Navigating the Experience of Burnout of Immigrant Music Therapists in the United States

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by

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Abstract

This study explored the experiences of burnout of immigrant music therapists who currently live and work in the United States. The purpose of this study was to examine how immigrant music therapists’ cultural adjustment may influence their experience with burnout and to guide participants articulate their burnout experiences through the use of musical improvisation as a method. Qualitative phenomenological inquiry and Arts-Based Research as a method were used in this study. Musical improvisation and open-ended interviews were conducted with three female participants possessing various years of clinical experience. Music as well as interviews were transcribed and analyzed for themes. Three essential categories emerged: (1) participants’ burnout experiences, (2) themes across immigrant music therapists’ experiences, and (3) characteristics of burnout. Each participant’s experience in musical improvisation was narrated based on the researcher’s reaction, an external music therapist’s reaction, and the participant’s reaction to improvised music. The two themes that emerged across immigrant music therapists’ experiences were communication styles and cultural clashes. Within the category of characteristics of burnout, the following four themes emerged: (1) isolation, (2) frustration, (3) fatigue, and (4) job dissatisfaction. The study indicated that immigrant music therapists’ experience of burnout may not always be caused by acculturative stress, when an individual has developed coping strategies. The qualities of the participants’ emotional expressions through musical medium pertaining to their past burnout moments differed based on an individual’s phase of cultural adjustment. Implications for immigrant music therapists and music therapy educators are discussed.

Keywords: music therapy, burnout, immigrant music therapists, culture, acculturative stress, musical improvisation
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Immigrant Music Therapist and Burnout

My Experience

I first came to the United States at the age of 15 and attended high school in a small town in Nebraska. I came with my family from South Korea due to my father’s sabbatical year. Coming to another country where the language and cultural norms are different from my Korean heritage was not easy. Until I came to the United States, I had grown up in a homogeneous society where people share the same language, cultural values, and ethnicity. Throughout my education and cross-cultural social interactions with peers, I tried to absorb the new culture while exploring my identity as a foreigner in a new country. The challenge of not being able to fully express myself in a second language in classes and in peer interactions led me in being aware of cultural distinctions during the acculturation process. As I experienced challenges of cross-cultural interactions, I sought out a Korean community near me consisting of international students and immigrants who share Korean cultural values and ethnicity. Since I interacted with both cultural groups and experienced both distinct cultures, I have been always intrigued by the role of culture. My awareness of culture has grown as I have studied music therapy and have exposed myself more to cross-cultural interactions within clinical settings.

During the years of studying music therapy and two years of clinical experiences at different sites, I have become more aware of and sensitive to what I bring into sessions and into relationships with clients and families who are from different cultures. Starting from the end of my first year when I began to fully experience hands-on sessions with clients, there were several ups and downs while questioning what music therapy is, and oftentimes, I went through feelings of low self-confidence when I was unable to fully communicate with clients, patients, their families, and workers from different sites. Along with language challenges, it was challenging to
experience cultural differences with clients and their families who are from different ethnic and cultural backgrounds. In East-Asian culture, collectivism and vertical social relationships play a role in interpersonal relationships (Kim et al., 2013). Group values are prioritized over the individual, and an individual is viewed within shared community values. However, from my personal experiences as an international student in the United States, there seemed to be an emphasis on individualism, which affected my acculturative process. The more I struggled with language challenges and cultural values, the more anxious and insecure I became whenever I went into sessions. The insecurity that I began to feel led me to experience fatigue in both inside and outside of professional work. In other words, I experienced symptoms of burnout, which were manifested through reduced job satisfaction and physical exhaustion. Also, my experiences with immigrant clients and families from minority cultures in the United States expanded my consideration regarding how culture shapes individuals and how it can affect the therapeutic relationship. Sometimes, clients told me they felt comfortable in sharing their challenges as immigrants and felt those feelings were heard because the therapist shares the same culture or is a foreign-born immigrant therapist who goes through similar challenges. The experiences and connections I had with clients from minority cultures, who had similar experiences about navigating the mainstream culture, provided me an opportunity to consider many questions relating to how culture may impact an individual’s professional as well as personal well-being.

As I was feeling burnout, I received counseling from a consultant provided by my internship site, and while I underwent verbal therapy, the stressful situations and emotions I experienced became more concrete. I also had opportunities to be involved in free musical improvisations during the supervision, and this helped me find a deeper connection within myself by fully experiencing my physical and mental reactions during the music session.
Expressing burnout emotions through music increased my understanding of cultural differences and helped me realize where my frustrations were coming from. Musical improvisation allowed me to express repressed verbal emotions through music.

One big reason why improvisation provided an intimate way of helping me through burnout is because there was no need for articulating my emotions verbally. There were times where I tried to search for words to express what I was going through, and as a music therapist whose primary language is Korean, words translated in English did not allow me to fully express myself. Most of the times, the feelings I had and the situation I wanted to express did not seem to directly translate from Korean to English. Although I tried to process and articulate my feelings verbally, I still did not feel I fully expressed them, and this situation added more stress. However, music helped me to connect deeply within myself, and my cultural awareness increased as I was able to overcome my verbal limitations. Music was the pure expression that depicted “me.”

The synergy expanded when I experienced both counseling sessions and musical improvisation. These sessions guided me in recognizing how culture is significant to my wellness and profession, and I became more comfortable in accepting cultural differences and sharing experiences with people around me. My experience in counseling and improvisation led me to wonder how immigrant music therapists re-live moments of burnout through both a verbal and musical medium and what types of burnout management they utilize for their professional and personal well-being.

What immigrant therapist can bring to the therapeutic relationship is significant. Barreto (2013) stated, “Being an immigrant was also seen as an extra benefit for the psychotherapist’s ability to empathize with clients’ general experience as an ‘outsider’ and ‘being different,’ which might have motivated them to seek therapeutic assistance” (p. 354). I often referred to my culture
in a therapeutic way, such as singing and playing songs that I grew up with, or sharing some Korean music to clients whenever clients and their families were curious about my cultural heritage. Music played a role as a therapeutic medium, and I, as an international student, was able to transmit my own culture in a therapeutic way through music. I gradually came to understand how one’s culture may affect one’s burnout when I attended seminars in which there were panelists from diverse cultural backgrounds (some immigrants), who work in the creative arts therapy field, and when I heard similar feelings of exhaustion and burnout from other immigrant music therapists. Furthermore, as I met and conversed with clients, families, and close friends who had migrated to the United States, the theme of acculturation and stress emerged repeatedly. Although I am an international student and not an immigrant, I wondered about experiences of immigrant music therapists who can permanently stay and work within the profession in the United States, rather than that of international students who have temporary student visas (Brickman & Nuzzo, 1999).

**Significance**

In reviewing the literature, I found a correlation between one’s acculturation and stress as an immigrant coming from another country. According to Berry (2005), acculturation indicates the dual process of cultural adaptation and both cultural and psychological change that takes place when two or more cultural groups contact one another. When immigrants encounter a culture that is different from their heritage, with a different language, values, and ways of relating to one another, they face personal and professional challenges. These can result in psychological stress such as depression (Doki et al., 2018), multilevel trauma, and substantial losses in cultural as well as professional identities (Barreto, 2013) in the acculturation process.
Migrants experience more mental illness than native workers, and their difficulties in adjusting to the new culture decrease their well-being (Font et al., 2012, as cited in Doki et al., 2018).

In general, burnout refers to the condition of physical, emotional, and mental exhaustion that affects one’s professional development (Keidel, 2002). Burnout arises among professionals who work with people (Raiger, 2005), and the condition of emotional exhaustion may include anxiety, hopelessness, irritability, and criticisms of others (Radziewicz, 2001). Experiencing emotional exhaustion may be followed by significant impacts on professional development, causing lack of empathy for clients or patients (Keidel, 2002) and job dissatisfaction (Doki et al., 2018). There seemed to be a link between immigrants’ acculturative stress and burnout. Facing culture shock during the acculturation process may lead to burnout that leads to psychological symptoms (Doki et al., 2018; Winkelman, 1994). This should be addressed in more detail, as the phenomenon of burnout can affect immigrant professionals’ health and job performances at a severe level.

Need for the Study

From 1990 to 2015, there has been a vast increase in the number of immigrants in the United States, marking from 19.8 million to 43.4 million (Batalova & Fix, 2017). Accordingly, in music therapy field, there has been an increase in cross-cultural awareness. Due to this situation, there is a need for understanding the complexity of immigrant music therapists’ acculturative experience in the United States, as it may result in compassion fatigue and burnout as they work in a culture that is different from their own.

According to Sue et al. (2007), an individual’s negative experience of being a minority is discussed as microaggressions, which are “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile,
derogatory, or negative racial slights and insults to the target person or group” (p. 273). Most times, the dynamics of racial microaggressions are manifested in an unclear manner. People of color describe vague feelings about being insulted and express that it is easier to handle obvious racist behavior rather than microaggressions (Solorzano et al., 2000, as cited in Sue et al., 2007). This can inevitably arise during immigrants’ acculturation process, when the constant barrage of new information might overwhelm them, and leading to their acculturative stress that affects their cultural and professional well-being.

Although immigrants may go through negative experiences of being a minority, their experiences do not always affect their cultural and professional well-being in a negative manner. Rather, if the situations are addressed properly, people can gain insight into distinguishing their cultural self in an effective way. S. Kim (2013a) narrated her acculturation as an immigrant music therapist by being aware of both negative and positive interactions with people of a different cultural group, and her exploration of herself within these experiences provided her an opportunity to develop her own meanings of culture:

The more I experience and think about this matter, the more I feel comfortable with and proud of my race. I accept the fact that race is something that is socially attributed to us and there are things that I cannot control related to my race. However, I can continue to educate people who seem to ignore issues of race or culture or who have an ethnocentric attitude, so that I participate in making this world better for us and our next generation.

(Kim, 2013a, p. 160)

It is vital that immigrant music therapists’ cross-cultural transitioning experiences should be navigated and addressed, and they should not be overlooked. There is a strong need for studies in exploring and validating individual’s acculturation experiences as an immigrant music therapist
to prevent possible burnout and promote cultural humility, and to protect their cultural as well as professional well-being. Moreover, as living in a world of globalization and especially with the increase in the number of immigrants in the United States, it is imperative for all non-immigrant music therapists, educators, and supervisors to be sensitively aware to cross-cultural transitioning experiences by being exposed to immigrant music therapists’ experiences. This may enhance their understanding about the cross-cultural experiences and their responsibilities in clinical practices, and this may open the door in supporting immigrant music therapists’ cultural transitioning experiences in the US.

Within the helping professions besides music therapy, such as psychotherapy, nursing, and occupational therapy, studies have examined the acculturation and stress of therapists who have come from another country (Barreto, 2013; Beagan & Chacala, 2012; Clouse, 2010; Hayne et al., 2009). Although there seemed to be lack of literature focusing on acculturation and burnout among immigrant professional music therapists, it is addressed in other health care professions, stating that immigrant workers in the United States in the mental health professions are at a more risk of burnout (Patrick, 2006), and their burnout experiences can lead to emotional exhaustion (Clouse, 2010), threatening one’s personal and professional health. Among music therapy professionals, burnout mostly adheres to individuals’ personality (Clements-Cortes, 2013; Fowler, 2006; Vega, 2010), the culture of music therapists’ work environment (Clements-Cortes, 2013; Fowler, 2006), and social support (Clements-Cortes, 2013). But when it comes to an individual’s experience coming from a foreign culture, the factors might be different. In S. Kim’s (2011) study, language proficiency (English), openness to new cultural experiences, academic stress, and additional factors such as financial issues, scholarship challenges, and needs
for student visas were found to be the predictors of acculturative stress among international music therapy students studying in the United States.

Unlike other quantitative studies that examine factors leading to burnout among music therapists (Berry, 2017; Fowler, 2006; Kim, 2012; Kim, 2016; Vega, 2010), narratives about foreign therapists’ experiences working in a different culture vividly portray their challenging experiences due to cultural differences. Their lived experiences show how their experiences threatened their cultural as well as professional identity (Barreto, 2013; Beagan & Chacala, 2012; Clouse, 2010). The findings of the narratives give voice to foreign therapists’ experiences of prejudice and discrimination, which seem to provoke cultural humility. This shows the significance and the need to explore the phenomenon of burnout experienced by immigrant music therapists.

**Purpose of Research and Research Questions**

This study is to increase a better understanding about the relation between cultural adjustment and professional burnout in music therapists. It aims to explore how culture informs clinical practice when clinicians reside and work in a culture that is not their own. Furthermore, it aims to provide a pathway for immigrant music therapists articulate their lived experiences and emotions through the use of musical improvisation as a method. The phenomenological study may guide professionals, including immigrant music therapists and non-immigrant music therapists, to have cultural sensitivity within their field.

The main research question for this study is as follows: What are the immigrant music therapists’ experiences with burnout?

Sub-questions include:

a. What are the characteristics of burnout?
b. How does one’s acculturative experience play a role in burnout?

c. How is one’s burnout experience expressed through musical improvisation?

Understanding the lived experiences of immigrant music therapists as they contend with burnout is best accomplished through an interpretivist approach. This qualitative approach is rooted in the theories of constructivism, which “seeks understanding of the meaning that human participants ascribe to their experiences of a particular phenomenon” (Hiller, 2016, p. 107). According to Abrams (2010), my worldview aligns with the interior-individual, which values the subjectivity and uniqueness of one’s identity and personal world. The method is phenomenological inquiry, which focuses on the lived personal experience of immigrant music therapists to gain insight into a phenomenon of one’s ethnic culture and burnout, exploring and understanding the phenomena through subjective experiences.

Along with phenomenology, Arts-Based Research was used as an adjunctive method, as an “innovative approach to research that uses art forms, including music, in the research process” (Viega & Forinash, 2016, p. 980). It also helps enunciate clients’ lived experiences and clinicians’ self-process through the arts (Beer, 2016). Recorded and transcribed musical improvisation was the arts-based medium through which the musical elements and emerged feelings were discussed and analyzed, by adapting the nine stages of analyzing improvisations in music therapy (Lee, 2000).

This research explores immigrant music therapists’ experience of burnout, both through music and verbal process in the context of culture. The study can demonstrate the uniqueness of the arts medium to navigate lived experiences and address cultural aspects into one’s burnout experience.
Literature Review

Burnout

The level of people’s mental and physical status and resiliency to their profession varies when one experiences stress and burnout. According to Pines and Keinan (2005), burnout is not always the outcome of high stress but more correlated to job importance, perceived performance level, and physical and emotional symptoms. Burnout is “the condition of emotional exhaustion that occurs frequently among individuals who do ‘people work’” (Raiger, 2005, p. 71). It relates to the cynical mindset and feelings of exhaustion toward one’s profession and lack of empathy for clients or patients, impacting one’s overall personal and professional development (Keidel, 2002). The term burnout was used throughout in early studies of the impact of stress on professional helpers. It is defined as the physical and emotional reactions that impeded professionals’ effective practice. Hooyman and Kramer (2006) stated, “Burnout refers to physical, emotional and psychological exhaustion accompanied by a sense of demoralization and diminished caring, creativity and professional accomplishment” (p. 352). Intense emotional experiences are likely to remain in our memories, and when bringing back those memories, “individuals often feel that they have brought an emotional event to mind so vividly that they are reexperiencing or reliving portions of that past event” (Kensinger & Ford, 2020, p. 252). To help professionals have a sense of career satisfaction, burnout is a topic that needs to be addressed (Clements-Cortes, 2013).

Symptoms of Burnout. Maslach and Jackson (1986) stated that burnout is commonly described as displaying three distinctive symptoms: (1) depersonalization, (2) emotional exhaustion, and (3) a lack of personal accomplishment. Depersonalization refers to the detachment from other individuals, especially the people who get services or care. Emotional
exhaustion is described as the feeling of being short of emotional resources. Lack of personal accomplishment is the decline in productivity as well as one’s feeling of failure in professional competence. These symptoms experienced by the participants were addressed in a qualitative study by Kim et al. (2013). The phenomenon of burnout was experienced by participants while they consider changing their jobs. Depersonalization with clients, physical and emotional exhaustion, and reduced personal accomplishment were observed by participants who experienced burnout. In an existential viewpoint, the original cause of burnout manifests in people’s disillusioned belief and high expectations that they have meaningful lives and that what they do within their profession is important as well as useful (Clarkson, 1992). People who enter their careers with this perspective are motivated and have high goals and expectations, but when they face difficulties in coping with their stressors and begin to feel hopeless and helpless, they start to view their work as insignificant, eventually leading them to professional burnout. It is linked to feeling an absence of importance at work, and a study by Pines (2002) found that when burned-out professionals regained their sense of significance, the symptoms or burnout was relieved.

