and experiences. Responses to these questions were compared to collected raw data to check for resonance between and among participants. The raw data, memos, and audit trail were shared with the university research advisor for additional feedback and to help ensure objectivity.

The researcher submitted the completed thesis to the study participants for review and response prior to submission for presentation or publication. No participants expressed disagreement or conflict with the presentation of findings. One participant responded that they could identify their 'own voice in the study.'

Usefulness (Charmaz, 2014) indicates whether the theory provides information that can be applied to contribute to a better world. The researcher assessed participants' responses to developing categories by presenting them in later interviews to assess resonance and perceived usefulness. Participants reported feeling 'so glad' that the study was underway and that the study was 'badly needed' to support positive growth of the profession. One participant shared that they were 'really glad you're doing this study. It's good to know that there's more of us and I'm really interested to know all the reasons in whether my story is unique.'

Participants

Thirteen participants completed study interviews; one participant identified as male, while 12 identified as female. The participants lived in California, Illinois, Indiana, Kentucky, New Hampshire, and New York. Nine different university music therapy programs were identified through the interviews. Three participants had graduate degrees in music

therapy. Other demographic factors were noted and recorded in the researcher's data; these factors are not shared here to help maintain the confidentiality of the participants.

Participants obtained board-certification between 1992 and 2016 and entered the workforce during those years. Participants had a variety of music therapy employment arrangements, including full-time, part-time, and contract work. Job settings included hospice, medical, non-profit agency, juvenile forensic, long-term care, inpatient psychiatric, and private practice. Theoretical orientations of the MT-BCs included behavioral, neurologic music therapy, eclectic, and improvisational.

The participants left the profession between the years of 1996 and 2017. The length of time in any music therapy job ranged from zero years to 15 years; the participants reporting the greatest length of time working as an MT-BC also reported allowing board certification to lapse, and then pursuing recertification as they moved in and out of the profession for various reasons and lengths of time. One participant reported work as a graduate teaching assistant as the only music therapy job held.

Seven participants reported working in only one music therapy job before leaving the profession. The average length of time in the first music therapy job was 2.23 years. The average length of time in any music therapy job was 2.36 years, while the greatest amount of time spent in any music therapy job was six years. The highest number of music therapy jobs reported was five, though these were not consecutive music therapy jobs.

Seven participants continue to maintain their MT-BC credential, even while working outside the profession. Two participants recertified to return to the profession for a period after allowing certification to expire, but no longer maintain the credential. Three participants who are maintaining their certification reported that they would consider a return to the profession in the future if the right salary and job were available. Six participants completed degrees outside of music therapy. These participants completed degrees in nursing, education, law, social work, and speech language pathology.

Eleven of the participants expressed feelings of conflict about leaving the profession. This was due to finding joy and having a passion for the *work* of music therapy, but struggling with the *jobs* in music therapy. Participants enjoyed interactions with clients, progress observed in clients, the ability to build programming, and the opportunity to have a job in music. They struggled with workload, low salary, lack of administrative support, and lack of opportunities for advancement.

Some of the participants exhibited or reported experiencing grief, sadness, or anger in discussing their experiences and decisions. Each participant remained engaged throughout the interviews and completed the interviews. No participants requested to skip questions or to end the interview.

Results

The aims of this study were: (1) to identify factors that influenced therapists' decisions to leave the profession, and (2) to identify any unmet needs in training and supervision that may contribute to these decisions. Three primary categories emerged as factors impacting the decision to leave the profession: (1) *job satisfaction*, (2) *feelings of isolation*, and (3) *burden of advocacy*. These categories were consistent across individual factors including age, gender, race, number of years in the profession, and level of education. Participants reported feelings of burnout from job duties or institutional factors, but not from factors related to clinical music therapy work.

Table 3 summarizes themes identified in the raw data and included in each category.

Job satisfaction	Feelings of isolation	Burden of advocacy
Feeling unprepared for the job market	Having no clinical or peer supervision	Need to constantly explain MT
Finding few jobs in specific area	Feeling disconnected from MT community	Constant struggle to be able to do music therapy work in a job
Earning too little	Feeling undervalued in job	Having no advocate at work
Feeling overwhelmed by caseload/schedule	Viewing other professions as established & accepted	
Seeing no advancement opportunities		
Doing tasks that are not music therapy		

Table 3. Themes Reported in Each Category.

