Music Therapists' Experiences of Working in Rural Communities of Atlantic Canada

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ABSTRACT

Music Therapists' Experiences of Working in Rural Communities of Atlantic Canada

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Few music therapists work in rural communities of Atlantic Canada, and little is known about their experiences. However, extensive literature on other healthcare professionals working in rural communities identifies the unique challenges and benefits they experience. No literature exists currently to indicate how these potential challenges and benefits may be conceptualized for music therapists within specific regions of the country. The purpose of this study was to examine the lived experiences of music therapists working in rural communities of Atlantic Canada. Using a modified grounded theory approach, the researcher conducted and transcribed qualitative interviews with three participants. Findings were analyzed and organized around the six subsidiary research questions: (a) What influences music therapists to work in a rural community of Atlantic Canada? (b) What aspects of working in rural communities of Atlantic Canada do music therapists find challenging? (c) How are these challenges being addressed? (d) What aspects of working in rural communities of Atlantic Canada do music therapists find rewarding? (e) How does music therapy work in a rural environment compare to that in an urban environment? (f) What should other music therapists and professionals know about working in rural communities? Several themes and subcategories emerged through analysis of the data: challenges (e.g., cost of travel, anonymity and confidentiality issues, community resistance, and a shortage of music therapists in rural communities); rewards (e.g., community culture, connections, support); and advice on working in a rural community. The findings were supported and clarified by descriptive statements from participants. Implications were identified for Canadian music therapy training programs, the music therapy profession, and future research. Examination of the unique needs of music therapists working in rural communities identifies ways to better support current and future music therapists.

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Chapter 1. Introduction

Music Therapy in Rural Areas

Atlantic Canadians pride themselves on their unique and well-preserved culture, heritage, and values such as family patterns, folklore, history, social customs, museums, monuments, landmarks, wilderness, landscapes, and buildings (MacDonald & Jolliffe, 2003; McNulty, 1986; Weiler & Hall, 1992). According to Statistics Canada (2011), approximately 20% of Canada's population (6.3 million) lives in rural areas. In the Atlantic provinces, the rates are even higher, with the following percentages of people living in rural areas: 53% in Prince Edward Island (PEI), 43% in Nova Scotia (NS), 48% in New Brunswick (NB), and 41% in Newfoundland and Labrador (NL; Statistics Canada, 2011). It should be noted that Statistics Canada (2007) defines rural as a population living outside areas of 1,000 plus people and with a density of 400 plus people per square kilometer.

The literature indicates that healthcare professionals working in rural communities face unique challenges. These may include: professional isolation; lack of supervision, collegial support, and continuing education opportunities; and ethical challenges (e.g. potential concerns around dual relationships, confidentiality issues, etc.; Bowen & Caron, 2016; Dyck, Cornock, Gibson, & Carlson, 2008; Jameson & Blank, 2007; Wielandt & Taylor, 2010). The literature also indicates positive influences of recruitment and retention of rural healthcare professionals, but has not yet examined their lived experiences. Positive influences reported include a sense of autonomy, sense of community, multidisciplinary team support, and rural lifestyle (Campbell et al., 2012; Dyck & Hardy, 2013; Manahan et al., 2009; Wielandt & Taylor, 2010).

Music therapists in rural Canadian communities are likely to experience some of these same challenges and benefits, and perhaps also some challenges and benefits unique to the profession. However, no literature exists to indicate how these potential challenges and benefits may be conceptualized for music therapists within particular regions of the country. An examination of music therapists' experiences, such as factors influencing their decision to work in a rural environment, the challenges and benefits they experience, and comparisons to urban work, could provide invaluable information for current and future music therapists working in rural communities, encourage more music therapists to work in rural communities, and provide a basis for possible music therapy curriculum revision.

Purpose Statement

Given the high percentage of Atlantic Canadians living in rural communities, the many challenges of rural work, some of which may be unique to music therapy, and the relative lack of information on this topic at large, the purpose of this study was to examine music therapists' experiences of working in rural communities of Atlantic Canada.

Key Terms

Music therapy is "a discipline in which credentialed professionals (Music Therapist Accredited) use music purposefully within therapeutic relationships to support development, health, and well-being" (Canadian Association of Music Therapists, 2016, para. 1).