Burnout occurs in five stages, according to Greenberg (2002): (1) honeymoon, (2) fuel shortage, (3) chronic symptoms, (4) crisis, and (5) hitting the wall. In the honeymoon phase, individuals experience high job satisfaction, creativity, commitment, and energy, as one begins a new job venture. At the fuel shortage stage, individuals begin to find common stress symptoms that affect their physical, mental, and emotional states. This may lead to a chronic symptoms stage, where an individual begins to experience fatigue, have headaches, and have trouble sleeping. This can increase one’s job dissatisfaction, lack of social interaction, and lead to psychological effects that may trigger depression. In the crisis stage, the individual may develop
an illness due to chronic stress, which can lead to loss of work as well as social relationships. In the final stage which is hitting the wall, one may experience a life-threatening illness such as heart disease.

**Effects of Burnout.** When professionals fail to effectively address symptoms of burnout, they could lose or change their careers. Career longevity is a rudimentary aspect of an individual’s capacity for a successful career (Petersen et al., 2011). Furthermore, psychological and emotional problems such as apathy, anxiety, irritability, hopelessness, and criticisms of others can be consequences of burnout (Radziewicz, 2001). Behavioral problems such as spending less time with patients or abusing substances may be poor coping mechanisms displayed by professionals.

**Burnout in the Music Therapy Profession**

Burnout may occur among human service and helping professions such as music therapy (Fowler, 2006). Oftentimes, music therapists work in stressful environments that do not provide much support. The level of burnout experienced by music therapists may vary, but Vega (2010) found similarity in the degree of burnout experienced by music therapists based on the scores on the Maslach Burnout Inventory (MBI), when compared to an early research conducted by Oppenheim (1987), who initiated a quantitative study on burnout in the field of music therapy. Both studies by Vega and Oppenheim found that the level of burnout of music therapists were in the average range. Vega hypothesized that music therapists who experienced a high degree of burnout may be strongly unmotivated to participate in a study regarding burnout or already be too burned out to respond to the research request.

Furthermore, Clements-Cortes (2013) found parallels between burnout in healthcare professionals and in music therapists by reviewing the study of Keidel (2002). Keidel’s study
identified multiple factors that cause burnout among hospice caregivers, which Clements-Cortes applied to music therapists. The seven factors included: (1) personal characteristics of the patient care staff, patient, and primary caregiver; (2) societal influences; (3) problems with the healthcare system; (4) institutional problems; (5) problems with the nursing system; (6) problems with the hospice system; and (7) stresses related to the patient’s family. Factors that caused burnout among hospice caregivers were similar to those in music therapists. This is not surprising, given that both professionals are in fields where constant care and compassion are necessary.

**Factors associated with burnout in music therapy.** The sources of burnout are diverse. Factors that can contribute to burnout among music therapists are discussed in various music therapy research with quantitative designs. The leading factors of burnout are as follows: social support, work environment, and individual’s personality.

*Social support.* Social factors such as lack of support and control, isolation, degree of contact, role ambiguity and role conflict, insufficient communication skills, and the challenges of private practice all play a role in manifestations of burnout (Clements-Cortes, 2013). Music therapists suffer from being treated as professional minority, obligated to perform extra tasks that are not part of their job description, less trained in the area of learning communication skills in clinical situations, and receiving less financial support from contracting agencies.

*Work environment.* Work environment also affects music therapists’ experience with burnout. According to Hills et al. (2000), there is a high degree of pressure for music therapists when working with interdisciplinary treatment teams that lack understanding about the music therapy profession. The results showed that music therapists in treatment teams reported a higher score of burnout on the MBI subscale of depersonalization and emotional exhaustion, compared
to those who were not part of the multidisciplinary team. Results of the quantitative study by Fowler (2006) also suggested that feeling valued by colleagues and being comfortable with the work’s administrative policies positively affected the personal achievement on the MBI subscale.

**Individual’s personality.** One’s psychosocial characteristics can be predictive factors of burnout. Vega (2010) conducted a quantitative study using the Maslach Burnout Inventory (MBI) and Sixteen Personality Factor Questionnaire (16PF) to examine the relationship between one’s personality and burnout. The research has shown that some of the predictive factors of the MBI subscale were high levels of sensitivity, anxiety, and tension that are related to emotional exhaustion. High levels of vigilance and boldness were other characteristics that are positively predictive of the MBI subscale that relate to depersonalization. Also, lower scores of personal accomplishments predicted a greater degree of burnout. Due to the unique trait that the music therapy profession has, such as developing strong relationship with clients, Vega (2010) found that music therapists exhibit fewer depersonalization characteristics when working with clients than do mental health professionals. However, Clements-Cortes (2013) tried to find common ground among professionals working in health care and in music therapy, stating that optimism and hope are common in both fields.

Similarly, Y. Kim (2012) conducted a survey, which consisted of 90 Korean professional music therapists, and examined the participants’ personality and relationship to job satisfaction and burnout. The study recommended that age and income are related to one’s confidence in a work setting, by demonstrating that music therapists with higher age and higher income showed low symptoms of burnout on the MBI subscale of personal achievement. Similarly, in a study conducted by Vega (2010), participants indicated high levels of burnout when their scores on the subscale of personal accomplishment were low. Y. Kim (2012) further discovered that people
who are more satisfied with their job were found to have a lower level of burnout, and various factors such as one’s personal characteristics, work environment, and social structure all determine the level of job satisfaction. These complex factors are mentioned in studies continuously (Clements-Cortes, 2013; Fowler, 2006; Hills et al., 2000; Oppenheim, 1987). They strive to educate music therapy professionals so that they recognize the prevalence of burnout, explore their vulnerabilities to stress, become aware of the stress factors (Clements-Cortes, 2013), and improve their job satisfaction by preventing them from occurring (Y. Kim, 2012).

**Music therapy method.** In a recent music therapy thesis, S. Berry (2017) examined the relationship between burnout in music therapists and the music therapy method they use in their practices. In the quantitative inquiry, 176 randomized MT-BC participants from the Certification Board for Music Therapists participated in an online survey. The significant finding was that there was an intimate relationship between music therapists’ own approach and their workplace’s approach. Music therapists whose theoretical approach did not align with that of the workplace had higher depersonalization scores than those whose theoretical approach matched that of their workplace.

**Immigration to the United States**

There has been an increasing awareness of multiculturalism within American society since the 1990s, in tandem with internationalization and global movements (Toppozada, 1995). Relatedly, 48% of immigrants between 2011 and 2015 were college graduates, and from the U.S. Census Bureau, the analysis of data indicates that there was a 24% growth in the number of college-educated immigrants (Batalova & Fix, 2017). As of 2017, more than 44.5 million immigrants reside in the United States, and the overall U.S. population has been increasing. Between 2016 and 2017 alone, the population of foreign-born increased by approximately
787,000 (Zong et al., 2019). Within this burgeoning globalization, living and working in a foreign country as immigrants is more challenging than for native workers, as they go through cultural adjustment to the host country (Doki et al., 2018). Migration to another country may pose multiple challenges for immigrants, but it is not always considered a negative experience. Although immigration has been viewed as a source of challenges, it provides an opportunity for both individual and societal growth (Baubock et al., 1996, as cited in Berry, Phinney et al., 2006, p. 304). However, immigrant professionals may still undergo acculturative stress and burnout during the acculturation process, which can impact an individual’s personal as well as professional development (Keidel, 2002).

Within the music therapy field, there is a lack of studies addressing immigrant music therapists’ acculturation and its relation to their burnout experience. Because of this reason, this section of the literature review investigates two aspects in a separate manner: immigrant professionals’ acculturative experiences and burnout.

**Working in Another Country as an Immigrant Therapist**

As an immigrant, one’s cultural background and its relationship to occupational stress is discussed in several studies (Doki et al., 2018; Hayne et al., 2009; Patrick, 2006). Also, their experiences with the acculturation process and negotiations of their cultural identity with another culture can pose great challenges (Barreto, 2013; Beagan & Chacala, 2012; Doki et al., 2018). Among studies, themes that emerged from immigrant therapists’ experience in the healthcare profession were (1) culture shock and identity crisis (Barreto, 2013; Kissil et al., 2013), (2) professional cultural adjustment in the workplace (Beagan & Chacala, 2012), and (3) verbal communications (Barreto, 2013; Beagan & Chacala, 2012).
Culture shock and identity crisis. Culture shock results from stress and anxiety when one is in contact with a different culture and feels confusion due to the loss of familiarized cultural and social norms. In social psychology, legitimacy is “a generalized perception or assumption that the actions of an entity are desirable, proper or appropriate within some socially constructed system of norms, values, beliefs, and definitions” (Suchman, 1995, p. 574). It affects how groups of people understand cultural and social organizations. It is a socially constructed perception that mirrors the congruence between shared beliefs of social group and behaviors of the legitimated individual (Suchman, 1995). Strong expectations of what may occur in situations are generated by commonly shared cultural beliefs, and the expectations drive normative behavioral demonstrations that are accepted by society and culture (Johnson et al., 2006). When an individual is unable to deal with the differences in the new environment and social norms, the individual incurs both psychological and physiological reactions (Winkelman, 1994). Barreto (2013) found that immigrant psychotherapists who work in the United States also deal with culture shock and a sense of belonging nowhere, which leads into multiple stresses that lead to professional losses (i.e., credentials, status, professional attributions, titles, and social validation). Their professional identity became vulnerable as part of culture shock. There were similar findings in Kissil et al.’s (2013) study of immigrant therapists’ acculturation and counseling self-efficacy. Professionals who work in mental health and immigrant counselors who had a stronger connection to the U.S. culture stated stronger feelings of being clinically self-efficacious. When professionals are more acculturated to the host country, they have better capacities to perform within their professions.

Professional cultural adjustment in the workplace. Immigrant therapists may experience conflicts with the cultural scheme of their workplace, which could impact their
professional competence. The work environment is a multicultural concept because it comprises a physical setting, working conditions, and the culture of an organization (Hayne et al., 2009). McKim (2003) mentioned that a healthy work environment includes physical, psychological, and social health of workers. Beagan and Chacala (2012) conducted a qualitative study that explored 12 professional foreign-born occupational therapists’ experience in Ireland. These therapists identified themselves as belonging to a minority group and experienced conflicts in practice norms, such as ways of approaching independence, criteria of cleanliness, dress codes, the timing of discharge, and expected levels of boldness. They experienced feeling that they did not belong when their cultural values conflicted with those of the workplace, and they even mentioned that it is the responsibility of the minority group to bridge the gap and overcome feelings of being outsiders. Fitting themselves to the culture of their workplace is akin to fitting their familiar cultural values to unfamiliar cultural norms. These findings indicate that immigrant professionals struggle to have a healthy work environment.

Verbal Communications. Although therapists’ language limitations did not negatively affect the therapeutic relationship, clients and other clinicians viewed them as a lack of professional competence (Barreto, 2013). As a result, immigrant therapists experienced feelings of being diminished, devalued, and underappreciated as a professional. A common theme among immigrant therapists was language deficiency when communicating with clients, families, communities, and colleagues. Occupational therapists whose second language was English expressed that communicating with others was energy consuming, exhausting, and demanding. Consequently, the language barrier led the participant to spend more time alone and be viewed by colleagues as a self-isolated person (Beagan & Chacala, 2012). In a similar context of the relationship between immigrant therapists’ language and acculturative stress, Barreto’s (2013)
A qualitative phenomenological study showed that immigrant counseling therapists’ language limitations were directly related to the level of acculturation: “The language limitations reduced significantly as the level of acculturation increased” (Barreto, 2013, p. 352).

Immigrant therapists’ language limitations do not always have negative implications in therapist–client relationships. One of the participants from Barreto’s (2013) interview stated that being the “not knower” of the new culture can be revealed to the clients, either directly or indirectly and consciously or unconsciously, and this sets the milestone of letting them be the expert who can speak for their own culture. The therapist–client relationship could be enhanced by providing an opening for clients to be active in the therapeutic process. The impact of an individual’s culture on the therapeutic relationship was a theme in Grimmer and Schwantes’s (2018) qualitative phenomenological study on three American music therapists who work internationally. Results showed that cross-cultural music therapy work encompasses complex, sensitive, and reflexive processes that music therapists should ponder when working with clients of different cultures:

1. “In order for music therapy to be effective, the therapist must understand the impact of their individual culture and their client’s culture on the therapeutic relationship” (p. 25);

2. “The culturally competent music therapist needs to be able to listen empathically, communicate effectively, and truly understand the client” (p. 26); and

3. “No matter how challenging working internationally may be at times, the therapist will grow, change” (p. 27) and the therapist will benefit by working cross-culturally.

A common theme from all three participants’ cross-cultural experiences was that it is valuable to discuss culture and cultural differences in music therapy. No matter how one’s culture is different from another, “music therapy and the therapeutic relationship really translates from one
culture to another” (Grimmer & Schwantes, 2018, p. 25). In a similar context of cross-cultural music therapy work with immigrant music therapist in the United States, immigrant therapists can bring much to the new culture and clients in therapeutic encounters. This may bring positive views of immigrant therapists’ acculturation.

**Acculturation**

Acculturation is an individual’s process of exposing and emerging oneself to another culture, in which both cultural adaptation and cultural/psychological change takes place (Berry, 2005). These cultural and psychological changes result in blended identity integration, when an individual is in contact with other cultural groups (Schaefer & Simon, 2017). Berry’s (2006) acculturation model is a guiding framework that conceptualizes four possible acculturation strategies. Integration is when a person is engaged with the dominant culture while keeping one’s own ethnic culture. Separation is when a person maintains one’s own minority cultural identity and minimally interacts with those of the dominant culture. Assimilation is when an individual of a minority culture acculturates into the dominant culture and actively interacts with the host society. Marginalization is when an individual acculturates to neither of one’s own minor culture or dominant culture. Interestingly, dual identity may arise while individuals are in contact with the new culture, which relates to “positive attitudes towards members of other groups within the superordinate identity when a dual identity represents a cultural ideal in itself, as with a pluralistic social value, or as an intermediate stage in the movement from separatism to primarily a one-group, superordinate identity (i.e., assimilation)” (Dovidio et al., 2007, p. 320). Furthermore, Dovidio et al. (2007) found that when superordinate and subgroup and identities are in contact with each other and the activation of those two identities is not consistent with the value of the dominant culture (assimilation) or is moved away from the cultural value, a dual
identity may negatively affect well-being and intergroup attitudes. Acculturation can be explained as a multidimensional paradigm in which the person responds to the adaptation of the new culture and the environment (Barreto, 2013).

Although Berry’s (2006) acculturation model is widely used, Schwartz et al. (2010) discussed its pitfalls and the significant points in considering the roles of ethnicity, migrant type, and cultural similarity when navigating one’s acculturation. Similarities and differences between the heritage culture and the new culture can affect an individual’s experience and level of acculturation. Language, cultural similarity, and ethnicity affect whether the acculturation process is easy or hard for the individual. Types of immigrants, such as voluntary immigrants, refugees, asylum seekers, or sojourners also affect the acculturation experience. Voluntary immigrants are more likely to be welcomed to the new country than refugees or asylum seekers and thus experience less discrimination. When a person migrates to a country affects the degree of acculturation as well. Individuals who moved to the country as adults is likely to experience the most challenges in embracing cultural values and practices (Schwartz et al., 2006, as cited in Schwartz et al., 2010). Also, “Their recognizable foreign accents, or inability to speak the receiving country’s language, identify them as migrants – and this may invite discrimination and scorn from native-born individuals” (Yoo et al., 2009, as cited in Schwartz et al., 2010, pp. 242-243). Visible-minority, known as individuals whose skin is recognizably different from the receiving culture based on their ethnic backgrounds, as well as immigrants who reside in the areas of where people are from the same ethnic group, may be more compelled in considering the meaning of ethnicity and importance of acculturation, leading to preserve their heritage language, values, and identity. Schwartz et al.’s (2010) posited that not all immigrants are
categorized within the specific group of acculturation model, and individuals experience acculturation differently based on their ethnical context and history of migration.

