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Goodbye Yellow Brick Road:

A Descriptive, Cross-Sectional Study of Former Music Therapists' Workplace Attitudes

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Abstract

Researchers have largely failed to examine why music therapists are leaving the profession 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, out of a total of 9,594, left the field in the United States (Certification Board for Music Therapists [CBMT], 2022). The purpose of this quantitative study is to examine workplace attitudes of former music therapists. Understanding workplace attitudes may help those in the music therapy profession at large understand the factors behind why music therapists—specifically new professionals—may leave the field. One hundred former music therapists located in the United States participated in the survey, which was an adapted version of the COPSOQ III (Burr et al., 2019). This study identified six main themes associated with leaving the music therapy profession: 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 may 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 develop an understanding of this nuanced and challenging issue.

Keywords: music therapy; workforce retention; burnout; psychological safety; career attrition

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Introduction

The current job market in the United States 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). From the years 2020–2023 so many people quit their jobs that researchers and media outlets coined a new term, “the great resignation” (Fuller & Kerr, 2022).

Music therapy as a profession has not been immune to this trend. In fact, between the years 2020 and 2021 almost 300 music therapists left the field (Certification Board for Music Therapists [CBMT], 2022), while 788 new music therapists joined the field. Additional data from CBMT indicates a recertification rate of 81%, indicating that 19% of music therapists 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).

Despite data necessary for study being available, researchers have not yet investigated why music therapists are leaving the field. 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 published data is changed quarterly and long-term tracking of data is difficult. This study 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.

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, this literature review examined two related disciplines: nursing and education. The author chose these disciplines 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. It is important to note that research regarding workforce retention in the United States (U.S.) was minimal at the time of completing this research, regardless of profession or location.

Healthcare Workers

A large body of research about employee retention within the field of healthcare outside of the U.S. exists from the last ten years, as many healthcare professionals and companies have sought explanations for high rates of employee turnover. Rudman, Gustavsson, and Hultell (2014) found that one out of five young nurses strongly intended to leave the field within their first five years of practice, and the desire to leave the profession drastically increased in their initial years as practicing clinicians. Flinkman and Salanterä (2015) determined that 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.

Hämmig (2018) found that one out of six healthcare professionals thought frequently of leaving the field. Among the healthcare workers surveyed, respondents reported that a work-life imbalance most strongly predicted burnout, whereas an effort-reward imbalance most strongly influenced thoughts of leaving the profession. Additionally, 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 assisting nurses with the transition from student to new professional (Flinkman & Salanterä, 2015; Rudman et al., 2014).

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 reasons for this growing trend. In an older study, Ladebo (2005) identified three categories of career satisfaction: job apathy, satisfaction with pay and benefits, and intrinsic satisfaction. All three of these categories directly influence professional commitment and the likelihood of choosing to remain in the field. Ladebo (2005) 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.

Career Longevity within Music Therapy

To date, little research into career longevity within music therapy has been done, and no formal study of the number of professionals leaving the field has been undertaken. This literature review utilizes data from CBMT and the American Music Therapy Association (AMTA) to determine 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 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 less than one third of board-certified music therapists (MT-BCs) are members of AMTA (CBMT, 2022). 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, representing less than one percent of MT-BCs. Since this number does not specify 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 et al., 2022). Over the course of a year, there were 256 respondents—with 15% identifying themselves as former music therapists. Of the respondents who were music therapists, only 29.5% reported that they could live comfortably on 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 experienced 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 an increase 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 Satisfaction

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 their decision: lack of job satisfaction, feelings of isolation, and the burden of advocacy. 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 asked 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 it takes up to six years for a music therapist to earn a salary of 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 organizations demonstrated a higher workplace satisfaction score. Music therapists working in older adult/long term care communities, mental health settings, or those who were self-employed/in private practice reported the lowest workplace satisfaction scores. Finally, the researchers also found that salary was associated with workplace 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.

While research into career longevity within the field of music therapy is still developing, salary issues have emerged as a leading contributing factor for professionals leaving the field. However, the existing literature suggests that other factors such as job satisfaction, burnout and professional identity can also be attributed to career retention.

Burnout and Music Therapy

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, 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 frequent symptom cited. Gooding 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 (Waiver Committee, 2022).

Professional Identity and Imposter Syndrome

In a study by 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).

Sims (2017) found that music therapy students experience frequent imposter feelings 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 therapist growth. Understanding imposter phenomenon symptoms is an important part of developing clinical wisdom and therapeutic effectiveness. Additionally, Ku and Tabuchi (2026) found that music therapy interns may be particularly vulnerable to imposter syndrome as they transition from students to professionals. If imposter syndrome—and subsequent burnout—is left unaddressed, it can negatively impact a music therapist's clinical performance, professional growth, and overall well-being.