For these participants, *job sustainability* included factors of job location and setting, sufficient salary, manageable workload, and access to benefits. Participants desired jobs with opportunities for professional and financial advancement and that would provide consistent, livable income while working one job. Most participants sought jobs with a primary focus on locations in proximity to family. One participant reported a desire to have ‘one full-time job, with paid time off, and a set schedule.’ Three participants were willing to move to a different city if a full-time job in the right setting and with a sustainable salary were available. Participants consistently described ‘sustainable salaries’ as being between US\$40,000 and US\$60,000 per year.

The category *job satisfaction* related to job availability, job duties, workload, schedule, and salary. Participants described finding few or no job opportunities in preferred locations. All but one participant expressed frustration in feeling unprepared for the job market. Some expressed frustration in performing tasks that were not related to music therapy intervention. Most experienced workloads that were perceived as unmanageable due to high caseload and the number of unpaid hours spent completing job duties such as planning, documentation, and attending client treatment team meetings. All but one participant experienced poor salary in each music therapy job; this participant earned a desirable salary, but still felt dissatisfied in the job. Participants’ reported salaries ranged from less than US\$20K per year to US\$32K per year.

Raw data that contributed to the job sustainability and job satisfaction categories include participant references to salary, job availability, and prospects for professional advancement. A participant reported that after two years in their first music therapy job, they were ‘living paycheck to paycheck and racking up credit card debt.’ If they were to continue to live independently, they ‘had to find something better paying.’ It was during a search for a second, or next music therapy job that the participant realized that the music therapy jobs available ‘were either part time or PRN or not at all in a salary that I could live off of.’ This participant returned to school to pursue a completely different profession.

The participants in the study pursued other clinical and nonclinical professions, with and without graduate degrees. One participant left the music therapy profession to pursue a second bachelor’s degree in an allied healthcare profession. This participant reported they were able to earn more than twice as much annually as a newly credentialed allied healthcare worker than as an MT-BC with experience. Another participant pursued a graduate degree in a different allied healthcare profession. This participant reported that they made this degree choice because they did not feel that having a graduate degree in music therapy ‘would make much of a difference’ in their career opportunities.

Feeling of isolation includes perceptions of administrative or professional support and self-efficacy. Participants described feeling undervalued by supervisors, administrators, and co-workers. Expressions of disrespect from team members impacted the day-to-day tasks of participants through interruptions during sessions, appropriation of supplies and space, and changes to work processes that were not in line with AMTA Standards of Clinical Practice.

Participants expressed a desire for contact with other MT-BCs and for access to professional supervision by MT-BCs and supervision and advocacy from their non-music therapy supervisors. One participant reported a desire for access to 'a stronger network of other professionals,' with access to at least one MT-BC. The participant reported that they could count 'on one hand' the opportunities they had to engage in 'a professional conversation with another therapist.' Another participant enjoyed the clinical work of music therapy but was negatively impacted by the job arrangement. This participant 'loved the settings and the people' but worked as a contractor and 'didn't have any music therapists to interact with.' Participants reported feeling less isolation in jobs outside the music therapy profession. One participant reported feeling 'a lot happier in this (non-music therapy) profession,' and identified the impact of 'having coworkers that are so accessible and a lot of communication with the coworkers.'

Most participants were working as itinerant therapists. All but one that were employed in a facility were the only MT-BC in the facility. Two participants were employed as part of multi-site teams, but had little interaction with other MT-BCs employed by the same agencies. One participant cited lack of supervision and feelings of isolation as a primary factor in leaving their first music therapy job, stating, 'I loved the settings and the people that I worked with, but the job was pretty unstructured, and it was contract, so I didn't have any music therapists to interact with. I didn't feel like I had very good supervision or people to go to, to talk about my work with.'

Burden of advocacy includes advocating for self, work, and the profession. Participants described fatigue and frustration in working in a profession with so little public understanding. The need to describe and advocate for the profession coupled with lack of advocates in the job or workplace was a burden for participants. Most participants described feeling that it was a struggle 'just to get to do the work,' indicating that it seemed impossible to go to a job and do the job as other professionals might do in the same facility.