Similarly, immigrants’ identification within an acculturation process depends on one’s ethnocultural group’s status (Dovidio et al., 2007). Minority groups tend to emphasize the positive uniqueness of that group to increase their sense of self-worth. The motivation for establishing the sense of self-worth may be strong when individuals’ feelings of esteem are threatened (Simon & Brown, 1987, as cited in Dovidio et al., 2007) or when individuals have the desire to lessen uncertainty (Hogg, 2001, as cited in Dovidio et al., 2007). Because of the characteristic of strong identification that a minority group is likely to have, people of minority groups have a tendency to respond more sensitively than people of a majority group (Dovidio et al., 2007), and their identities are likely to be threatened (Crisp et al., 2006). Furthermore, the goals for intergroup relations and wish for social change among majority and minority groups differ. The goal of majority groups is to be liked by minority groups, whereas the goal of minority groups is to be respected by majority groups (Shelton et al., 2006, as cited in Dovidio et al., 2007).

Their identification also depends on their lived experiences that derive from their degree of acceptance from the dominant cultural group. Immigrants of minority groups who reported lower degrees of acceptance and high degrees of incompatibility reported more cultural conflict in intercultural experiences (Schaefer & Simon, 2017). Individuals may adjust in different ways to minimize conflict during acculturation, but when living and working as immigrant professionals in the host country, conflicts may be inevitable.
Acculturative Stress

Immigrants who leave their country and interact with new, unfamiliar people undergo an acculturative process, which is an individual’s process of cultural change and adaptation (Berry, 2005). Within the acculturation process, some people may experience acculturative stress due to the conflict of cultural values, which can affect an individual’s health such as hypertension, diabetes (D’Alonzo et al., 2012; Lee et al., 2015, as cited in Shin et al., 2017), high blood pressure and high Body Mass Index (Shin et al., 2017), and anxiety problems such as depression and eating disorders (Pumariega et al., 2005). Also, the level of resemblance and difference between immigrants’ heritage and the new culture may impact on their amount of acculturative stress. (Schwartz et al., 2010).

There is a lack of research discussing the relationship between an immigrant music therapist’s acculturative experience and burnout, but S. Kim’s (2011) study examined predictors of acculturative stress experienced by international music therapy students in the United States. The result showed that the most prominent predictors of acculturative stress were language proficiency (in social situations, academic settings, and daily life), neuroticism, and academic stress. To help minimize acculturative stress among international music therapy students, S. Kim (2011) recommended providing proactive workshops and support resources, incorporating diversity in faculty and administrators, and considering various teaching methods and strategies that adhere to the unique needs of international students. Living in an unfamiliar culture can be overwhelming and can cause acculturative stress. It is imperative for immigrants to examine their acculturation process to promote their cultural well-being (S. Kim, 2013b).
Cultural Lens to Examine Burnout

Partly due to globalization, there have been many studies in music therapy that implement cross-cultural considerations and multicultural issues. Cultural competence is also discussed in the studies of exploring American music therapists working abroad or the relationship between international music therapy students and acculturative stress. Currently, there is a lack of research examining immigrant music therapists’ acculturation process and its relation to their burnout experience. However, other researchers in health care have studied burnout in immigrant therapists (Clouse, 2010; Patrick, 2006). Among immigrant workers in the United States, mental health professionals are at risk of greater compassion fatigue and burnout (Patrick, 2006). Furthermore, Clouse’s (2010) study examined the language factor that leads to burnout among foreign-born therapists. Bilingual therapists from regional and national psychological associations and organizations took an online survey, and their burnout was measured using the MBI, which assessed for levels of depersonalization, emotional exhaustion, and reduced personal accomplishment. The researcher investigated that out of 117 participants whose home languages differ (Spanish, Asian languages, English), these participants displayed medium levels of emotional exhaustion and the early stage of burnout.

In the similar context of individuals’ culture and its relation to burnout, Kim et al. (2013) conducted a study on international music therapists’ experience of burnout and its relation to their job turnover experience, using the consensual qualitative research design. However, the participants were limited only to music therapists of a specific ethnic culture (Korean) who practice in their home country rather than in the United States. The aspect of acculturation was not addressed, but a significant aspect of cultural context was mentioned. For example, predominant Asian cultural aspects, which are collectivist and vertical social relationships,
contributed to the participants’ interpersonal relationships at their workplaces and affected their professional identities and turnover experiences (Kim et al., 2013). Participants stated that the perceived low group cohesion and low inclusion in the group caused interpersonal problems that led to turnover. Also, vertical social relationship that relates to the social hierarchy system was mentioned in their supervisory relationships; the participants often had struggles with their supervisors’ authoritativeness, leading to one-sided communication. Similar findings suggested that the cultural norm held by a particular cultural group may affect the therapist’s burnout. The characteristics of collectivism in Korean culture and its impact on the therapist’s burnout were examined in Clouse’s (2010) study. In an online survey, one Korean participant stated that Korean therapists are less likely to recognize burnout because of their tendency to overwork. Furthermore, as foreign-born professionals, their experiences of being exposed to the cultural differences in the workplace and their role conflict/ambiguity as a result were strongly associated with job dissatisfaction and burnout (Doki et al., 2018). Culture does play a role and affects therapists’ burnout, just as other social, work environment, and individual factors play a role. An individual’s culture impacts one’s ways of thinking, living, and being, which can develop individual’s psychosocial, societal, and environmental characteristics.

**Self-Care and Coping Strategies to Prevent Burnout in Music Therapy**

In any helping profession, self-care practice is very important (Clements-Cortes, 2013). Professionals’ understanding of the cognitive and physical facets of burnout and their engagement in self-care practices, as well as their positive coping skills, might prevent burnout. Berry (2017) found a positive correlation between the number of self-care practices and personal accomplishment. Music therapists who are frequently involved in self-care practices experienced more personal accomplishments and less depersonalizations. Another recent study by Moore and
Wilhelm (2019) explored the potential relationships between music therapy students’ perceived stress levels and self-care practices, and the researchers concluded that greater levels of perceived stress correlated with less participation in self-care practices and vice versa. Interaction with others was mentioned as the most frequent type of self-care practices, while day-to-day balance of school and personal life was mentioned as the least frequent self-care practice.

Longevity is defined as the number of years a professional has been in the field (Vega, 2010), and it seems to be closely related to positive coping strategies. Participants in Fowler’s (2006) study described participating in extracurricular events, playing music for fun, reading, going out, exercising, attending conferences, praying, healthy dieting, and leaving work at the office as their self-care methods and positive coping strategies. The researcher concluded that greater professional longevity was correlated to individual’s positive attitudes as well as mental coping strategies. Clements-Cortes (2013) advised music therapists to utilize self-care practices as a way of preventing burnout as well as increasing positive attitudes for themselves:

Music therapists can develop ways to ensure they are engaging in self-care by maintaining balance in their lives, eating a healthy diet and incorporating stress reduction techniques such as exercise into their routine. It is important for music therapists to take breaks and pace themselves during the workday, even if it is only for a few minutes after sessions to process observations from the session and to refocus one’s thoughts. (p. 172)

Furthermore, Clements-Cortes (2013) noted that these interventions (i.e., coping strategies) may be effective before burnout occurs, since the treatments may be too late in discovering the underlying cause of severe stress once burnout is manifested. Once professionals suffer from
burnout, it might be beneficial for them to receive therapies that focus on cognitive or behavioral approaches.

Other methods such as practicing meditation and relaxation techniques (Clements-Cortes, 2013) and undergoing personal therapy (So, 2017) are suggested to be helpful for music therapists’ personal, professional, and musical development. In So’s (2017) qualitative study, participants who received different approaches of personal therapies such as music psychotherapy and verbal therapy became more aware of the strength of music and of themselves of being flexible and spontaneous in music with clients. Their experiences of receiving personal therapy as music therapists led them to become more grounded with themselves and music, resulting in making better therapeutic connections with their clients.

Positive self-care practices promote self-awareness (Moore & Wilhelm, 2019), which relates to one’s longevity in the field. Five music therapists who participated in a study by Kim et al. (2013) stated that a music therapist’s self-awareness can maximize professional capabilities and improve job retention. Similarly, Vega’s (2010) survey of professional music therapists showed that the only personality factor predictive of one’s longevity is vigilance. In sum, these results recommend that engagement in certain self-care practices and positive coping strategies encourage self-awareness, which may prevent burnout experienced by music therapy professionals. Because of its importance in ensuring music therapists’ professional as well as personal well-being in the field, Clements-Cortes (2013) suggested having “discussions about self-care as part of the music therapy curriculum at the university level” (p. 172) and said the topic should be presented in workshops.
Embracing self-care practices is vital for music therapy professionals, as it can prevent individuals from having burnout. Recognizing the importance and employing them into daily can keep their healthy personal and professional well-being.

Taken all together, it is important to note that currently there is minimal literature examining cultural aspects of immigrant music therapists’ experiences regarding burnout and self-care. Overall, the literature on music therapists’ burnout and self-care elucidate how music therapists’ self-awareness to their vulnerabilities affects not only personal and professional well-being but also their relationships with clients. To add to the music therapy literature, it is necessary to explore immigrant music therapists’ acculturation experiences in relation to burnout, as they can impede the development of their cultural and professional identities.
Method

Participants

The selection of participants used the following six criteria for three eligible music therapists: (1) were born and raised outside of the United States; (2) currently work as professional music therapists in the United States; (3) identify themselves as immigrants who arrived in the United States after age 10, the age at which their identity construction is developed in the host country (Rumbaut, 2004; Yi, 2009); (4) experienced professional burnout within the past five years (including internship experience) in relation to cultural adjustment; (5) feel safe and comfortable in sharing their immigration experiences as well as professional work experiences; and (6) feel comfortable in sharing musical improvisation about their experience with burnout and are willing to reflect on their exploration in music through verbal dialogues.

Participants were selected through purposeful sampling method to obtain perspectives on immigrant music therapists’ experiences with burnout. Participants were recruited from music therapy educators and/or supervisors’ recommendations, and they were contacted via e-mail. It is important to note that educators and/or supervisors did not identify immigrant music therapists who experienced burnout due to the ethical constraints. Rather, only the list of immigrant music therapists’ names was provided. An invitational e-mail (See Appendix B) as well as consent forms (See Appendix C & Appendix D) were sent out to prospective participants, and the participants who agreed to participate provided signed consent forms. All communication was done via e-mail. Foreign-born immigrant music therapists who experienced burnout in relation to cultural adjustment and who feel comfortable in sharing their experiences were eligible to take part in the study. In purposeful sampling, “participants are selected because of what their study may bring to the research question, not because they are necessarily typical of the group being
studied” (Wheeler, 2016, p. 306). Purposive sampling was generated to learn by studying selected participants, not to lead to a conclusion of generalized results. In order for the phenomenon to be approached in an experimental way, the sampling needs to remain flexible through the phenomenological research process and the researcher should also be flexible in adjusting the design accordingly to participants’ responses (Wheeler, 2016).

Three participants who are immigrant music therapists and currently working in the United States participated in the study. The participants are designated as Sydney, Amaya, and Rosie, throughout the research. Table 1 presents an outline of participants and their background.

To protect the rights of the participants, the study was reviewed and approved by the Institutional Review Board (IRB) of Molloy College (See Appendix A).

Table 1.

Demographics of Participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Gender</th>
<th>Country of Origin</th>
<th>Education</th>
<th>Region</th>
<th>Advanced Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney</td>
<td>Female</td>
<td>China</td>
<td>Master’s Degree</td>
<td>Mid-Atlantic</td>
<td>Analytical Music Therapy Trainee</td>
</tr>
<tr>
<td>Amaya</td>
<td>Female</td>
<td>Japan</td>
<td>Master’s Degree</td>
<td>Mid-Atlantic</td>
<td>Certified Child Life Specialist; Neonatal Intensive Care Unit Music Therapist;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nordoff-Robbins Level I; Medical Music Psychotherapy</td>
</tr>
<tr>
<td>Rosie</td>
<td>Female</td>
<td>Korea</td>
<td>Master’s Degree</td>
<td>Mid-Atlantic</td>
<td>Nordoff-Robbins Level I; Analytical Music Therapy Trainee</td>
</tr>
</tbody>
</table>
Design

**Methodology.** The study was based on a phenomenological design that provides rich and in-depth understanding about immigrant music therapists’ lived experience of burnout as a way to inform how one’s cultural aspect plays a role in burnout. Phenomenological study relates to “how a person perceives, feels, thinks, and drives meaning from a lived phenomenon, that is, something that a person has actually experienced” (Wheeler & Bruscia, 2016, p. 60). The focus of the phenomenological study is the certain aspects of a phenomenon, rather than the nature of the individuals or groups involved in the phenomenon, which distinguishes from a naturalistic inquiry. Phenomenological study seeks to determine essences of the direct experience that suggests “explanations of causes or influences of observed phenomena” (Amir et al., 2016, p. 125). The researcher’s preconceived beliefs about the experience is suspended, so that the understanding and interpretation are not being improperly influenced. In terms of how the interpretive process begins in phenomenology, “the researcher, interpreting alone, seeks underlying structures or essences and does so through processes that might draw from empathy, relational knowledge, embodied knowledge, situational awareness, and intuition” (Wheeler, 2016, p. 298). This exploration is driven by the philosophical worldview of constructivism, which posits that individuals understand the world by seeking values of their subjective experiences (Hiller, 2016). Meaningful realities are constructed and the world is interpreted through individualized perceptual schemas. Considering that this study aims to focus on the essence of a burnout phenomenon in relation to cultural adjustment among immigrant music therapists through their experiences, the study can be most effectively conducted by using a phenomenological design.
Method. To fully examine the essence of burnout experienced by immigrant music therapists in a foreign culture (United States), I conducted open-ended interviews as well as Arts-Based Research, in which I incorporated musical improvisation with three immigrant music therapists to collect verbal and musical data on their personal and professional experience. During the interviews, the participants were asked to recall moments when they experienced burnout as an immigrant music therapist working in the US and then describe them in much detail as possible. First, participants engaged in a musical improvisation, which allowed them to express their feelings through nonverbal musical elements prior to their verbal expression. The aim for utilizing musical improvisation in the research process was to guide participants to relive burnout experiences and have them express emerged feelings, which may not be clearly expressed verbally. It served as data of nonverbal expression. Second, participants were asked to reflect on their musical improvisations as well as burnout experiences through interactive dialogues based on the prompt of open-ended questions.

Musical improvisation as a powerful tool in navigating the self. Music is unique because it transmits deep emotional human experience (Katsh & Merle-Fishman, 1998). Through music, people can be involved in a nourishing flow of empathy and attunement, achieved through basic musical elements such as timbre, pitch, loudness, duration, silence, rhythm, melody, and harmony, which guide people in how they perceive sound and sense physical reaction (Bunt & Stige, 2014). Individuals’ phenomenon is closely examined and experienced in music by developing an awareness of the relationship between musical elements. In addition, music functions to encourage an emotional release based on humans’ experiences with sound (Katsh & Merle-Fishman, 1998).
The therapeutic and clinical use of music and its effects on clients’ health has been addressed within various approaches in the music therapy field. In particular, musical improvisation has a distinctive characteristic from other musical behaviors and interventions, which is that it creates a spontaneous and creative nonverbal process unfolded in the moment. Distinct from other musical interventions, improvisation can encourage individuals to connect conscious with unconscious processes, further facilitating the communication of inner conditions and the capability in expressing repressed emotions that cannot be done verbally (Amir, 2004). In her chapter on Analytical Music Therapy, Scheiby (2002) highlighted that musical improvisation can stimulate individuals to have access to their unconsciousness and hidden emotions and to articulate underlying concerns and emotions during improvisation without verbal effort. Navigating unconsciousness and facilitating emotional expression through creative expression in musical improvisation can help individuals to regain a sense of autonomy in controlling themselves (Magee, 2007).