Pickett (2020) found that in a poll of 1,135 music therapists, many participants (40.4%) were experiencing moderate levels of imposter phenomenon. 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 those 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 and Rationale

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. In 2022, 268 music therapists did not renew their CBMT certification (CBMT, 2022) with more therapists believed to have left the field but have

maintained their certification. Murillo (2013) found that music therapists were more likely to leave the field in the first five years of practice than any other time. It is unclear as to why large numbers of music therapists are leaving the field, with very little research on this topic to date. This study sought to survey music therapists who left the field within the first five years of practice to understand the reasons behind this trend.

Methodology

Design

The design of this study was a quantitative, descriptive, cross-sectional survey. 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 questions regarding workplace attitudes.

An explanatory theoretical framework was utilized throughout the development, execution, and analysis of this research study. This researcher sought to identify the factors reported by music therapists who left the field within the first five years of practice, and the impact of workplace attitudes on career longevity. An explanatory framework was also utilized in similar research studies completed in related fields, as shown in the literature review.

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. The parameter of leaving within the first five years was informed by the research done by Murillo (2013) and Rudman, Gustavsson, and Hultel (2014). A sample size of 50 former MT-BCs was the suggested target number of participants by the Institutional Review Board (IRB) and advisors to the study. Additionally, as this phenomenon has rarely been studied within music therapy literature a larger sample size was recommended. In total, the survey was completed by 100 participants. Only former music therapists who held the MT-BC certification were included due to the fact that this study took place in the U.S., where the MT-BC is required to practice.

Materials

A digital version of the 95-question COPSOQ III (Burr et al., 2019) was created via SurveyMonkey®. 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 professionally reviewed prior to publication.

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 respondents 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 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, and IP addresses were not linked to individual responses. Preserving anonymity was a top priority of the researcher, so at no point was the researcher able to see the names or any 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 respondents' 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 means established by 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. An alpha level of 0.05 was utilized for every statistical test.

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 (IRB) at Saint Mary-of-the-Woods College 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.

Results

Demographics

There were 100 total responses to the primary demographic questions. 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 reported by AMTA with most music therapists self-identifying as female (86%) and White/Caucasian (88%) (AMTA,

Table 1. Demographics.

		Respondents (n = 100)	Percentages
Gender			
	Female	91	91%
	Male	5	5%
	Nonbinary	4	4%
Race/Ethnicity			
	Asian/Pacific Islander	9	9%
	Black or African American	1	1%
	Hispanic	2	2%
	Multiple Ethnicities	6	6%
	White/Caucasian	82	82%
Age			
	18–24	5	5%
	25–34	76	76%
	35–44	16	16%
	45–54	1	1%
	55–64	1	1%
	65+	1	1%

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). A younger age range was to be expected, as it aligns with the target sample demographic of therapists who left the field within five years of becoming certified. Data regarding the states in which respondents lived can be found in Table 2.

Table 2. State of Residence.

Location	Respondents (n = 100)	Percentages	Location	Respondents (n = 100)	Percentages
Alabama	1	1%	Missouri	4	4%
Arizona	1	1%	New Jersey	1	1%
Arkansas	1	1%	New Hampshire	1	1%
California	5	5%	New York	4	4%
Colorado	3	3%	North Carolina	5	5%
Connecticut	2	2%	Ohio	8	8%
Florida	2	2%	Oklahoma	1	1%
Georgia	3	3%	Oregon	2	2%
Hawaii	1	1%	Pennsylvania	6	6%
Illinois	5	5%	South Carolina	2	2%
Indiana	7	7%	Tennessee	3	3%
Kansas	4	4%	Texas	4	4%
Maryland	1	1%	Utah	1	1%
Massachusetts	5	5%	Virginia	3	3%
Michigan	2	2%	Wisconsin	5	5%
Minnesota	1	1%	Did not respond	2	2%

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).

Table 3. Music Therapy Demographics.

		Respondents (n = 100)	Percentages
Level of Education			
	Graduated from College	45	45%
	Some Graduate School	15	15%
	Complete Graduate School	40	40%
Length of Practice			
	1 Year	20	20%
	2 Years	20	20%
	3 Years	26	26%
	4 Years	19	19%
	5 Years	15	15%

Core COPSOQ III — Established Means

To establish comparable data, means from a study completed by Burr et al. (2019) were 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 research. An equivalent study completed in the U.S. could not be found.