One participant cited advocacy specifically as a burden in their music therapy job, describing that they were 'feeling this need to constantly have to fight for my job and fight for the efficacy of my position, my purpose for being there.' They 'felt like it was very difficult to have to constantly be advocating for' themselves and the profession. The participant felt compelled to change to 'a profession that was established and respected.' One participant described 'spending more than half' of their workday performing 'personal care' and other tasks that bedside care staff would typically provide. Another participant felt frustrated that their music therapy 'specialized skills were not being utilized to their full extent.'

One burden reported by both contract and full-time employees was the requirement to make up missed appointments to avoid lost income. One participant reported stress in maintaining the required billable hours, especially when taking time off for illness or other personal time. The participant stated that the 'amount of hours and the amount of stress and everything related to the music therapy job just kept increasing.' The participant was unable 'to find the balance' between 'work and home and everything else.' Multiple participants working in full-time music therapy jobs reported that seeing to up to 25 clients each week was a stressor. Four participants now working full-time jobs in social work or family therapy jobs report feeling satisfied with jobs that require traveling to 12-13 clients per week.

Participants reported desiring paid time off, access to health insurance, access to clinical

supervision, and less unpaid time spent in planning, documentation, and travel. Traveling, making up missed appointments, and doing unpaid work after typical business hours were cited as stressors by multiple participants.

Participants entering the profession after 2005 more frequently reported feeling unprepared or uninformed regarding the music therapy job market. One participant reported that their experience in a job ‘was not what I had planned at all.’ Another participant expressed frustration with workload and poor salary, reporting ‘I don’t remember anybody saying you’re going to have to work two jobs to survive.’ One participant reported that having completed a degree, they ‘expected to be able to live.’ They ‘expected to not stress about money every single week or every single month.’ They expressed frustration in their financial situation, stating ‘this is a time I should be able to take care of myself and I can’t. It’s hard and it’s not what I ever wanted for my life...’

Analysis and constant comparison of the collected data resulted in a theoretical framework that describes the decisions and experiences of MT-BCs when leaving the profession. The participants’ experiences, illustrated in Figure 2, is a theoretical framework organized by a typology of common experiences, accompanied by a description of factors that influenced the decisions described by the participants.

Participants experienced the process of:

- searching for a job
- working in the job
- becoming dissatisfied in the job
- coping with the job
- searching for a next job
- entering graduate school or leaving the profession

Common to the participants’ experiences were difficulty finding jobs that were sustainable and brief tenures in any job. Participants named factors and experiences that influenced their decisions to leave the profession and discussed unmet needs in training and supervision.

Participants reported taking steps to improve job satisfaction, including speaking to a supervisor about job concerns, adjusting schedules, and making changes to caseload. All but one participant remained in an unsatisfactory job situation until a next job or admission to a degree program was secured. This participant resigned from a music therapy job, moved to a preferred location, and then began to search for a job.

Participants reported feeling satisfied with their current jobs’ salaries, supervision, and workload outside the music therapy profession. This was consistent across industries and length of time in jobs outside of the music therapy profession. Participants are now working jobs in nursing, education, medicine, law, social work, and speech language pathology. None of the participants reported feeling regret for their music therapy training or for jobs worked in music therapy. Participants reported finding their music therapy experiences were beneficial as they pursued degree programs or jobs in other professions, as they found applications for music therapy skills in training and jobs outside of music therapy.



Figure 2. Participant Experiences.

Discussion

Several studies point to the impact of burnout on music therapist job satisfaction or provide professional data for MT-BCs working in the profession, but do not explore the reasons that MT-BCs in the U.S. leave the profession. This study suggests that MT-BCs in the U.S. leave the profession due to (1) *poor job satisfaction*, (2) *feelings of isolation*, and (3) *the burden of advocacy*. Factors of salary, workload, feelings of professional isolation, and job arrangements were primary concerns reported. The homogeneity of factors across

participant demographics indicates that there may be opportunities to improve aspects of music therapist training across the degree continuum, improve access to professional supervision, and improve the quality of jobs.