Musical improvisation can also help music therapists to process and reflect on repressed emotions and personal issues (McCaffrey, 2013; Moran, 2018; So, 2017). McCaffrey (2013) explored self-experience among music therapists in clinical improvisation through phenomenological design, and the themes that emerged were (a) the mindful meeting of equals, (b) the importance of the fundamentals, (c) flexibility and adaptability, (d) personal fulfillment, and (e) balancing the professional and personal musical self. Improvisation was described as a conversation between the “inter-subjective world of the self” (p. 310) and the other person, as well as characterized as self-exploration. In Moran’s (2018) heuristic self-inquiry, the researcher noted insights, personal journal quotes, as well as discussions of music improvisation improved self-exploration via mindful meditation. In So’s (2017) qualitative phenomenological study, US-
trained music therapists from East-Asian countries underwent transformative experiences through music psychotherapies, which helped them to work through their struggles as music therapists. For example, music allowed one music therapist to realize her negative emotions associated with a specific musical intervention she utilizes for her clients, which helped her to explore a musical form that she felt more emotionally connected to. Music also provided opportunities for participants in positively shifting their ways and perceptions of playing music in clinical contexts. It allowed them to create a healthy relationship with music, as their experience in music helped them to build positive self-image and confidence.

By simply allowing feelings and reflections to emerge through musical improvisations, one can be aware of hidden feelings and develop a corresponding sense of the self, both personally and professionally. Music improvisations can provide music therapists with a pathway for self-reflection, which has benefits for their personal and professional well-being (McCaffrey, 2013; So, 2017). Musical improvisation may open up possibilities for music therapists to navigate their emotions through creative expression, which may help them gain a deeper understanding of themselves.

**Arts-Based Research: Utilizing non-clinical musical improvisation as a method.** Arts-Based Research is an “innovative approach to research that uses art forms, including music, in the research process” (Viega & Forinash, 2016, p. 980). It is also “an effort to extend beyond the limiting constraints of discursive communication in order to express meanings that otherwise would be ineffable” (Barone & Eisner, 2012, p. 1). In Arts-Based Research, the employment of art takes vital role in the research process and helps articulate research objectives by exploring the self-process in researchers or participants through the medium of the arts (Beer, 2016). When the arts serve as an adjunctive method (arts-informed research) rather than being a worldview to
the research process in the study, they are used to create meaning from pre-existing data sets (Viega & Forinash, 2016, p. 983). In Arts-Based Research, “the art forms are primary in the research process” and “a creative worldview forms the philosophical foundation for an inquiry” (Viega & Forinash, 2016, p. 917). The purpose of Arts-Based Research is not to find a single truth but rather to deepen understanding of the world through artistic implementation. In assessing the validity and trustworthiness of phenomenological experiences through Arts-Based Research, the aesthetic, intuitive, emotional, and communicative qualities of arts-based manifestation are considered in research (Barone & Eisner, 2012).

Incorporating musical improvisation as a research method is addressed in Beer’s (2015) qualitative study with Asian music therapists, most of who went back to their home countries to practice after they studied music therapy in the US. Due to the physical distance of interviewing and its constraints of interview meanings being misinterpreted when using a double-translation process, Beer (2015) incorporated improvisation into the data collection as well as analysis processes. This was done for participants whose primary language was not English to enrich their experiences and share them through sound of artistic medium, which may be easy to both the researcher and the participants. During the data collection process, Beer (2015) asked the participants to improvise music pertinent to their experiences when they were international students studying music therapy in the US. This enhanced participants’ awareness by listening to their improvisations numerous times, analyzing musical elements, processing the researcher’s impressions through narratives as well as artistic medium, and discussing the participants’ reactions to their improvised music. The improvisation created by participants acted as a rich source of data, further providing unique information and insights about participants’ lived experiences. It also provided participants opportunities to find startling meaning in their own
experiences via music, and the participants appreciated the researcher in allowing them to have the musical improvisation opportunity. Beer (2015) further experienced an unanticipated sense of intimacy between her and the participant when listening to the improvisation and mentioned that the descriptions from musical data analysis would not have come out in the same way if the research had been done through a verbal process. Participants noted that they were amazed by the intense feelings they experienced during their musical improvisation.

Through the use of Arts-Based Research as an adjunctive method within qualitative inquiry, music plays the role of art as knowledge that provides an in-depth understanding of an individual’s lived experience, and this kind of artistic medium can “challenge the reader as audience member to more fully grasp and understand the lived experiences of the participants” (Beer, 2016, p. 37).

**Epoché**

I am an international student as well as a foreign-born music therapist. I was born and raised in South Korea until I moved to the US. Soon after this move, I encountered complex identity formation, as I was being socializing and educated in the host country during adolescence. Since my primary education and primary language were obtained in South Korea, my worldview aligned more with the country where I was born and raised. I sometimes felt my identity was split, as I lived “dual lives,” meaning having homes in two countries and speaking two languages (Portes et al., 1999, p. 217). Since my adolescent years involved significant development of my identity and worldview, I tried to integrate my bi-cultural identities. In cultural schema theory, individuals are challenged to change their thoughts or behaviors, even when they are motivated to engage in the desired behavior, due to strongly embedded cultural barriers (Wendorf Muhamad et al., 2019).
Understanding who I am and what I can culturally bring to people in the US have become more meaningful since I have started pursuing the music therapy degree. I have become more aware of the cross-cultural experience whenever I meet clients and patients from different cultures during my fieldworks and internship. As I struggled to build an in-depth therapeutic relationship with clients, patients, and families from the host country through English, which is not my first language, I began to question myself if I am competent enough as a music therapist. The feelings of vulnerability were manifested through both physical and emotional exhaustion whenever I went to the workplace. I realized I was going through the stages of the “unwanted feelings” of leading sessions and doubts about my professional as well as personal identity.

My experiences of burnout led me to share my experiences with some immigrant music therapists from other countries I know, who have gone through similar experiences of burnout within the acculturation context. Searching for a counseling consultant as well as music improvisation in the clinical supervision provided me with opportunities to process and express my frustrations in both verbal and musical mediums. From my experience, I built intimate connection and gained a deeper understanding of myself, which helped me develop resources during burnout, especially through musical improvisation. Through musical improvisation, I was able to express repressed emotions, which gave me grounding to express my emotions fully. Processing myself musically and verbally led me to the step where I gained a deeper understanding about my cultural identity every time I interacted with clients/patients or co-workers, and it further allowed me to acknowledge my unconscious feelings about prejudice I experienced as a minority music therapist. As I acknowledged and built resources around me, I was better able to cope with the stressful situations, and my own way of coping strategies prevented me from re-encountering burnout symptoms.
Through my experience, I became aware of my own cultural being as a foreign music therapist and of the importance of music as the main medium of work. Although I believe that one’s culture as a foreign music therapist can positively affect the therapeutic relationship when it is being shared with clients, I also believe that one’s cultural identity as a foreign music therapist may affect professional and personal well-being while practicing in the host country. My belief is that being an immigrant music therapist in the US may be challenging due to cultural differences, which may lead to burnout that affect both personal and professional health. Because of its possibility of impacting one’s growth and health, it is imperative for immigrant music therapists to properly process their burnout situations and related emotions, acknowledge their cultural self, and build helpful resources, so that it can protect both their cultural and professional identities.

I am aware that my feelings about being a minority music therapist and my assumptions about other immigrant music therapists’ experiences in the US have affected the data analysis. To prevent my assumptions from spilling into this research, I was very conscious of fully allowing participants to navigate their experiences on their own, both in the musical improvisation and verbal process, and not participating in the music or sharing my thoughts in relation to their phenomena. Also, I engaged in continuous journaling about my personal biases about the relationship between burnout and cultural adjustment from the start until the end of the research. Particularly, when transcribing and analyzing each participant’s data, I wrote explicit memos relating to my occurring thoughts, to set aside my views towards their phenomena. All data were filtered through multiple readings and through my knowledge and experiences with the phenomenon.
Data Collection

As a method of data collection in phenomenology, the language used by both participants and the researcher was explored through an interactive process, as the significance of the linguistic process is highlighted throughout methods of open-ended interviews, transcriptions of session recordings, and narrative responses to open-ended questionnaires to generate data (Hiller, 2016).

Open-ended interviews. Participants’ live and open-ended interviews were the primary source of data in this phenomenological study. According to Polkinghorne (1989, as cited in Jackson, 2016), questions from open-ended interviews can be “tailored to focus on the phenomenon under investigation and can be shaped in the moment by the interviewer to assist participants in providing descriptions that most completely and accurately reflect their personal experiences” (p. 895).

Each participant was contacted and provided with the purpose of the research and received an informed consent document via email. Prior to the interview, an interview appointment set-up, including participants’ preferred time and place, was thoroughly discussed. If participants had questions regarding informed consent, I clarified and made sure participants fully understood. This communication on consent discussions was completed via email or telephone.

The interview process involved an individual video-recorded interview session lasting from 45 to 60 minutes each. The reason for utilizing video recordings instead of audio recordings was to capture and note significant moments of participants’ nonverbal expressions such as facial expressions and gestures. The study was performed via Skype. All interview locations took place in a quiet and private location where confidentiality could be maintained and where participants
had access to instruments they could choose for musical improvisations. Particularly during the musical improvisations, I did not participate in making music so that I do not contribute my music to their own experiences but rather allow them to fully explore their pure feelings in relation to their subjective phenomenon.

**Interview protocol.** An interview protocol ensured consistent gathering of the data, thus increasing the reliability of the research (Creswell & Creswell, 2018). Demographic questions were sent to the participants prior to the interview via email. Responses were gathered through email before the interview, or discussed during the interview, depending on the participants’ preferences.

After demographic information was gathered, primary open-ended question as well as sub questions were asked during the Skype interview (See Appendix E). In the beginning of the interview, I again informed each participant about the definition of burnout and its possible following symptoms adhering to the studies (Hooyman & Kramer, 2006; Keidel, 2002; Maslach & Jackson, 1986; Pines & Keinan, 2005; Raiger, 2005) and re-confirmed that each met the criteria. Also, I began the interview by letting them know why I was interested in the topic of the study and my own experience of burnout as a foreign music therapist.

**Musical improvisation as part of data collection.** Musical improvisation, which was used as an Arts-Based Research integrative method along with the interactive interviewing process, allowed participants to express their feelings through nonverbal musical elements on their choices of instrument(s) prior to their verbal expression and discussion about their lived experiences. One participant did the musical improvisation after she verbally discussed her experiences, due to the needs of a particular situation. Music could be used as recorded data in which actions and expressions are vividly captured in the moment (Jackson, 2016). This form of
using art as an adjunctive method in qualitative inquiry aims to have a richer understanding of the lived experience of participants within a sociocultural context. Within this process, the role of the researcher is to respond “heuristically through social performance to the needs or artistic creations of others who are oppressed and marginalized” (Viega & Forinash, 2016, p. 991). Sub-questions were used during the verbal portion of the interview, in which the participants answered after their musical improvisation, except one participant due to the unique circumstances.

The reason why questions were asked after the music improvisation was to help participants re-live the moments of burnout in music both mentally and physically, so that their experiences and feelings become clear, which may help them to verbally discuss them more deeply. The process was also rooted in the belief that musical improvisation can help participants to process their burnout moments and connect within themselves without having the need to verbally ponder questions before the improvisation.

Confidentiality

All collected data were stored in the primary investigator’s personal computer, which was secured and locked with a password and not shared with third parties. For backup in case the computer has issues, data were also stored in the primary investigator’s personal USB and was not shared with third parties. As the primary investigator, I was the only one who could access the data. Each participant was referred to by pseudonyms to safeguard confidentiality. The recorded interview and written transcriptions were stored in secure locations at all times during the length of the study and were not shared with the thesis committee, though themes present in the interview was discussed. Meetings or conversations with the thesis committee remained strictly confidential.
Data Analysis

The data analysis procedure was adapted and combined from Kim’s (2008) modified approach and from Moustakas’s (1994) six steps in phenomenological reduction, resulting in the following procedure:

1) The protocols were read multiple times so that the researcher had a general sense of the research statement and to avoid the researcher’s preconceived beliefs about the phenomenon.

2) Individual transcripts and their perspective were equally accepted.

3) The recordings were transcribed word for word, and the researcher reread each transcript.

4) The protocols were examined in relation to the phenomenon that was being studied. Any extraneous or repetitive statements that are not related to the experience of the topic were eliminated.

5) Lists of words used by participants and commonalities were gathered and they were combined into categories.

6) Individual case synopses were created with an emphasis on emerging thematic words that best describe individual experience, and these were sent to each participant to verify accuracy.

7) Essential themes relating to the case synopsis and research question were determined (original protocols).

8) Data was organized based on the emerging themes and similarities of the phenomenon were found.
9) Verbal as well as musical excerpts were exemplified as essential themes to disclose common experiences among participants.

10) Vital textual descriptions of the phenomenon were produced.

**Coding analysis.** Recorded verbal data were broken down into sections, referred to as key themes or statements (Jackson, 2016). Then, I broke the data descriptions into meaning units, the groupings of theme segments that are categorized. This was transformed into meanings to explain the nature of the phenomenon in a clear manner. Analytical coding comes from the researcher’s reflection and interpretation on meaning (Merriam, 2009).

**Musical data analysis.** Music provides a data source that requires translation into a “language-based format that can undergo analysis similar to textual data” (Jackson, 2016, p. 899). Improvisation produces insight into the research question when analyzed and interpreted (Eyre, 2016). The musical data analysis procedure was adapted and combined from the research by Ferrara (1984 as cited in Jackson, 2016) about developing a music analysis procedure and from Lee’s (2000) stages of analyzing improvisations in music therapy:

1) Reactions of the researcher to music as a process: the researcher engaged in open listening and described initial subjective impression as well as objectives of the participants’ musical improvisation, such as musical structure and elements.

2) External music therapist’s listening: the third-person music therapist engaged in open listening and described subjective impression and emotions in relation to the musical structure and elements.

3) Participant’s reaction to own music: the participants verbally expressed their emerged feelings and reactions which they experienced during improvisation.
4) Transcription into notation: the researcher transcribed the important segments of participants’ musical improvisation into notation, using the music notation software called *MuseScore3*.

5) Synthesis: the researcher wrote a synthesized description in terms of the emotions and meanings described by the researcher, external music therapist, and the participants.

The purpose of the data analysis was to extract an overall common theme based on the meaning unit gathered from participants’ words, sentences, or paragraphs. Musical analysis was also tied together with verbal data, which provided an in-depth and live description regarding the immigrant music therapists’ experiences of burnout. Themes emerging from the description were binded together into the structure of the experience.

**Ethics and Trustworthiness**

To ensure ethics and accuracy of this phenomenological study, interview data and member checking were incorporated. Coding, emerged themes, and categories were reviewed by the primary investigator and the music therapy faculty advisor during the data analysis process (reviewing interview transcripts). For member checking, participants were followed-up via email after the interview. The summary of the interview (individual case synopses) was emailed to each participant to verify the accuracy of the information before the researcher’s data analysis process, and the participants were asked to make any revisions as needed.

Some of the interview topics might require participants to recall past emotional experience in relation to the context of their own culture. To consider the possibility that participants might have unpleasant feelings, thoughts, or physical sensations, I reminded each participant of the option to withdraw from the study or reschedule the interview at any time.
Summary

The purpose of this phenomenological study was to examine how immigrant music therapists’ acculturation may influence their experience with burnout and to help participants experience their self-reflection through the use of musical improvisation as a medium of art. Throughout the study, my hope was that participants may gain a deeper understanding of how culture informs their clinical practice as immigrant music therapists working in a culture that is not their own. It was also my hope for them to gain insights into their cultural sensitivity, resulting in increased self-awareness and enhanced practices. Musical improvisation allows participants to have a deeper understanding of themselves through the musical elements they use, and this may give them an outlet for preventing burnout. The results can be beneficial, not only to immigrant music therapists but also to students, educators, and supervisors in music therapy, helping them to promote cultural humility, and most importantly, give voice to immigrant music therapists. Educators and supervisors may also develop self-care, stress-management programs, or workshops for music therapy students and professionals. These findings may lead to future research regarding how culture informs clinical practice when clinicians reside and work in a culture that is not their own. Furthermore, they may lead to opportunities for non-immigrant music therapists to gain enhanced intercultural competence.
Results

The purpose of this study is to gain a deeper understanding about the relation between cultural adjustment and professional burnout as well as to give voice to immigrant music therapists’ lived experiences. It also aims to explore how culture informs clinical practice when music therapists reside and work in a foreign culture, and to provide a pathway for immigrant music therapists articulate their lived experiences and their emerged feelings through the use of musical improvisation as a method.