Music therapists are professionals who have completed an approved academic program and a 1,000-hour supervised internship, successfully passed the Certification Board for Music Therapists (CBMT) examination, and use music safely and ethically to address human needs within cognitive, communicative, emotional, musical physical, social, and spiritual domains (Canadian Association of Music Therapists, 2016).

As indicated earlier, *rural* is defined as a population living outside areas of 1,000 plus people and with a density of 400 plus people per square kilometer (Statistics Canada, 2007).

Atlantic Canada is defined as the four most eastern Canadian provinces: New Brunswick, Prince Edward Island, Nova Scotia, and Newfoundland and Labrador (Rawlyk, 2006).

Researcher Stance and Personal Relationship

The researcher was specifically interested in exploring the topic of music therapists' experiences in rural Atlantic Canada because this specific region is his place of origin. He recently completed the final portion of his pre-professional music therapy internship in Charlottetown, Prince Edward Island, and experienced firsthand what it was like to work in a rural setting. The researcher was keen to understand the experiences of other music therapists who work in rural Atlantic Canada, as he believed it could help him and other music therapists in the region to address current and future issues.

Chapter Outline

This thesis is comprised of five chapters. Chapter 1 introduces the topic, purpose statement, and key terms. Chapter 2 outlines relevant literature on the topics of: defining "rural"; healthcare services in rural communities; identifying challenges and barriers facing rural professionals; positive aspects of rural work; and addressing the challenges. It also presents the research

question. Chapter 3 details the modified grounded theory methodology used in this research, delimitations, participants, ethical considerations, data collection procedures, materials, and data analysis procedures. Chapter 4 presents the results that transpired from the interview process with participants. Chapter 5 discusses the interpretation of the results, limitations, and implications for both practice and research.

Chapter 2. Literature Review

Roughly one-half of all residents in each Atlantic province resides in rural communities – a setting where healthcare professionals may experience a range of challenges as noted in the literature (Bowen & Caron, 2016; Dyck, Cornock, Gibson, & Carlson, 2008; Jameson & Blank, 2007). It is likely that music therapists in rural communities may also experience the same challenges, and perhaps also some unique challenges. Learning of music therapists' experiences in rural communities of Atlantic Canada could inform future practice and research.

Defining "Rural": A Closer Look

A review of the literature reveals several different definitions of "rural". In a study of counsellors in rural settings, Jameson and Blank (2016) observe

> It is doubtful that a consensus will ever be reached on a definition that fully captures the demographic, cultural, and economic aspects of rurality, but efforts to incorporate these features should be undertaken if research on rural areas is to accurately reflect its subject. (p. 284).

Rygh and Hjortdahl (2007) agree there is no single global definition of rural, and that researchers typically use their own definition, which makes it challenging to compare research from around the world. Wielandt and Taylor (2010) administered questionnaires to their population of interest based on rural postal codes in Alberta and Saskatchewan. Manahan (2009) concurs there are many definitions of rural, and that some are based on geographical boundaries, some on social representations, and others on a combination of both. Similarly, Pitblado (2005) defines rural in terms of geographical distance and social indicators. In addressing allied health professionals' characteristics and experiences in rural and northern British Columbia, Manahan (2009) defines rural as relating to "population size, density, level of isolation, economic industrial base of the community, and access to health care professionals, resources, and services" (p. 2). Similar to Manahan's multi-layered definition, Williams and Cutchin's (2002) definition of rural comprises socio-cultural aspects, measurable descriptive aspects (e.g. demographics), and locals' perceptions of rurality. Some researchers embrace an all-encompassing definition to guide more comprehensive and multidisciplinary research pertaining to rural topics (Williams & Cutchin, 2002).

Jameson and Blank (2016) make use of the US governmental definitions of rural to guide their research, however, no Canadian studies have been found that refer to government

definitions of rural. In Canada, Kulig and Williams (2011) outline three primary categories of definitions of rural:

1. Census Rural: population living outside areas of 1,000+ people, and with a density of 400+ inhabitants per square km (Statistics Canada, 2007).
2. Rural and Small Town: people living outside the commuting zones of larger urban centres (with 10,000+ people). This is broken down even further:

   > Larger urban centres refer to both Census Metropolitan Areas and Census Agglomerations. Three categories of Rural and Small Town: Strong Metropolitan Influenced Zone where 30% or more of residents commute to a larger urban centre; Moderate Metropolitan Influenced Zone where 5-29% of residents commute to any urban core; and Weak Moderate Metropolitan Influenced Zone where 0% of residents commute to urban core. (du Plessis et al., 2001, p.6)

3. Predominantly rural regions: where over 50% of the population lives in a rural community with a population density of less than 150 people per square km (OECD, 1994).