The findings in this study related to factors of salary, workload, and job arrangements for MT-BCs in the U.S. were consistent with the findings of Kern and Tague (2017) for MT-BCs in international settings. Kern and Tague (2017) cited low salaries, lack of government regulation/support, and part-time employment as factors impacting music therapist job satisfaction. These findings are consistent with studies led by Chachula (2015) regarding the impact of workload, lack of professional support, and effort-reward imbalance for nurses' professional longevity. A 2018 study by Hammig demonstrated how perceived effort-reward imbalance influenced thoughts of leaving the profession for non-nursing professionals in a hospital setting.

The researcher utilized Charmaz's four criteria (credibility, originality, resonance, and usefulness) to help determine the trustworthiness of the final product. The resulting theory exhibits each of the criteria (2014). *Credibility* is demonstrated through the participants' self-reported similar lived experiences that impacted their decisions, as well as the relationships the researcher identified between the raw data and resulting categories. The study exhibits *originality* by providing new insight into a known phenomenon for which there are currently no printed studies or data. Clinical supervision by the research advisor, the use of memos, and the use of an audit trail also helped ensure credibility and originality. *Resonance* was demonstrated in the reported experiences between and among participants as well as between the participants' experiences and available workforce data. Responses to these questions were compared to collected raw data to check for resonance between and among participants. The raw data, memos, and audit trail were shared with the university research advisor for additional feedback. Research participants had the opportunity to review the completed study; no participants expressed disagreement or conflict with the presentation of findings. One participant responded that they 'could hear my own voice in the study.'

The results of the study may be useful in informing the training, supervision, retention, and job development strategies for MT-BCs in the U.S. The theory may generate questions and potential solutions for the ways MT-BCs in the U.S. are trained and supported, jobs are developed and managed, and how professional data is collected, shared, and utilized to inform the future of the profession.

By considering the training and supervision concerns shared by the study participants, training programs and clinical supervisors may be prompted to examine current strategies and to make changes that better support music therapists as they are prepared and enter the job market. Participants consistently reported lack of access to clinical supervision and professional advocacy resources. Music therapy professional organizations may consider the needs reported by study participants and organizational members when designing continuing education, professional supervision, and advocacy strategies.

The study highlights a gap in the published literature regarding professional concerns and workforce retention for MT-BCs in the U.S. The lack of data about MT-BC salaries, employment status, and professional longevity can impact the decisions of prospective students, newly certified professionals, and ultimately the ways the profession evolves. Quality data about employment opportunities and salary expectations can inform MT-BCs as they enter and remain in the workforce. Learning more about the supervision, advocacy, and continuing education needs of MT-BCs may help training and professional organizations address the needs of a dynamic workforce and increase retention. The concerns shared by the study participants may help guide future research and work surrounding MT-BC workforce preparation, professional advocacy resources, availability of workforce data, and job design.

Limitations to this study include research or project team size, sample size, and the

researcher's relationship to the topic. In constructivist GT, it is expected that the researcher and the context of the study will have influence on the resulting theory. Charmaz acknowledges that the researcher has a significant role to play in generating the data as well as the resulting theory. Researchers working within GT are encouraged to utilize 'interpretive rendering' as opposed to an 'external reporting' (Charmaz, 2014). For this study, the researcher had both professional and personal experience and interest in the research question.

While there are no minimum or maximum requirements for research team or sample size in GT studies, the potential impact of the numbers participating in analysis and in the study cannot be ignored. GT methods allow for a single researcher or for a team of researchers to code and analyze raw data from interviews. The input and analysis contributed by multiple researchers may lend additional perspectives to the data collection as well as to the analysis of the raw data. Due to time, financial, and personnel constraints, one researcher and one research advisor were available to this project.

There is no requirement or standard sample size in GT methods; instead, the sample size may be determined by the saturation of the data, or, more often, constraints of the study. In this study, sample size was influenced by saturation of the data as well as time constraints for completion of the project. The data reached saturation early in this study when no distinctive information or responses to the evolving interview questions were evident. A larger sample size may have yielded new perspectives or data on the research question. Ample numbers of potential research participants were available through recruitment processes, but time constraints for the project did not allow for their inclusion in this study.