Participants’ Burnout Experiences

All three participants processed their burnout moments through a musical and verbal medium. Musical improvisation was used to guide participants to have an in-depth understanding of their emerged feelings in relation to their personal experiences. The goal was to allow participants to express their feelings through nonverbal musical elements. Following the interview, each participant’s musical improvisation was analyzed and notated using adapted stages of analyzing improvisations in music therapy (Lee, 2000), and themes of burnout and being an immigrant music therapist were discussed with the participant. Individual’s musical improvisation was categorized as follows: (1) reactions of the researcher to the music as a process, (2) listening by an external music therapist, (3) the participant’s reactions to own music, (4) transcription of the music into notation, and (5) synthesis of the aforementioned elements.

Below are narrative overviews of each music therapist’s background, how and when they encountered burnout while living and working in the United States, and their process of burnout moments through musical improvisation.
Sydney

**Background.** Sydney is a Chinese female from Mainland China. She first came to the United States six years ago as an international exchange student when she was a senior at a university in China. After completing a one-year exchange, Sydney decided to pursue her graduate education in the US. Sydney met an American husband during her education and decided to stay in the US. She has been working as a music therapist in the United States for one year, focusing on adults with mental illness.

**Overview of Burnout Experience.** Sydney experienced her first burnout when she was a graduate student, and ever since then, it became a part of her life to the point where she began to feel numb to the effects. She felt a lot of pressure in learning and adjusting as an international student, and she still feels there are various cultural differences that are challenging. At a psychiatric hospital, Sydney works with adults who have mental illness, and the amount of workload she needs to do in a day as well as interactions with the co-workers and patients are an everyday struggle for her. She expressed that burnout has already become a part of her life and she feels she cannot get rid of it.

**Burnout through Musical Improvisation.** Sydney’s improvisation lasted approximately around seven minutes, and the main instruments she utilized were the seed rattle, djembe drum, and voice.

**Reactions of the researcher to music as a process.** Figure 1 represents the theme that arose based on my reactions to Sydney’s musical improvisation.
Figure 1.

*Researcher’s Reactions to Sydney’s Music as a Process*

<table>
<thead>
<tr>
<th>Characteristic of Improvisation</th>
<th>Researcher’s Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Silences between the seed rattle</td>
<td>Insecure</td>
</tr>
<tr>
<td>A. Ambiguity in musical meter and structure</td>
<td>Uncomfortable</td>
</tr>
<tr>
<td>B. Sigh</td>
<td>Lonely</td>
</tr>
<tr>
<td>B. Humming</td>
<td>Lost</td>
</tr>
<tr>
<td>B. Repetitive notes of C pentatonic</td>
<td>Vulnerable</td>
</tr>
<tr>
<td>B. Minor scale in voice</td>
<td>Lamentable</td>
</tr>
<tr>
<td>B. 6/8 meter lullaby-like style</td>
<td></td>
</tr>
<tr>
<td>C. Scratching sound with the djembe drum</td>
<td>Angry</td>
</tr>
<tr>
<td>C. Fast tempo and ambiguity in rhythm and meter</td>
<td>Confused</td>
</tr>
</tbody>
</table>

*External music therapist’s listening.* The recorded improvisation was heard by the music therapist, which elicited the following reaction to the music:

I could feel her feelings of how painful it was for her…she seems to fully explore the ways she felt through the percussive instrument, in contrast to her voice…Her voice is within the limited range. The sound texture is very sharp…almost as if I am scratching the skin. I could feel the annoying feeling through the high-pitched sound of the instrument…But as I kept listening to the contrasting sounds between the voice and the instrument, I felt empathy towards her (External music therapist, personal communication, March 16, 2020).

*Participant’s reaction to own music.* During the interview, I asked the participant about her experience as well as the physical and emotional reaction to music in relation to burnout. After the improvisation, Sydney described the following sentiment:
In the beginning, I could feel my whole body and music was very rigid, and I felt everything was out of control…It was very annoying to have that feeling. I started humming and sang a little bit, and I remember I closed my eyes… I was a bit tearful. I would like to describe my humming part as ‘crying.’ The emotions were strong and I was surprised by what I was feeling…Perhaps, my unconsciousness came out at some point. I felt I was so lonely and helpless when I sang, and I felt numbed towards the end (Sydney, personal communication, February 5, 2020).

Some of the themes that Sydney shared in relation to her burnout experience in music were rigidity in her physical reaction, annoyance, loneliness, helplessness, and numbness.

**Transcription into notation.** Sydney used the seed rattle, djembe drum, and her voice (humming) for the musical improvisation. Figure 2 represents parts of Sydney’s vocal motif of the B section in her improvisation that was transcribed into notation. Sydney titled her own improvisation as “Drowning.”

**Figure 2.**

“Drowning” by Sydney

![Notation Image]
**Synthesis.** The overlapping theme that stood out among the comments of the listeners and of Sydney herself were annoyance and loneliness. The feeling of anger was expressed through the ambiguity in the overall meter as well as the sharp articulation and fast tempo of the percussive instrument. The feeling of loneliness was portrayed through Sydney’s limited vocal range with sighs in between. The range of her vocalization notes had a distinct musical quality that emphasizes the repetition of a minor third within the C minor pentatonic scale, which portrayed loneliness that is associated with her burnout.

**Amaya**

**Background.** Amaya is a Japanese female. She first came to the United States 15 years ago as an international student during her college year. She met a Latino-American husband and has children. Amaya works at the pediatric hospital, mainly in a medical setting. She has been working as a music therapist in the US for seven years.

**Overview of Burnout Experience.** Amaya’s burnout originated from her occupational stress. She encountered a series of patient deaths in a stressful time at her job and her baby was born prematurely. She was the only music therapist and child life specialist in the unit, and she had to cover most of the units. She said that encountering patients’ death and her baby’s health issues simultaneously were traumatic events for her that led to burnout. At a time when the amount of stress was amplified, she was not getting enough help from supervisors or from outside resources.

**Burnout through Musical Improvisation.** Amaya’s improvisation lasted around two minutes, and the main instruments she utilized were the guitar and voice. As Amaya shared her thoughts on being an immigrant music therapist in the US, the improvisation was built around the theme of ‘cultural identity.’
Reactions of the researcher to music as a process. Figure 3 represents the musical structure and corresponding musical characteristics. Themes based on my reactions to Amaya’s musical improvisation are noted below.

Figure 3.

Researcher’s Reactions to Amaya’s Music as a Process

<table>
<thead>
<tr>
<th>Characteristic of Improvisation</th>
<th>Researcher’s Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>G major arpeggio style on the guitar and repetition of a descending melodic theme</td>
<td>Lullaby-like Comforting</td>
</tr>
<tr>
<td>Suspension Major 2nds Major 7ths Two notes are sung and played against each other</td>
<td>Intense Complex</td>
</tr>
</tbody>
</table>

External Music therapist’s listening. After hearing Amaya’s music, the music therapist shared her reaction:

I felt she is running out of her energy. I imagined she is floating on the water or drifting in the ocean…and she is not trying to control the way she goes…I had an impression of calm and peace at first because of the lullaby-like music, but gradually, I felt there was a pause in everything. The chord structure doesn’t change a lot, and I felt the music had a transpersonal quality. The music does not have a strong statement of feelings. Rather, it feels vague (External music therapist, personal communication, March 16, 2020).
Participant’s reaction to own music. During the interview, the participant was asked about her individual experience as well as the physical and emotional reactions to the music in relation to the burnout. After the improvisation, Amaya described the following sentiment:

As I was playing, I thought about moments in my life in the past two to three years that were the hardest…I was thinking of Japanese songs that I used to listen to when I was a teenager…the song was in a slow tempo and had a descending melodic gesture. Then, I started thinking about one of my daughters who was born prematurely. She came 6 weeks early at the hospital where I work at, and I used to sing a lullaby for her—I was thinking that moment in music…There were also series of events that happened during that time, when I encountered patients’ death when I went back to work; that was trauma to me (Amaya, personal communication, February 15, 2020).

The musical improvisation began with the theme of cultural identity, but it gradually allowed Amaya to recall moments of burnout.

Transcription into notation. Amaya’s improvisation was played on the acoustic guitar while she hummed. Figure 4 represents recorded musical improvisation that was transcribed into notation. Amaya titled her improvisation as “Growth.”
Figure 4.

“Growth” by Amaya

Synthesis. The overall musical aspect of the lullaby-like theme was dominant, which took Amaya to the past burnout experience. The musical theme that has a gentle and calm quality seemed to allow Amaya to re-live the stressful moments when she was burned out from work.

Rosie

Background. Rosie is a Korean female. She first came to the United States five years ago as an international student at the beginning of her master’s program. She met her husband during her education and decided to live in the US. She has been working as a music therapist in the US for nearly three years, mainly with children with developmental delays.

Overview of Burnout Experience. Similar to Sydney’s experience, Rosie experienced her first burnout as a graduate student. Experiencing cultural challenges such as language differences and misconceptions from others overwhelmed her, and the accumulation of stress eventually led to burnout and depression. During the start of her career as a music therapist, she
continually experienced cultural differences in her interactions with co-workers and clients, which led to her burnout.

**Burnout through Musical Improvisation.** Rosie’s improvisation lasted approximately around a minute, and the main instrument she utilized was the piano.

**Reactions of the researcher to music as a process.** Figure 5 represents the musical structure and corresponding musical characteristics.

**Figure 5.**

*Researcher’s Reactions to Rosie’s Music as a Process*

<table>
<thead>
<tr>
<th>Characteristic of Improvisation</th>
<th>Researcher’s Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Outsider</td>
</tr>
<tr>
<td>Minor</td>
<td>Uncomfortable</td>
</tr>
<tr>
<td>Surprised chords within</td>
<td>Isolated</td>
</tr>
<tr>
<td>diatonic progression (Major 7th, minor 6th, minor 5th)</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Intense</td>
</tr>
<tr>
<td>Dynamic intensity</td>
<td>Angry</td>
</tr>
<tr>
<td>Dominant pedaling</td>
<td></td>
</tr>
</tbody>
</table>

**External Music therapist’s listening.** After hearing Rosie’s music, the music therapist shared her reaction:

I felt heaviness and anger from the way she articulated strongly in music. The music is similar to that of Sydney, but I felt more anger in Rosie’s music. The length of the music is relatively short, too. Perhaps there is an anger that she doesn’t want to deal with anymore. The tonality is clearly in minor mode throughout the music, and this seems to express her feeling of anger. Her statement is clear through musical medium – heavy articulation, minor tonality, and loud dynamics (External music therapist, personal communication, March 16, 2020).
**Participant's reaction to own music.** During the interview, the participant was asked about her individual experience as well as the physical and emotional reactions to the music in relation to the burnout. After the improvisation, Rosie described the following sentiment:

I mainly expressed frustration, feeling of emptiness and isolation…I mostly stayed within minor mode to express my frustration, and I think unexpected situations I had when I was burnout were expressed through the use of unusual chords within diatonic progression…Burnout led me to depression (Rosie, personal communication, February 19, 2020).

Some of the themes that Rosie shared in music were of frustration, emptiness, and isolation.

**Transcription into notation.** Rosie’s improvisation was played on the electric keyboard. Figure 6 represents Rosie’s recorded musical improvisation that was transcribed into notation.

**Figure 6.**

“Frustration” by Rosie

![Frustration Sheet Music](image-url)
Synthesis. The overlapping theme that stood out among the comments of the listeners and of Rosie herself were strong emotional qualities, such as anger and frustration. The clear minor harmonic gesture as well as intense articulation and dynamic throughout the improvisation portrayed Rosie’s frustration and led her to re-live her burnout experiences through music.

Themes Across Immigrant Music Therapists’ Experiences

In this research, each participant’s burnout experiences were analyzed through the lenses of musical improvisation, immigrant music therapists’ experiences, and characteristics of burnout. In relation to their musical improvisation, the discussion centered on living as immigrant music therapists in the United States and their burnout experiences. Each section details the essential themes from the transcribed interviews.

Communication styles. Participants’ communication pattern, including language issues and nonverbal experiences, were discussed. Within the theme of communication style, participants had similar but different experiences.

Language issues. Two participants shared their struggle with verbal language as one of the biggest factors leading to burnout. Sydney described:

I feel like I’m still learning the language. It seems like the language is the basic tool, because it’s a primary tool to communicate. However, I still feel language is an issue that stresses me out, leading to burnout (Sydney, personal communication, February 5, 2020).

Rosie also shared her struggle with language, especially her experience with indirect prejudice from her co-worker due to her pronunciation. Rosie described:

At the workplace, there are challenges as a foreigner therapist, especially because of my pronunciation. I admit that my pronunciation is not good. I have had experience when the
teacher assistant indirectly pointed out my pronunciation in a not so positive way, which led me [to have] low self-esteem (Rosie, personal communication, February 19, 2020). Such language differences were one of the significant factors for burnout among two immigrant music therapists. One’s awareness of pronunciation as a foreign music therapist was also discussed by Amaya, who described as follows:

Sometimes, co-workers ask me what I was saying because they don’t seem to understand my pronunciation. I become self-conscious about the fact that I am not from this country (US) and that English is not my primary language. But I try to let it go, because I’m in my professional capacity (Amaya, personal communication, February 15, 2020).

As immigrant music therapists, all three participants shared experiences regarding language differences in the work setting. Language difference was considered differently by the therapists, based on whether they experienced it on a personal or a professional level. Although it was reported as a stressful factor that led to burnout for Sydney and Rosie, it was not so much a stressor for Amaya.

**Non-verbal experiences.** Two participants shared their experiences of having their personality or cultural identity misunderstood in nonverbal communication. Rosie expressed that experiencing misconceptions from a group of American colleagues because of her behavior:

Some of my colleagues referred to me as a ‘quiet person,’ which I’m not…I didn’t speak up not because I didn’t want to speak, but because I did not understand the context that was being discussed, and I also did not want to disrupt the flow of the conversation. I felt people seemed to have a misunderstanding of me that is not who I really am, which made me frustrated (Rosie, personal communication, February 19, 2020).
Amaya also shared a moment when her cultural identity was being misunderstood based on her look. Amaya described:

My perception of culture is that people seem to be not so aware of the diversity that exists within the culture. For example, I was with a patient and family who were Koreans and they were going through the OR procedure. A doctor came to me and asked me if I could translate for them. I couldn’t because I’m Japanese. That was the moment when I felt people categorize based on how they look (Amaya, personal communication, February 15, 2020).

Amaya furthermore noted that this incident of nonverbal judgment led her to become more conscious about cultural differences but stated that it did not lead to the point of burnout.

Cultural clashes. One of the most significant overlapping themes that emerged in the discussion with all three participants was the individual’s clash with the new culture and values: one being a cultural identity and the other being a professional identity.

Assertiveness. Participants mostly experienced cultural differences in norms, especially toward workers’ assertive and proactive attitudes at work. Sydney and Rosie particularly recalled moments of being confused when bringing their own cultural identities into the new culture during their acculturation process, which led to burnout. Sydney described her thoughts:

As an Asian, we are used to follow directions in workplace. But in the workplace where I am working at, my co-workers really fight for themselves. They say “no” a lot, which makes me feel awkward. I wonder if I am doing something wrong since I say “yes” all the time, which they (co-workers) don’t do so often. I think Americans are more direct, but when we (Chinese) try to say something, we are indirect. They sometimes ask me if I
can say more on what I already said, and I get confused (Sydney, personal communication, February 5, 2020).

Rosie also said that her cultural tendency to be agreeable led to some challenges:

When I started the work, it was hard for me to express when I needed help…I said “yes” majority of time at the beginning…The most I am stressed at work is because of the cultural differences, and this stress led me to burnout (Rosie, personal communication, February 19, 2020).

Saying “no” and expressing their opinions was different from immigrant music therapists’ culture. Sydney explained the situation,

In my culture, people usually follow the directions and rules from the boss. But I think people think differently in American culture. They fight for themselves in order to gain something (Sydney, personal communication, February 5, 2020).