Additionally, Statistics Canada (2015, para. 2) notes

> Rural areas include all territory lying outside population centres. Rural population includes all population living in rural areas of census metropolitan areas and census agglomerations, as well as population living in rural areas outside census metropolitan areas and census agglomerations. Included in rural areas are: small towns, villages, and other populated places with less than 1,000 population according to the current census; rural areas of census metropolitan areas and census agglomerations that may contain estate lots, as well as agricultural, undeveloped and non-developable lands; agricultural lands; and remote and wilderness areas.

As can be seen, many definitions of rural are being used in research related to rural topics. It is important to understand these definitions and their various distinctions.

Healthcare Services in Rural Communities

Individuals living in rural settings are more likely to experience poverty, poor health, unemployment, no health insurance, a lower life expectancy, less healthy behaviours (e.g., smoking), a lack of physical activity, higher alcohol consumption, higher psychosocial stress, and a lower socioeconomic status (Jameson & Blank, 2007; Smith, Humphreys, & Wilson,

2008). A lower socioeconomic status in rural communities – particularly for Indigenous peoples – can also be a risk factor for poor health, and may result in difficulty affording and accessing healthcare services (for example, no vehicle), as well as a lack of culturally-appropriate services (Smith et al., 2008). In the U.S., 75% of the counties with populations between 2,500 and 20,000 have no psychiatrist, and 50% have no access to a masters- or doctoral-level social worker or psychologist in their county (Jameson & Blank, 2007). As a result, in some rural communities, residents must travel long distances to access various healthcare services such as psychiatric services. In Atlantic Canada, the distribution of psychologists per 100,000 people is as follows: 10 in PEI, 15 in NS, 10 in NB, and 13 in NL (Canadian Institute for Health Information, 2011). Data concerning the distribution of music therapists per Atlantic Province is not available.

Individuals living in rural communities tend to experience other unique barriers when it comes to healthcare services. While mental illnesses are just as prevalent in rural areas as in urban areas, people in rural communities tend to not seek help regarding mental health due to increased rates of stigma, challenges around confidentiality and anonymity, denial, and a strong desire for self-reliance (Dyck & Hardy, 2013; Jameson & Blank, 2007; Smith et al., 2008). Rather than seek professional help, many individuals instead turn to family, neighbours, and religious organizations for support (Jameson & Blank, 2007).

Common Themes for Rural Professionals

Challenges and barriers. The majority of extant literature focuses on physicians' experiences working in rural communities, with little literature regarding other healthcare professionals' experiences in rural communities, including music therapists (Dyck & Hardy, 2013). Several common themes emerge from the literature regarding the challenges experienced by other rural professionals: isolation; lack of supervision; lack of continuing education opportunities; lack of funding and resources; lack of support from colleagues; lack of personal space and time; lack of promotional opportunities; lack of community knowledge about role as music therapist; lack of community acceptance; challenges maintaining confidentiality for both professional and client; work not being valued by community; role ambiguity (e.g., dual relationships, multiple roles); ethical ambiguity; larger and more diverse workloads (e.g., more administrative duties, billing responsibilities); high intensity of the job; unpredictability; fears of safety; high cost of living and travel; burnout; overwhelming feelings; secondary trauma; staff shortages; competition and concern over service delivery; and the influence of government

(Bowen & Caron, 2016; Campbell, McAllister, & Eley, 2012; Curran, Fleet, & Kirby, 2006; Dyck, Cornock, Gibson, & Carlson, 2008; Jameson & Blank, 2007; Leach, 2010; Malone, 2012; Pong, DesMeules, & Lagacé, 2009; Rygh & Hjortdahl, 2007; Wielandt & Taylor, 2010). In Jameson and Blank's 2007 study, 65% of counsellors in rural areas report experiencing moderate levels of burnout, which is most predominantly predicted by emotional exhaustion. The burnout is also predicted by a lack of available inter-professional collaboration, support, and guidance. Jameson and Blank observe that more psychologists prefer urban over rural work settings because rural work can pose challenges such as inadequate training for rural work, less opportunity for clinical work (given that psychologists in rural areas tend to take on administrative or supervisory positions), financial disadvantages (rural psychologists have less competitive rates), and the difficulty of retaining services in a rural area. Such challenges may very well be experienced by music therapists in rural communities of Atlantic Canada.