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.

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 of the difference between the category means from the study and the means reported by the COPSOQ III (Burr et al., 2019) serving as the expected, or hypothetical, value. A summary of all the data and means from each category can be found in Table 4.

Core COPSOQ III — Results

With the exception of two categories (work pace and meaning of work), the analysis revealed statistically significant difference between the expected "control" mean and the survey group in every category ($p < 0.05$). The results showed that 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

Table 4. 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***

lower than the average worker in: possibilities for development, predictability, recognition, role clarity, quality of leadership, social support from supervisor, social support from colleagues, sense of community at work, insecurity over 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 5). 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, 22% 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 they were not defined in the survey to align with the source material. To those affected, colleagues were the primary perpetrators of psychosocial offenses (gossip and slander, unpleasant teasing, and bullying). However, to 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. Conflicts and Offensive Behavior.

Categories	Choices	Count	Probability
Gossip and Slander	*Were you exposed to gossip and slander at your workplace in the last 12 months of your employment? (n = 100)*		
	No	30	30%
	Yes; a few times	25	25%
	Yes; daily	22	22%
	Yes; weekly	20	20%
	Yes; monthly	3	3%
	If yes, from whom? (n = 70)		
	Clients/Customers/Patients	6	9%
	Manager/Superior	10	14%
	Multiple/Other	11	16%
	Colleagues	43	61%

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. Because there was no established control data, the only analysis that could be completed was finding the mean and mean range of each category (See Table 6). 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 6. 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

Discussion

The purpose of this quantitative study was to gather information from former music therapists to better identify potential themes associated with leaving the field of music therapy. Based on the results of this data, former MT-BCs 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

The data from this study supported or contradicted several claims made by previous authors in the existing literature. Factors associated with leaving the field that were supported by this study include: being unable to advance at the place of employment

(Branson, 2023; Fletcher et al., 2022), dissatisfaction with the employer (Branson, 2023; Fletcher et al., 2022), feelings of isolation (Branson, 2023), burden of advocacy (Branson, 2023), and feeling overwhelmed with caseload/schedule (Branson, 2023; Waiver Committee, 2022).

When comparing rates of self-efficacy and imposter syndrome, the 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. The score compiled in this survey did 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; Clements-Cortes, 2013; Fletcher et al., 2022; Gooding, 2019) as the average former music therapist reflected in this study 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 21 categories that yielded statistically significant data, in a similar vein to Branson's (2023) study, this study identified six main themes associated with leaving the music therapy profession: 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 themes listed above were determined by clustering categories through exploring related concerns. 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 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. Role ambiguity referred 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 similarly reported by former music therapists 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 referred to the above average scores in emotional demands, quantitative demands, demands for hiding emotions, and work-life conflict. Music therapists were often asked to manage unreasonable caseloads (Waiver Committee, 2022) all while managing a customer service model and unconditional positive regard that often required them to push their emotions aside.

Little possibility for development referred to the limited possibility for advancement (either in their career or within the organization that they work for). The most common places of employment reported by participants were private music therapy practices, nursing homes, inpatient psychiatric units, and self-employed/private practice. This data may indicate that these facilities have limited room for advancement.

The final category is high rates of burnout, which referred to reported burnout, stress, and below average self-rated health scores. This category reflects the high rate of burnout reported by former music therapists, and the physiological impacts long-term stress and burnout can have on a person. The factors and categories listed previously may also impact rates of burnout.

Additional Input

Following the initial study, 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 emails, informed consent was received from 5 participants, all of whom had been practicing music therapists for 5–20 years each, to extrapolate themes from their emails. Common themes associated with 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." These personal reflections serve to demonstrate the nuanced nature of leaving the profession that was unable to be captured in this research. 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 more attention be given to issues such as the lack of safety and support and high rates of demand placed on new music therapists. Providing regular, ongoing 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. It is the belief of this researcher that 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. Self-report bias may have also been a limitation in this study, as participants were self-scoring workplace attitudes after leaving their place of employment.

Other limitations to this study included the limited sample size and scope. The sample size of this research was very limited as former music therapists were difficult to contact. The scope of this study was limited by targeting "new professionals," however the data may have been 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). Finally, there is limited causal inference due to limited music therapy based studies and existing data.

Future Research

More follow-up research is required of this topic, as it is an issue that is likely to 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 factors associated with music therapists leaving the profession is a challenging and nuanced issue. In reviewing workplace attitudes, this study revealed six areas of concern: 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 and should be completed for the growth and development of the music therapy profession.

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