Throughout participants’ acculturation process, the different cultural value of assertiveness was experienced in the workplace. Amaya shared her encounter with cultural differences and value clashes within the workplace, which she noted were not necessarily related to her burnout experience. Amaya described:

I think in American culture, if I wanted to be understood, I need to speak up, which is different from Japanese culture. I sometimes get stressed when I don’t speak out at work, but it’s not only because I’m minority, but also because of my personality, which I am quiet and don’t speak too much at work. It may be because I’m Japanese, because in Japan, we don’t express our opinion in the work environment in an open manner. I don’t feel I have to speak up sometimes because the topics are already being discussed by others (Amaya, personal communication, February 15, 2020).
Professional development. Some participants felt that their value as a music therapist was diminished during the process of professional adjustment, ultimately leading to burnout. Music used for sessions for particular groups was seen as part of the cultural difference, which further significantly affected their relationship to music and their clients. Sydney described:

When I communicate with patients, I feel disconnected with the patient because of the cultural differences. For example, some patients ask me to play certain songs that I don’t know, and the fact that I don’t know about certain songs or singers surprise them [patients]. Seeing their reaction, I feel I’m not part of the American culture, and I feel there are lots of things I don’t know and understand (Sydney, personal communication, February 5, 2020).

Rosie shared a similar experience in which cultural differences threatened her music therapist identity:

I strongly feel a cultural difference when working with client. For example, although I tried to learn American children’s songs that I don’t know, there are still lots of songs that I don’t know. Also, when I worked with young adults, I had no idea what kind of music they listen to or like, because we didn’t grow up in the same culture. It’s important for you to search, learn, and prepare songs that you don’t know as a music therapist, but I feel a strong cultural difference when I seem to have a lack of understanding about clients’ musical culture (Rosie, personal communication, February 19, 2020).

Individual struggles with cultural differences sometimes led to direct as well as indirect bias from the client and/or co-workers, and it threatened a participant’s professional identity. Rosie said that she once heard from a high-functioning client that “You are the music therapist I don’t respect, because you don’t fall into my culture and you don’t know American songs.” Learning a
new musical culture posed another huge cultural difference that affected participants’ professional development.

**Characteristics of Burnout**

Immigrant music therapists’ experiences of working in the United States and their burnout experiences varied. Both musically and verbally, participants discussed their physical and emotional responses to the burnout as isolation, frustration, and fatigue.

**Isolation.** The participants recalled feeling isolated as if they are not a part of the group. Sydney said, “I am the only Asian at my work, and I feel I am different in that group, as if I am not a part of them. It is very interesting feeling that I feel isolated.” Both shared their significant feeling of isolation that became one of the factors of burnout, due to their ethnic differences, as also explained by Rosie.

Although co-workers may not directly judge based on the fact that I’m a minority, I feel uncomfortable being only the minority in the group. I feel I am isolated whenever I am at work, because I’m the only Asian and I feel different…But it was okay when I was at a different work setting where I mostly worked with people that share the same ethnicity with me (Rosie, personal communication, February 19, 2020).

**Frustration.** The feeling of frustration significantly stood out and was expressed several times both verbally and musically. Characteristic of burnout included a lack of common ground and unfamiliarity with the new culture. Sydney stated that she feels she is still in the process of acculturation, “I am not familiar with the new culture yet, which makes me frustrated.”

In a similar context, Rosie described her frustrated moments when people seemed to misunderstand who she really is. She described, “I sometimes felt people seemed to have a misunderstanding of me that is not who I really am, which makes me frustrated.” The
frustrations arising from these misconceptions of her culminated in burnout, which further led to depression.

**Fatigue.** All three participants went through fatigue during burnout. Sydney’s physical response was similar to the burnout she had expressed in the musical improvisation. Sydney described:

I feel fatigue and I have hard time getting up. I just don’t want to start my day and want to escape. I have been feeling fatigue even though I have only worked 6 months so far…I lead several groups per day, and I feel drained afterwards (Sydney, personal communication, February 5, 2020).

Amaya shared similar feelings of burnout:

I used to be the only one music therapist at the hospital, and there were times when there were lack of staff members that I had to work for several units, which I was physically as well as mentally tired. I was exhausted most of the times and I got upset easily and I remember I was reactive to little things…I couldn’t control the situation at the moment (Amaya, personal communication, February 15, 2020).

Although one’s exhaustion was the predominant characteristic of burnout among all participants, its origin differed. Rosie shared that it was a strong reaction to being a foreign music therapist in the US:

I needed double amount of time since English is not my first language. It was really hard to find a balance between me as a student and a part-time job worker back when I was an international student. I got to the point where I felt fatigued. I was overwhelmed that my whole being became absentminded (Rosie, personal communication, February, 19, 2020).
Job dissatisfaction. Job dissatisfaction and thoughts about wanting to leave the profession as a consequence of burnout were discussed among all three participants, which highlighted why burnout is problematic.

Sydney shared her doubts about the profession at the beginning of the interview. Sydney expressed:

I feel I doubt myself why I am here and why I am doing this job. This triggered negative emotions, and I sometimes cry. It is horrible that I have this thought sometimes (Sydney, personal communication, February 5, 2020).

For Amaya, although her burnout event was mainly due to occupational stress rather than acculturative stress, she similarly expressed her diminished interest in the profession when experiencing burnout from doing an overload of work. Also, burnout threatened Rosie’s identity as a music therapist. Rosie shared:

I even questioned myself if I wanted to keep continue working as a music therapist. I always think that I could do better if I work in Korea (Rosie, personal communication, February, 19, 2020).

Essence of the Experience

Overall, participants’ ways of experiencing and characterizing burnout were different yet similar, based on their experiences and views as immigrant music therapists. Whereas two immigrant music therapists experienced burnout due to cultural adjustment and cultural conflict, one immigrant music therapist’s burnout was from occupational stress. Nonetheless, experiencing burnout threatened personal and professional health and development. All participants went through emotional as well as physical exhaustion, which inevitably led to job dissatisfaction.
Discussion

This section elaborates the findings on (1) comparisons of participants’ burnout experiences, (2) comparisons of musical improvisation and verbal processes, and (3) burnout prevention.

Comparisons of Participants’ Burnout Experiences

All three participants shared the same Asian ethnicity, from China, Japan, and Korea. Despite this commonality, their burnout experiences as immigrant music therapists working in the US were different. All three participants identified being a minority music therapist, but they seemed to be clearly divided into two different groups: one being an integrated group (Amaya) that is comfortable with the U.S. culture while keeping one’s ethnic culture, and another being a marginalized group (Sydney and Rosie) with fewer years less lived in the US and acculturate to neither of one’s minor or dominant culture (Berry, 2006). The factors that led to burnout as an immigrant music therapist were similarly discussed by Sydney and Rosie, whereas Amaya expressed that her experience as a minority therapist was not a leading factor that caused burnout but rather of occupational stress. Throughout the interviews, Sydney and Rosie actively recalled and shared moments when cultural differences played a prominent role in their burnout experiences, and perhaps, the interview process triggered stronger emotional responses to their identity as minority music therapists.

Manifestation of Burnout in Musical Improvisation. During free improvisation, in which there is no structure given, participants seemed to have access to their unconsciousness and feel unknown emotions pertinent to their stressful experiences (Scheiby, 2002). Music carries deep emotional human experience (Katsh & Merle-Fishman, 1998), and each
participant’s music created similar yet very contrasting sounds that portray individual meaning and emotional experiences (Bunt & Stige, 2014).

Among the three participants, Sydney’s music specifically explored various musical elements as well as instrumentation. Sydney shared that she experienced three emotional stages of annoyance, helplessness, and numbness by incorporating changes in musical structure, elements, and instrumentation. It might be that through music, she tried to express her unconscious feeling of wanting attention paid to her painful emotions. This interpretation is supported by Bunt and Stige (2014), who noted that the level of dynamic intensity might be “used as a means of gaining attention, initiating new perceptual activity” (p. 64). The repetitive falling minor third (Eb to C) within the minor pentatonic scale in Sydney’s voice is a sound used in many cultures to call out for attention. The falling minor third in voice can be characterized as what Bunt and Stige described as “young children might call their mothers with it (‘Mum-my’) and use it as a ritual in their play” (p. 74). Sydney particularly described her voice as “crying.” It appears that Sydney communicated two ideas through musical elements: her emotions of loneliness and frustration of not being able to be understood, and her need to call out for someone to come close and understand her. Also, her choice of the minor pentatonic scale appears to show her desire to be free from the new culture, as singing in the pentatonic scale can often free people from the limitations of the Western diatonic system (Bunt & Stige, 2014). Sydney expressed that she experienced a strong emotional reaction and deep connection within herself during improvisation, and she was ‘shocked’ by the intensity of feeling connected to her music. Sydney thanked me for allowing her to have this opportunity in music (Beer, 2015).

Although Rosie’s music was relatively shorter than the music of the other two participants, the A section of her improvisation characterizes a single whole note in each
measure, in which she held the chord for the duration. The sound lasts for a while until it moves
to a different chord. The holding sound seems to convey that her music encompasses the
emotions of the present but also transcend both past and future time (Bunt & Stige, 2014). Music
brought Rosie’s past emotions into the foreground, enabling her to fully re-experience her
frustration.

It seemed clear that the overlapping emotional feelings of isolation and frustration were
similarly portrayed through musical elements in both Sydney and Rosie’s musical improvisation.
The title of their improvisation, “Drowning” and “Frustration,” respectively, carry similar
emotional nuances. When they expressed heavy feelings of isolation, frustration, and other
related emotion such as anger, their feelings were expressed in loud dynamics and in minor
mode. Mode is associated with mood, with negativity associated with the minor mode (Husain et
al., 2002) and loudness associated with aggression and frustration (Bunt & Stige, 2014).
Furthermore, their frowning facial expressions and stiff body seemed to portray their intense
feeling when re-living burnout experiences through music. The study finding suggests that there
was an overlap not only in emotional quality that participants expressed verbally but also in
musical quality when immigrant music therapists experienced burnout due to their cultural
adjustment.

In contrast, the musical data from Amaya suggest that the musical-emotional quality is
not as intense when an individual develops coping strategies and is more comfortable in
adjusting to the foreign culture. Although Amaya’s musical improvisation started out with
improvising based on her cultural identity, the music eventually led her to re-live burnout
moments when she encountered patients’ death during her most stressful times. Unlike the
intense musical quality expressed by Sydney and Rosie, Amaya’s music was in a slow major
mode and lullaby-like. The repetitive arpeggio-style accompaniment created rhythmic grounding throughout her improvisation. Rhythm can create particular emotional responses, and a steady rhythm, which is said to be the root of lullabies, evoke calming effects (Bunt & Stige, 2014). The music therapist’s comment about Amaya’s music being ‘transpersonal’, ‘vague’, and having a distinct grounding feeling suggested that her music embodied a spiritual quality (Scheiby, 2002) to cope better with burnout. She titled her song as “Growth,” further mentioning that her past experiences of stress, trauma, and burnout provided her an opportunity to grow and become a better music therapist. This further suggests her ability to develop a “positive attitude toward meeting the challenge of resolving the issues necessary to function in the new culture” (Winkelman, 1994, p. 122).

Despite Amaya’s calm accompaniment, her voice was quite intense and showed strong dynamics. It is interesting to note that Amaya expressed her desire to describe herself as an immigrant music therapist who feels more ‘comfortable’ with the U.S. culture rather than a therapist who is assimilated to the culture. Her self-description and intense voice that contradicted the calming music might suggest that she has withheld anxiety and fear from stressful circumstances encountered due to her identity as a minority.

Based on the result, musical improvisation seemed to allow all three participants to relive the moments of their stressful times as well as express their occurring feelings through a nonverbal medium (Amir, 2004).

**Burnout Among Immigrant Music Therapists.** The study results suggest that not all immigrant music therapists experienced burnout due to cultural adjustment and not all immigrant music therapists share similar cultural factors leading to burnout despite sharing the same ethnicity. There seemed to be other layers that might play into the manifestations of burnout. For
Amaya, occupational stress due to the job demands of a music therapist (Kim, 2016) and role conflict as a dual-certified music therapist (Clements-Cortes, 2013; Doki et al., 2018; Fowler, 2006) were the leading factors of burnout, in contrast to Sydney and Rosie who expressed that their challenges of communication styles (Beagan & Chacala, 2012; Clouse, 2010) and collision with different cultural norms (Kim et al., 2013) led to burnout and threatened their professional identity (Barreto, 2013) as immigrant music therapists working in the US.

According to this study, there seem to be a close relationship between acculturative stress and dissimilarities between participants’ heritage and the new American culture (Schwartz et al., 2010). Because all three participants are from East Asian countries, they talked about making their voice heard at the workplace and their difficulties with American culture in terms of assertiveness (saying “no”), individualism, and independence (Sue & Sue, 2012). This is congruent to Kim et al.’s (2013) study, which identified that collectivist and vertical social relationships are predominant in Asian cultural aspects, which can affect international music therapists’ interpersonal relationships at their workplaces. This assertiveness was one main cultural difference that heightened acculturative stress for Sydney and Rosie and that eventually led to burnout. On the other hand, Amaya viewed the difference as more of a ‘personality difference’ rather than a ‘cultural difference.’ Amaya explained that she does not express herself too much at work, not because she is a minority but because of her quiet personality.

Furthermore, Sydney and Rosie found that their experiences of cultural differences as well as negative comments made by clients or indirect prejudice from co-workers were hurtful and threatened their professional development. This is congruent to the finding by Schaefer and Simon (2017), in which immigrants of minority groups who experience lower degrees of acceptance tend to have more cultural conflict. On the other hand, Amaya’s perspective toward
cross-cultural experiences at work increased her sensitivity about diversity and awareness of an individual’s cultural being, which she found valuable for practice (Beagan & Chacala, 2012). People’s prejudices became a positive learning experience for Amaya, which enabled her to become more conscious about culture.

The results of the present study support that cultural clashes are not always the leading factors of burnout for immigrant music therapists. Participants’ experiences show that “Ethnicity is the classic exemplar of culture. Yet the notion of shared values, norms and frameworks for understanding can be applied to many social groups beyond those defined by ethnicity” (Beagan & Chacala, 2012, p. 145). There might be several reasons why cultural difference is not a leading factor of burnout for Amaya. First, the difference in the number of years living in the United States might correlate to the level of acculturation and comfort to the different culture. This supports the finding that acculturative stress is greater among immigrants who are less acculturated to majority groups (Bekteshi & van Hook, 2015). It is important to note that Amaya has lived approximately 15 years in the states, which is almost twice longer than the other two participants. When an individual has lived in the US for enough time to be comfortable with the culture, cultural differences and self-identity as a minority music therapist is not a huge factor in burnout.

Besides the number of years in the US, another reason why cultural difference was not a huge factor of burnout for Amaya might be due to her strong coping mechanism. The key to Amaya’s coping strategy was her philosophy of valuing the interactions between her as a clinician and a patient than any other external validation and recognition. She added that her philosophy was affected by the Japanese culture, in which people tend not to exhibit their accomplishments externally. In other words, the emphasis is on a professional identity rather
than a cultural identity (minority music therapist). Ultimately, cultural difference does not seem to impede individual’s profession when one has a strong coping mechanism. Valuing intrinsic rewards over external goods or recognition from other people seem to act as an individual’s coping strategy. This supports Han et al.’s (2016) finding that integration is more effective than marginalization in encouraging the development of one’s resilience. This phenomenon might need further investigation, as it should examine how an individual navigates society (i.e., inter-experience) and how society and community interact with the individual (i.e., intra-experience).

However, based on the finding of this study, a good coping strategy is having a mindset of being responsible for what an individual needs to accomplish rather than using one’s cultural identity as an excuse to build a healthy cultural and professional identity. The results suggest that culture shock was experienced more by a marginalized group of participants (Sydney and Rosie) who had to face continual challenges in processing new cultural information, which eventually resulted in burnout. On the other hand, culture shock is not related to burnout when people “minimize cultural shock by preparing for problems and using resources that will promote coping and adjustment” (Winkelman, 1994, p. 123).

Amaya’s developed coping strategies and sense of dignity also seemed to link to her own experience as a foreigner in the US. Amaya described the stress related to getting a legal visa to work in the US, and this supports the finding that an individual might strongly be motivated to establish self-worth to reduce uncertainty (Hogg, 2001, as cited in Dovidio et al., 2007). Perhaps, Amaya’s stressful experience as a foreign music therapist positively reinforced her to develop coping mechanisms, ultimately preventing her from having burnout due to cultural differences.