This researcher utilized Charmaz's constructivist approach to GT, in which the researcher and the context of the study impact the study and data (2014). The researcher must consider the potential impact that their professional and personal experiences may have had on the sampling or interviews. The study took place in the U.S. during a time of expansion in music therapy training programs. Expanding the study to include MT-BCs from other countries may yield additional perspectives to the research question.

Conclusions

The purpose of this study was to develop a theoretical framework that describes the experiences and decisions of MT-BCs in the U.S. when leaving the profession. The specific aims were: (1) to identify factors that influenced their decisions to leave the profession, and (2) to identify any unmet needs in training and supervision that may have contributed to these decisions. The findings of this study suggest that the study participants left the profession due to: (1) *poor job satisfaction*, (2) *feelings of isolation*, and (3) *the burden of advocacy*.

More complete data are needed to inform positive changes to the ways that MT-BCs in the U.S. are trained and supported throughout their careers. Access to comprehensive and accurate data regarding music therapy job availability, music therapist salaries, and productivity benchmarks may inform the decisions of prospective students and employers and impact the ways training programs prepare students for the realities of working in the profession.

Accurate data for the number of MT-BCs trained compared to the numbers working in the profession could inform and impact the development and refinement of training programs, models of professional supervision, and job development strategies. Inclusion of MT-BCs that are not working in the profession in the AMTA and CBMT workforce data could help identify training, job development, or retention issues that may be addressed across settings.

Transparency and more complete data surrounding salaries and benefits in job postings, workforce surveys, and workforce preparation for students may improve the quality of salaries by empowering MT-BCs to negotiate, normalizing discussions regarding salary, informing employers as they set salary ranges and benefits packages, and preparing students for the realities of the job market. Data for music therapist salaries is self-reported in the AMTA workforce survey, but not collected by CBMT or the BLS.

Sharing music therapy productivity benchmarks may provide opportunities for comparison to similar professions or job descriptions and for creating music therapy jobs that provide a sustainable schedule and effort-reward balance. Combined with salary information, productivity standards could be used to build productivity or schedule standards that lead to improved effort-reward balance, improved job satisfaction, and decreased burnout.

Access to professional supervision could improve the job satisfaction and longevity of MT-BCs by decreasing feelings of professional isolation and helping to reduce the burden of advocacy for the individual. Supervision may provide guidance in professional and personal growth opportunities. Access to supervision in the work setting can provide resources for advocacy for the MT-BC and their contributions to the workplace. Keeping MT-BCs in the profession for longer tenures may lead to increased opportunities for career advancement, expansion of clinical skills, increased professional recognition, and increased salaries.

Development of a central music therapy job database may improve knowledge of job availability and trends in the profession. Improved understanding of the music therapy job market may help students, university training programs, and employers make better informed decisions. Students may be equipped with a realistic picture of the job market at a given point in time. Training programs may adapt the foci to match the demands of the job market. Employers may have access to a more complete picture of the job market and can become or remain competitive for qualified candidates.

MT-BCs that are not working in the profession may have valuable information to contribute to the AMTA workforce survey and CBMT Certification Directory. Changing the survey questions to include MT-BCs that may be unemployed or employed in another profession but searching for a music therapy job may improve the quality of the workforce data available. Collecting detailed information about the reasons that MT-BCs are not working in the profession could provide important data for employers and training programs and allow for improvements or strategies that increase recruitment and retention. Omission of these experiences and data in the available workforce literature is a disservice to MT-BCs, training programs, and employers.

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About the Author

Jenny Branson, MS, MT-BC, is an experienced clinician, educator, and performer with a passion for advocacy, the potential of every person, and interdisciplinary collaboration. She worked with other allied health care providers to increase awareness and understanding of music therapy, ensure quality music therapy intervention to improve clinical outcomes, and translate research findings into clinically effective programming in the real world. Jenny was the architect and director for a medical music therapy program

that now serves a large hospital system throughout the Louisville Metropolitan area. She later worked in private practice and as an adjunct lecturer for Indiana University Southeast. Jenny worked to provide continuing education opportunities, consultation for programming, clinical and administrative supervision, music and wellness workshops, and clinical music therapy intervention. She lives in Southern Indiana, where she now works as a development professional with a national nonprofit and enjoys percussion performance with a professional chamber ensemble.

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