A review of the literature revealed only one study concerning music therapists' experiences in rural areas. This study involved survey research on job satisfaction among music therapists (Braswell, Decuir, & Jacobs, 1989) which found higher job satisfaction rates for music therapists working in urban as opposed to rural areas.

Positive aspects. Some of the literature focuses on positive influences of the recruitment and retention of rural healthcare professionals, although it does not examine their lived experiences. Positive influences reported include: increased sense of autonomy; greater flexibility; higher job satisfaction; an urge to provide support for one's community; trust from the community; community connectedness and involvement; community familiarity; contributing to local projects or initiatives; feeling valued; positive client relationships; variety of clientele; increased client contact; a desire for challenge; inter-professional/multi-disciplinary team/support; peer support; financial incentives to work in rural areas; professional advancement opportunities; smaller caseloads; cross-cultural environment; ability to live near family; desire to raise family in a rural area; ability to get away from family; broader work experiences (e.g. teaching/supervising, administration skills); rural lifestyle (e.g. slower/relaxed pace, closer to nature, sense of adventure, lower cost of living); and being surrounded by friendly, welcoming community members (Campbell et al., 2012; Dyck & Hardy, 2013; Manahan et al., 2009; Wielandt & Taylor, 2010). Dyck and Hardy (2013) report that, for physicians, having a rural background is persistently linked to a higher chance of working in rural settings. Healthcare

professionals working in rural areas may also share such common characteristics as: independence; confidence; flexibility; resourcefulness; feeling comfortable in dual relationships; sense of adventure; sociable; and value for the rural quality of life (e.g. more time with family and friends) as opposed to money, status prestige, or material things (Manahan et al.). There seems to be an overlap between themes in both the positive and negative aspects of rural work.

Addressing the challenges of rural work. The literature outlines solutions already used to address, or that could potentially address, the challenges of rural work. Introducing specialized training for rural work into school curriculum could better prepare healthcare professionals for rural work (Dyck et al., 2008; Dyck & Hardy, 2013; Jameson & Blank, 2007; Rygh & Hjortdahl, 2007; Wielandt & Taylor, 2010). The University of Manitoba's Rural and Northern Psychology Program provides interns and residents training experiences in rural and northern communities, with the goal of students ultimately working in a rural setting (Dyck et al., 2008). Other approaches to promote rural work include: in-services, such as presentations at universities, that highlight the positive aspects of rural work (e.g., diverse clientele, interdisciplinary collaboration, administrative skills); exposure of students to rural work early on (e.g., short practicum experiences of 3 months in length); and increased publications on rural work/research (Dyck et al., 2008). Similar programs exist at Lakehead University and Memorial University of Newfoundland, in addition to residency programs specific to rural training at the British Columbia Children's Hospital, Kingston Internship Consortium, River Valley Health Fredericton Predoctoral Internship, and the Saskatoon Health Region Clinical Psychology Residency (Dyck & Hardy, 2013). The province of New Brunswick (2008) further recommends creating a rural health institute that specifically addresses the recruitment and retention of rural healthcare professionals.

Telehealth, "the use of communication technology in educational, clinical, training, administrative, and technological areas of healthcare" (Jameson & Blank, 2007, p. 288), is increasingly popular. While telemedicine deals with direct patient care through electronic sources (e.g. telephone, video-conferencing), telehealth, a cost-effective approach, makes important aspects of professional work (e.g., supervision) much more accessible for healthcare professionals working in rural areas (Jameson & Blank, 2007; Rygh & Hjortdahl, 2007). As well, continuing education can be provided through technology, thus making it more accessible to rural professionals (Bates, 2014; Dyck & Hardy, 2013). Videoconferencing for the purpose of

continuing education and support has proved particularly effective for mental health professionals in the Rural Mental Health Interprofessional Training program in Newfoundland and Labrador, with reports of high satisfaction (Church et al., 2010). Individuals receiving treatment through technological means do not have to travel long distances, thus increasing accessibility, protecting anonymity, and reducing stigma (Bates, 2014; Dyck & Hardy, 2013). Professionals share similar benefits such as decrease in travel time (so they can potentially see more clients), and preserved confidentiality (Bates, 2014). Limitations include technological illiteracy, delays, and, for music therapists, difficulty making music at the same time as clients on the other end. While the prevalence of technology use to administer computer-mediated music therapy is unknown, two published studies exist that document the use of songwriting with clients through Skype (Bates, 2014). According to Finn and Barak (2010), there are no differences in client satisfaction between online sessions and face-to-face sessions.