One of the points that both Sydney and Rosie kept emphasizing throughout the interviews was that they need “more time to adjust to the American culture.” This sentence marks
significance as it relates to the nature of phenomenology, which is concerned with the time-consciousness, meaning how time is experienced as part of the essence of an individual’s experiences and perceptions. Edmund Husserl first employed the term “phenomenology” and developed insights into phenomenology and time-consciousness. An individual has a capacity to place the experience relating to previous and future experiences, and this denotes that one experiences the present in relation to the past and future, and that past, now, and future are all intertwined (Kelly, n.d.). Sydney and Rosie’s past and present experiences of acculturation and burnout seemed to impact on the essence of their cultural being, forming their thoughts about their future selves and experiences. Based on the fact that Amaya has lived in the US almost twice as longer than Sydney and Rosie and presents has less acculturative stress, the result of the study suggests that an individual’s perception toward stressful situations is more flexible when that individual has lived in the location long enough to be comfortable with cultural differences. However, this is not always the case for every immigrant, as “greater length of residency does not guarantee more acculturation to the dominant society and less acculturative stress for individuals who arrived to the United States at their older age (i.e., after puberty)” (Shin et al., 2017, p. 73). The result may also suggest that it is important for individuals to develop coping skills and acculturative stress management. Also, it is important to develop a healthy cultural identity by creating resources, such as one’s beliefs that value one’s identity as immigrant music therapists. This can prevent them from acculturative stress and burnout.

Encountering cultural differences did not always have negative impacts on immigrant music therapists’ job performance. The desire to understand and accept cultural differences was related positively to work performance (Barreto, 2013; Doki et al., 2018) among two participants, Amaya and Rosie. Although this study illustrates the presence of two different
groups of immigrant music therapists, it also demonstrates commonalities. Acceptance was a prevailing theme in one’s attitude that protected immigrant music therapists from factors that might cause acculturative stress and lead to burnout. This was interpreted in two different ways of an individual’s coping strategy, which are avoidant strategy and attention strategy. In addition to Amaya’s own developed way of coping, Amaya might integrate an avoidant strategy that “focuses attention away from either the source of stress or away from one’s psychological/somatic reactions to the stressor” (Suls & Fletcher, 1985, p. 250). This can be observed in several statements she used: “absorb things and just accept what it is,” “I don’t want to be considered as a person who needs special attention only because I’m minority,” “I don’t think I have an attachment to my identity as a Japanese music therapist in my practice because I’m in my professional capacity,” as well as her emphasis that being a minority does not relate to her stressful experiences as a music therapist. On the other hand, Rosie seemed to develop attention strategy that “focuses attention on the source of stress and/or one’s psychological/somatic reactions to the stressor” (Suls & Fletcher, 1985, p. 250). This is portrayed by her explanation of facing the stressful situation and accepting her limitations in verbal communication. Although these different styles of coping strategies appear to be opposites of one another, they were effective for both Amaya and Rosie in reducing distress and increasing resiliency, as well as developing a sense of cultural and professional identity. In particular, Rosie expressed that she has been able to cope better with culturally sensitive issues at work once she faces the problem directly and tries to accept her limitations. Suls and Fletcher (1985) found that avoidant strategies are effective in reducing stress in the short-term and attention strategies are effective in the long-term, so it is possible that Amaya’s ways of coping is efficacious because she is more comfortable with the U.S. culture and has already built in
resources. And perhaps, Rosie might be searching for the best possible strategies that she can rely on for a long time until she acculturates to the new culture. Nonetheless, this study supports Suls and Fletcher’s (1985) findings that different coping strategies are effective for helping individuals avoid having negative nuances and focus on what can be accomplished.

It was inevitable that the immigrant music therapists experienced living in between two different cultures (Barreto, 2013). Although the culture shock that led to burnout was clearer to Sydney and Rosie, ‘being different’ was an overlapping theme among all three participants as part of their experiences as an immigrant music therapist in the US.

**The Effects of Burnout.** There were common emotional consequences that participants experienced in burnout due to cultural adjustments. The feelings of isolation and frustrations of not being able to be understood were strong characteristic of burnout among marginalized individuals, especially when they experienced a lack of common ground and a sense of belonging (Beagan & Chacala, 2012; Kim et al., 2013). The fact that they are the only minority in the work setting increased their feeling of isolation.

Whereas two participants talked about frustrations and the sense of belonging nowhere as an immigrant as the common effect of burnout, the feeling of isolation and not being understood was discussed by Amaya in her process of getting a legal visa to work in the US. The experience of being isolated was discussed more in relation to the struggle of the laws that regulate the practice for migrating music therapists. Although the feeling of belonging nowhere as a minority group in the US was discussed among three participants, feeling of isolation was not a huge characteristic of burnout when cultural adjustment was not related to an immigrant music therapist’s burnout experience.
Nonetheless, there were commonalities discussed by all three participants regarding burnout. Two common effects of burnout were fatigue relating to physical response (Greenberg, 2002; Radziewicz, 2001) and job dissatisfaction. Burnout experiences led participants to question their professional identity as music therapists. Common themes mentioned by all participants were strong doubts and desire to leave the profession, negative attitudes toward their job (Butler & Constantine, 2005; Kim et al., 2013) or the loss of passion for the field (Kim, 2012; Patrick, 2006). This result supported Kim’s (2012) finding that one’s job satisfaction can considerably predict emotional exhaustion, followed by burnout. Burnout seemed to threaten the professional identity of music therapists.

This study highlighted that an individual’s phase of culture shock might be related to one’s burnout as an immigrant music therapist. Both marginalized group of participants (Sydney and Rosie) appeared to be in between the crisis phase and the adjustment and reorientation phase of culture shock, in which an individual may feel helpless, confused, isolated, angry, while gradually learning how to adjust to the new culture (Winkelman, 1994). The participant in the integrated group (Amaya) appeared to be in the stage of adaptation, resolution, or acculturation, in which an individual may develop stable “cultural adaptation and development of a bicultural identity” (Winkelman, 1994, p. 122). Sydney and Rosie emphasized that immigrant music therapists will have similar burnout experiences of frustrations and isolated emotional fatigue when facing cultural differences. This illustrates how severe the emotional distress may be for immigrant music therapists who are in the middle of culture shock phases and have not fully discovered resources or developed coping strategies.
Comparisons of Musical Improvisation and Verbal Processes

Musical improvisation provided participants an opportunity to connect to a deeper level of emotions than through verbal processes. Music allowed immigrant music therapists to re-live their experiences, allowing them to experience a strong emotional connection while vividly picturing moments they went through via music. During improvisation, emotions are conveyed, and a person’s underlying concerns that are connected to the emotions can arise to the surface (Scheiby, 2002). Musical improvisation seemed to help them identify associated feelings by re-living the most stressful moments. Music became the medium in helping express participants’ vulnerable feelings, which verbal process cannot do well. When re-framing burnout moments only through music, participants’ connection to their own feelings became more powerful. For Sydney, it even allowed her to discuss feelings and experiences she was not prepared to share. Music led her to a safe place, allowing her to have a deeper connection within herself. Although the theme of musical improvisation began with cultural identity rather than burnout for Amaya, music took her to moments of burnout and helped her visualize traumatic situations that connected with her deeper feelings. Through music, Rosie experienced heaviness that she could not clearly explain verbally. Musical improvisation led participants to re-live through past moments, which enabled them to experience strong emotional responses. These findings suggest that music being as our major means of work, there is uniqueness in utilizing musical improvisation as a research method within music therapy profession (Beer, 2016).

Burnout Prevention

The analysis of interviews showed the importance of receiving personal therapy for immigrant music therapists. Self-care was a major aspect for their personal health to develop resiliency and prevent burnout (Berry, 2017; Clements-Cortes, 2013; Fowler; So, 2017). The
common self-care utilized by all participants was spending free time solely for themselves, such as healthy dieting, sleeping, and listening to music.

The music therapists’ burnout experiences increased their awareness of the stressful situation and the need to seek personal therapy as well as music therapy for themselves. Sydney and Rosie shared their experiences of receiving music therapy sessions from other professionals and its benefit in their personal and professional health. Amaya and Rosie’s experiences of receiving related psychotherapy sessions helped them cope better with stress. This supports So’s (2017) findings, which suggest that undergoing personal therapies such as music psychotherapy and verbal therapy can help music therapists with their personal, professional, and musical growth. Furthermore, the music therapists’ experience of burnout and challenges within the work setting has encouraged them to seek out other music therapy professionals and music as a therapeutic resource. For example, Amaya said her burnout experiences reminded her to see a music therapist or use music in a therapeutic way for herself. Threats against professional/personal identity and health can be decreased as immigrant music therapists engage in or recognize the significance of engaging in personal therapies. It can help them to recapture the sense of continuity in developing a career and regaining a healthy sense of self.

Working as a minority music therapist in the US is challenging and may lead to burnout, which threatens an individual’s cultural and professional well-being. The relationship between the number of years residing in the US and the level of acculturation may vary, depending on individuals’ situation and environment. Time involved in acculturation for an immigrant might not be the same for other immigrants. For both integrated and marginalized group of immigrant music therapists, their lived experiences through musical sound and verbal processes showed that it is crucial for immigrant music therapists to build coping skills and acculturative stress
management, which may prevent burnout from acculturative stress. Culture inevitably affects one’s personality and philosophy. While major cultural differences can cause acculturative stress, culture-specific resources can help individuals to cope better with stressful moments. This can lead individuals to gain a healthy cultural identity, further allowing them to maintain professional well-being.

**Personal Reflection**

While analyzing the interviews, I gained respect for all the immigrant music therapists who have decided to live and continue their practice in another country. It increased my understanding, empathy, and admiration for immigrant music therapists who face difficulties with cultural differences and develop their own coping strategies, trying to figure out how to minimize challenges as professionals. Although I had a third-person perspective while listening to the participants’ musical improvisations about their experiences, I was thankful to be invited to their stories, which deepened my understanding about the use of music as a therapeutic medium. This strengthened my belief that there needs to be plenty of resources to empower immigrant music therapists’ resiliency in their personal life and profession. It is also my hope there will be increased attention on burnout among immigrant music therapists, so that what they experience and feel can be accepted.

From conducting this research, I feel empowered and proud to be a music therapist from a different country. Oftentimes, I viewed cultural differences negatively, as this seemed to impede my ability to shine when interacting with clients or patients. I resorted to self-isolation and blamed myself for not being able to work through the challenges and limitations as a foreigner. Through this study, however, I came to realize that differences in race, ethnicity, and culture are valuable in constructing self-identity, which can strengthen respect for the differences
in people and in music. Negative experiences can be reframed to positive ones when viewing them as an opportunity to learn and grow. They can be strengths to immigrant music therapists. I am also happy that my experiences as a foreigner music therapist can provide insight on multi-cultural layers in therapeutic relationships. I had gone through lots of similar struggles in acculturation and burnout, so writing this thesis has made me realize how valuable I am as a cultural being and how this knowledge can strengthen the profession and therapeutic relationship between me as a clinician and clients.
Conclusion

Summary

In a time of globalization, the number of immigrants working in the United States has increased, along with the number of immigrant music therapists. Immigrants may encounter many challenges during acculturation, when their cultural identities are in contact with the new culture. These challenges may lead to burnout, affecting their cultural as well as professional health. Therefore, a phenomenological study on immigrant music therapists’ experience of burnout was conducted to examine how immigrant music therapists’ acculturation may influence their experience with burnout and to give voice to immigrant music therapists’ lived experience. Furthermore, it was designed to provide an outlet for participants to articulate their feelings relating to their lived experiences through the musical manifestations. The participants in this study were three immigrant music therapists who experienced burnout within the past five years while working in the United States.

The participants were asked to recall and describe their burnout moments as well as their acculturation experiences while living and working in the United States, in both music and words. Two strong factors that caused the participants’ burnout were communication styles and culture clashes. During the immigrant music therapists’ cultural adjustment stage, they experienced feeling of “difference” in both verbal and nonverbal communication as well as cultural style, including musical culture, which led to burnout. However, cultural difference was not always the leading factor that led to burnout when individuals developed their own coping strategies and resources. When individuals experienced burnout due to various reasons, including acculturative or occupational stress, they experienced feelings of isolation, frustration, and
physical as well as emotional fatigue. Burnout further led them to have cynical thoughts toward their job, resulting in wanting to leave the profession.

**Limitations**

There are some intrinsic limitations of this study. First, all three participants are from East Asian countries, which does not represent all groups of immigrant music therapists working in the United States. Therefore, this study cannot generalize experience of immigrant music therapists. The participants could have been selected with diverse ethnic and cultural backgrounds that do not overlap. This might have affected the individuals’ acculturation experiences, as the level of resemblance and difference between immigrants’ heritage and the new culture may impact on their amount of acculturative stress. (Schwartz et al., 2010).

It is also possible that years living in the United States might not be proportional to the level of acculturative stress (Shin et al., 2017). Therefore, immigrant music therapists might not always experience burnout due to cultural differences.

Second, all participants reside in the Mid-Atlantic states, specifically from Northeastern United States, and this might have also affected the participant pool. Immigrants who reside in areas where groups of immigrants with the same ethnicity live in close proximity tends to experience fewer cultural barriers, as their cultural heritage is preserved and they may build and share resources for living in a different country (Schwartz et al., 2010; Shin et al., 2017). Considering that Mid-Atlantic states have the largest growth of Asian immigrants than of any other race between 2000 and 2014 (DiNapoli, 2016), it may be possible that immigrant music therapists from different regions might experience acculturation and burnout differently. For example, people who live in the states with limited access to their cultural heritage may experience more burnout in relation to cultural adjustment, even though they might have come to
the US long time ago. Their acculturation process might be different from the participants in this study.

Third, there were challenges in processing interviews via Skype. Because participants had limited access to the number of musical instruments, they did not have a chance to express their feelings and relive the experience through more various sounds, which might have added deeper and diverse layers to their experiences. Also, the sound quality and the articulation of the music created by participants did not project as authentically as it would have in person.

**Implications for Immigrant Music Therapists and Music Therapy Educators**

The findings of this study suggest multiple considerations that immigrant music therapists can take when working in a new country. The results support the importance of an individual’s developed coping strategies during the acculturation process. Building resources would help immigrant music therapists cope better with acculturative stress caused by culture clashes and therefore prevent professional burnout. It further suggests that utilizing self-care and seeking personal therapies, such as psychotherapy and music therapy, can amplify immigrant music therapists’ personal and professional health. It is also recommended for music therapy educators and supervisors to be effectively trained in cross-cultural awareness, so that they may support future immigrant music therapists by providing them an outlet pertaining to culturally specific strategies and resources. Besides music therapy educators and supervisors, advocating the awareness of the cross-cultural transitioning experiences to all non-immigrant music therapists may create multicultural and inclusive work environment for all music therapists. By each being an active role, it can possibly increase immigrant music therapists’ cultural adaptation and reduce their acculturative stress as a result.
This study suggests the importance and uniqueness of the music therapy field compared to other psychotherapy fields. Music itself can be a therapeutic medium to process and express one’s feeling. Music can also help people to relive past experiences, allowing them a safe space to connect within oneself and to express occurring emotions they might feel at the moment. This can be linked back to the need for personal therapy among immigrant music therapists, particularly music therapy, which will ultimately help them build coping resources to prevent burnout.

Implications for Future Research

This study is significant to understanding the various challenges faced by immigrant music therapists during the acculturation process and burnout and ultimately to support their personal and professional well-being. The research is unique because it incorporates musical improvisation as part of the Arts-Based Research process, which adds deep layers to the participants’ burnout phenomena. Because of its importance and uniqueness, this study may encourage future researchers to gain interest and look more into the topic of cross-cultural considerations and its relation to burnout. As music being our core of work, it may also encourage future music therapy researchers to pay attention to the development of utilizing Arts-Based Research, especially musical improvisation as a method (Beer, 2016). More researches on navigating music therapists’ self-experience in musical improvisation may enhance insight about the importance of the use of music. More studies in exploring immigrant music therapists’ experiences in adjusting to a new culture and the unresolved factors leading to burnout should be conducted, so that their experiences can be heard and they can develop coping strategies to keep healthy cultural and professional identities. It is suggested that future researchers conduct studies with immigrant music therapists of diverse nationalities (e.g., immigrant music therapists from
similar Western cultures and those from non-Western cultures). Considering that the participants of this study experienced burnout while practicing in the US, it would be interesting to learn if immigrant music therapists experience certain aspects of burnout to different degrees, if they ever practice music therapy in their countries of origin. Also, future research is crucially needed in examining the relationship between available resources, which align to immigrant music therapists’ cultural beliefs and values, and the level of their acculturative stress. It is necessary to have research addressing immigrant music therapists’ culturally oriented resources so that they may have a healthy balance between cultural and professional identities. Furthermore, in the time of multicultural diversity and globalization, there is a need to conduct more strength-based researches, which explore the advantages of practicing music therapy in a foreign country among immigrant music therapists, so that this may encourage their professional development.

Burnout is problematic, as it can threaten an individual’s health and professional identity. It may be even more problematic when it happens among immigrant music therapists during their acculturation process, as it can affect their cultural health. Adjusting to a new culture and working as a foreign professional can be challenging, and it is important to understand their experiences and their different stages of acculturation. The challenge includes differences in verbal and non-verbal language as well as cultural values. Immigrant music therapists may go through complex layers of challenges, as music is their primary means of work and music embeds culture. Developing coping strategies and acculturative stress management can buffer the stress of acculturation and prevent burnout among immigrant music therapists.

It is ethically imperative to cultivate an awareness of cross-cultural transitioning experiences for all music therapists. This little movements may positively impact on the wellness of music therapy practitioners with diverse cultural backgrounds, and ultimately, on the broader
profession as a whole. Diversity in music therapy profession is significant, as professionals interact with various human culture and musical culture. I hope that the findings of this study may increase cultural awareness of immigrant music therapists’ health. This study may give voice to the immigrant music therapists’ burnout experiences, helping to increase understanding about the professional adjustment of immigrant music therapists working in the United States.
References


https://www.austmta.org.au/system/files/2_magee_w._l._a_comparison_between_the_use_o.pdf


https://doi.org/10.1016/S1541-4612(03)70009-3


https://doi.org/10.1093/jmt/thz003


IRB Approval Letter

Institutional Review Board
1000 Hempstead Avenue
Rockville Centre, NY 11571
www.molloy.edu
Tel. 516.323.3711

Date: December 10, 2019
To: Dr. Seung-A Kim and Naeun Lee
From: Patricia Eckardt, Ph.D., RN, FAAN
Chair, Molloy College Institutional Review Board

SUBJECT: MOLLOY IRB REVIEW AND DETERMINATION OF EXEMPT STATUS
Study Title: Navigating the Experience of Burnout of Immigrant Music Therapists in the United States
Approved: December 10, 2019
Approval No: 12130614-1101

Dear Dr. Kim and Ms. Lee:

The Institutional Review Board (IRB) of Molloy College has reviewed the above-mentioned research proposal and determined that this proposal is exempt.

It is considered an EXEMPT category 45 CFR 46.104(2)(2) per the requirements of Department of Health and Human Services (DHHS) regulations for the protection of human subjects.

As per 45 CFR 46.115(b) and 21 CFR 56.115(b) require that all IRB records be retained for at least 3 years, and records relating to research which is conducted be retained for at least 3 years after completion of the research.

Please note that as Principal Investigator (PI), it is your responsibility to be CITI Certified in both the Responsible Conduct of Research and Human Subjects Research and to submit the evidence in order to conduct your research.

Remember, all consents and recruitment flyers for any research protocol need to have Molloy IRB dated stamps of approval. To obtain the official stamp, please contact Ms. Gina Nedelka (gnedelka@molloy.edu) to arrange a time to meet with her in her office in Kellenberg-Room 009. You will bring one clean consent (of each consent and/or assent) and any recruitment flyers to the
meeting with Ms. Nedelka for IRB dated stamp of approval. You then make copies of stamped materials and use those copies for recruiting and consenting.

You may proceed with your research. Please submit a report to the committee at the conclusion of your project.

This acknowledgement expires within three years- unless there is a change to the protocol.

However, the IRB requires an annual ongoing report of your exempt protocol (the application for ongoing/continuing review) is available on the IRB webpage.

If there is a proposed change to the protocol, it is the responsibility of the Principal Investigator to inform the Molloy College IRB of any requested changes before implementation. A change in the research may change the project from EXEMPT status and requires prior communication with the IRB.

Sincerely,

Patricia Eckardt, Ph.D., RN
Appendix B
Invitational E-mail

Naeun Lee, MT-BC
Graduate Student, Music Therapy
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Faculty Advisor:
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Chairperson of the Institutional Review Board (IRB):
Patricia Eckardt, Ph.D., R.N., FAAN
Professor, The Barbara H. Hagan School of Nursing and Health Sciences
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peckardt@molloy.edu; irb@molloy.edu

Dear _______

My name is Naeun Lee, and I am a graduate music therapy student at Molloy College in New York. As part of the requirement for my program, I am conducting a research study titled “Navigating the Experience of Burnout of Immigrant Music Therapists in the United States.” The purpose of my study is to examine how immigrant music therapists’ own cultural aspect may influence their experience with burnout and how their experiences are manifested through music.

Burnout is the condition of emotional as well as physical exhaustion, which relates to the cynical mindset and feelings of exhaustion toward one’s profession and lack of empathy for clients or
patients, impacting one’s overall personal as well as professional development. Some of the possible symptoms that may be manifested as a result of burnout may include:

- Fatigue
- Trouble in sleeping
- Decrease in one’s job satisfaction
- Lack of social interaction
- Psychological effects such as depression
- Chronic stress

You have been identified as meeting the following criteria:

1. You are a foreign-born music therapist.
2. You identify yourself as an immigrant who arrived in the United States after age 10
3. You may have experienced burnout within the past five years in relation to cultural adjustment.
4. You may be comfortable and open to recalling and sharing your burnout experience and are willing to reflect on your exploration via musical improvisations.

Participation in this study will entail an interview lasting 45 to 60 minutes at a room at Molloy College or via a Skype interview, depending upon your preference. It will take place at a private and quiet space where you have access to your chosen instrument(s) for musical improvisations. All interview processes will be video-recorded. Interviews will include open-ended questions asking you to recall and reflect upon an experience of burnout as an immigrant music therapist. Participants will be asked to engage in a musical improvisation with their chosen instrument(s) at the beginning of the interview, in relation to the open-ended questions. In a musical improvisation, participants will express moment(s) of their burnout experiences or associated feelings regarding the event(s) through any kinds of musical medium.

The interview data will remain confidential. I will use pseudonym identifiers, rather than your legal name, in my study records. Your name and other identifying facts will not appear when I present this study or publish its results. Data will be stored and secured with access only granted to only the researcher. This study will be examined by the Molloy College Institutional Review Board.

Participation in this study is completely voluntary and you may withdraw from the study at any time. If you have an interest and agree to participate in this study, please respond to this email, and I will send you along the consent form. Please respond by ____TBD_______ to participate in the study.

I will send a follow-up e-mail if I do not get respond by ____TBD_______. However, I will understand if you wish not to participate.

If you have any questions about the study, please feel free to contact me. You may also contact my faculty advisor, Dr. Seung-A Kim, and the Molloy College Institutional Review Board, with any questions regarding this study. All of our contact information is provided below.

Thank you for your consideration.

Best regards,

Naeun Lee.
Appendix C

Letter of Informed Consent

Title of Study: Navigating the Experience of Burnout of Immigrant Music Therapists in the United States

This study is being conducted by:
Student Researcher:
Naeun Lee, MT-BC
Graduate Student, Music Therapy
Molloy College
1000 Hempstead Avenue
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NLee@lions.molloy.edu

Faculty Advisor:
Seung-A Kim, Ph.D., LCAT, MT-BC
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Chairperson of the Institutional Review Board (IRB):
Patricia Eckardt, Ph.D., R.N., FAAN
Professor, The Barbara H. Hagan School of Nursing and Health Sciences
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Rockville Centre, NY 11571
Tel: (516) 323-3711
peckardt@molloy.edu; irb@molloy.edu
Key information about this study:

This consent form is designed to inform you about the details of the study. Here, you will find a brief summary about the study. Additional detailed information can be found later on in the form.

Dear ________________.

I am Naeun Lee, a graduate student of music therapy at Molloy College. I am currently conducting a study to explore immigrant music therapists’ experiences of burnout and their relation to cultural adjustment. This study is being conducted as part of my graduation requirement.

The overall study consists of open-ended interview questions along with musical improvisations in relation to participants’ lived experience of burnout as an immigrant music therapist working in the United States. The purpose of the study is to navigate how one’s own culture as an immigrant may influence the burnout experience, and to give a voice to immigrant music therapists’ lived experience.

Why am I being asked to take part in this study?

You have been invited to participate in this study because you meet the following criteria:
1) You are a foreign-born music therapist.
2) You identify yourself as an immigrant who arrived in the United States after age 10.
3) You have experienced burnout within the past five years in relation to cultural adjustment.
4) You may be comfortable and open to recalling and sharing your burnout experience and are willing to reflect on your exploration via musical improvisations.

What will I be asked to do?

- Once you go through the informed consent and agree upon participating in the study, you will initially be asked demographic questions via e-mail, prior to the interview date. Participants will reply via e-mail. Demographic questions will include the following:
  - Could you provide a brief description of yourself? (e.g., age, gender, native country, ethnicity, region, educational background, theoretical background)
  - What professional credentials/advanced training do you have?
  - How many years of clinical experience do you have?
  - What client population have you served?
  - What is your personal history regarding migrating to the United States?
- On the date of the interview, you will be involved in an interview of 45 to 60 minutes, either in person or via Skype, depending upon your preference. You will be asked to recall and reflect upon moments you felt that your cultural identity played a role when you experienced burnout as an immigrant music therapist working in a foreign country. You will then be asked to express the moments or feelings regarding to the events through any kinds of musical medium.
• You will then be asked to verbally navigate your experience via musical improvisation that is relevant to your burnout experience and will also be asked to share about your cultural experience when the event(s) happened.
• The interview session will be video recorded and transcribed. Approximately two weeks after the interview, I will contact you via e-mail as a follow-up. A summary of the interview (individual case synopses) will be sent via e-mail to each participant to verify the accuracy of the info.

Where is the study going to take place, and how long will it take?

You will be involved in a 45-minute to 60-minute in-person interview or Skype interview, depending upon your preference. If you choose to do an in-person interview, it will be held in one of the reserved classrooms at Molloy College. Whether you choose to participate in either the in-person or the Skype interview, you will be in a quiet and private space where you will have access to instruments of your choice for your musical improvisations.

What are the risks and discomforts?

Since the topic may bring sensitivity to participants in recalling past emotional experience in relation to the context of their own culture, it is possible that you may encounter unpleasant feelings, thoughts, or physical sensations. To minimize psychological or physical risks, precautions will be taken, such as providing emotional support during the interviews as needed. If necessary, counseling support may be referred. You also have the option to withdraw from the study or reschedule the interview at any time, if you begin to feel uncomfortable. It is not possible to identify all potential risks in research; however, reasonable safeguards have been taken to minimize known risks. If new findings develop during the course of the research, which may change your willingness to participate, I will inform you of these findings.

What are the expected benefits of this research?

This study may not necessarily provide any benefits to you. However, your participation in this study may lead you to gain a deeper understanding of how culture may advise your clinical practice as an immigrant music therapist working in the culture that is not your own. You will also gain insights into your cultural sensitivity that will result in increased self-awareness and enhance your practice. Musical improvisations will allow you to have a deeper understanding of yourself through the musical elements you will use, and this may give you an outlet for preventing the occurrence of burnout. The results may be beneficial not only to immigrant music therapists or therapists of color, but also to students, educators, and supervisors in music therapy, helping them in promoting cultural humility and most importantly, giving voice to immigrant music therapists. In addition, findings may lead to future research regarding cultural factors of burnout.

Do I have to take part in this study?

Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty or loss of
benefits to which you are already entitled. You will also have the option to reschedule your interview.

What are the alternatives to being in this study?

You may choose to not participate, as stated above.

Who will have access to my information?

Your identity will be protected throughout the study. The study is strictly confidential, and your name, facility and other identifying factors will not be used to describe you in the study findings. Instead, you will be referred to by pseudonym (for example, “Music Therapist A”). I, the primary investigator, will only have access to your information. All video recordings and transcriptions from the interviews will be locked in a secure place and not be shared with anyone else, though themes present in the interview may be discussed with the thesis committee. Meetings or conversations with the thesis committee will remain strictly confidential.

How will my [information/biospecimens] be used?

Your shared information and transcriptions of the interviews may be used for future publications or presentations. However, your identity will always be confidential. You have the right to listen and watch the recorded sessions of your own interview. The video recordings will be deleted after the study is completed.

To ensure that this research activity is being conducted properly, Molloy College’s Institutional Review Board (IRB), whose members are responsible for the protection of human subjects’ rights for all Molloy-approved research protocols, have the right to review study records, but confidentiality will be maintained as allowed by law.

Can my participation in the study end early?

You have a choice to withdraw from the study with no negative consequence, if you feel uncomfortable during the interview or at any time during the study. If you choose to withdraw, all data will be deleted.

Will I receive any compensation for participating in the study?

Your participation is entirely voluntary. There will be no compensation for participating in the study.

What if I have questions?

Before you decide whether you’d like to participate in this study, please ask any questions that come to mind. Later, if you have questions about the study, you can contact Naeun Lee at (516) 323-3320 or NLee@lions.molloy.edu. You may also contact the faculty advisor, Dr. Seung-A Kim, at (516) 323-3326 or skim@molloy.edu, or the chairperson of the Molloy College
Institutional Review Board (IRB), Dr. Patricia Eckardt, at (516) 323-3711 or peckardt@molloy.edu; irb@molloy.edu.

What are my rights as a research participant?

You have rights as a research participant. All research with human participants is reviewed by a committee called the Institutional Review Board (IRB), which works to protect your rights and welfare. If you have questions about your rights, an unresolved question, a concern or complaint about this research, you may contact the Molloy College IRB office at irb@molloy.edu or call (516) 323-3000.

Documentation of Informed Consent*:

You are freely making a decision to participate in this research study. Signing this form means that
1. you have read and understood this consent form
2. you have had your questions answered, and
3. after sufficient time to make your choice, you have decided to be in the study.

You will be given a copy of this consent form to keep.

Your signature

Date

Your printed name

Date

Signature of researcher explaining study

11/26/19

Date

Naeun Lee

Printed name of researcher explaining study
Appendix D

Permission to Video Record

Student Researcher:
Naeun Lee, MT-BC
Graduate Student, Music Therapy
Molloy College
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NLee@lions.molloy.edu

Faculty Advisor:
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Chairperson of the Institutional Review Board (IRB):
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Tel: (516) 323-3711
peckardt@molloy.edu; irb@molloy.edu

I, _____________________________, give Naeun Lee permission to video-record my interview session. This video recording will be used only for research purposes. I have already given written consent for my participation in this research project. At no time will my name, personal information, or contact information be used.
I understand that I will be video-recorded during my scheduled interview of 45 to 60 minutes with the researcher. I give permission for the recording to be used from December 2019 to August 2020.

I understand that I can withdraw my permission at any time. Upon my request, the audio recordings will be erased and removed immediately.

If I want more information about the video recordings, or if I have questions or concerns at any time, I can contact the investigators, whose contact information can be found at the top of this page.

I understand that my signature below indicates my voluntary consent to be videotaped. I understand that I will be given a copy of this signed form.

Please send this form to the researcher by ____TBD____at the following e-mail address: NLee@lions.molloy.edu

Thank you for your participation.

________________________________________  ___________
Participant’s signature                       Date
Appendix E

Interview Protocol Questions

Demographic questions:

- Please tell me about yourself. (e.g., age, gender, native country, ethnicity, region, educational background, theoretical background)
- What professional credentials/advanced training do you have?
- How many years of clinical experience do you have?
- What client population have you heavily served?
- Please tell me a little about your personal experiences in migrating to the US.

Primary Open-Ended Question:

- Take a moment to think about the times you have experienced burnout as an immigrant music therapist working in a foreign country. Describe moments when you felt your experience with cultural adjustment affected your personal life or work. Please feel free to express the moments, or your feelings regarding those events, through any kind of musical medium. You may use your voice, choice of instruments, or movements.

Sub Questions:

- Can you share moments with me when you experienced burnout?
- Can you describe what cultural aspect(s) played into role relating to your burnout experience?
- When and how did you become aware of your burnout?
- Can you describe how your burnout experience manifested emotionally and/or physically? What were the symptoms? How did you react?
• Can you share with me if you reached out for resources or promoted self-care practice when this happened?

• Please share what you experienced in music that is relevant to your burnout experience.

• What do you think about how your experience(s) manifested through music?

• What was it like to explore your experience of burnout, both musically and verbally?