Summary

A review of the literature found very little on the topic of music therapists' experiences in rural communities. Of the little existing music therapy literature on this topic, one study identifies higher job satisfaction among music therapists in urban vs. rural areas (Braswell, Decuir, & Jacobs, 1989). Literature in related disciplines indicates healthcare professionals in rural settings experience such unique challenges as: isolation; lack of supervision and continuing education; lack of anonymity; lack of community acceptance and understanding; ethical ambiguity (e.g. dual relationships); and costly travel time and benefits compared to urban settings. Literature also indicates healthcare professionals in rural settings experience positive aspects, such as: a sense of autonomy; flexibility; community connectedness; multi-disciplinary team/support; and the rural lifestyle (e.g., relaxed pace, nature, lower cost of living). Many of the aforementioned challenges are being addressed through specialized training in school to prepare pre-professionals for a rural work environment, as well as through technology use to access supervision or continuing education. Much of these identified themes in the literature could very well apply to music therapists, yet there is no available research exploring this. Given what exists in related areas, and given the very limited amount of research specific to music therapy in rural communities, there is a clear identified need for specific music therapy research on this topic so that music therapists in Atlantic Canada can continue to thrive and so that clients get the services that they need.

Research Questions

In light of the findings of the literature review, the following research questions were established.

Primary research question. What are music therapists' experiences of working in rural communities of Atlantic Canada?

Subsidiary research questions. (a) What influences music therapists to work in a rural community of Atlantic Canada? (b) What aspects of working in rural communities of Atlantic Canada do music therapists find challenging? (c) How are these challenges being addressed? (d) What aspects of working in rural communities of Atlantic Canada do music therapists find rewarding? (e) How does music therapy work in a rural environment compare to that in an urban environment? (f) What should other music therapists and professionals know about working in rural communities?

Chapter 3. Methodology

Design

Considering the established research purpose and questions, along with the researcher's interests, the choice was made to complete interviews with a small number of participants to best capture their lived experiences. This qualitative research employed a modified grounded theory methodology approach. According to Corbin and Strauss (1994), this approach "develops theory that is grounded in data systematically gathered and analyzed" (p. 273). During the continual process of collecting and analyzing data, information that emerges helps elucidate the subsidiary research questions and create new themes and categories.

With this methodology, the data gathered cannot be compared to a priori ideas or beliefs (Corbin & Strauss, 2014). As a result, relevant themes and categories that emerged from the interviews with participants served to inform the research question and subsidiary research questions (Daveson, O'Callaghan, & Grocke, 2008).

Delimitations

In order to focus the topic, complete the research in a timely fashion, and keep its scope appropriate for a master's thesis, the following delimitation was established: interviews were completed with only three participants. In light of the focus on research on Atlantic Canada, participants were also delimited to those working in, or having previously worked in, a rural community in Atlantic Canada for 3 years minimum.

Participants

Using a purposive and convenience approach to sampling, the inclusion criteria were established as follows: (a) Music Therapist Accredited (MTA) in good standing; (b) currently working, or having previously worked, in a rural community in the Atlantic Canadian region for at least 3 years; (c) fluent in English.

Participant Recruitment

Participants were recruited through the Canadian Association of Music Therapists (CAMT), which maintains a list of MTA members in good standing. Upon receipt of ethics approval from the University Human Research Ethics Committee (UHREC), the researcher sent an Invitation to Participate and Informed Consent e-mail to the CAMT, which then forwarded the e-mail to all MTA members of the CAMT. This e-mail contained details about the study, the inclusion criteria, and an invitation to contact the researcher by e-mail if interested in

participating (See Appendix A: Information and Consent Form and Appendix B: Participant Recruitment Email). The first three participants who responded and who met the inclusion criteria were provided a further explanation of the research via email.

Ethical Considerations

Given that the researcher had lived and worked in Atlantic Canada and given that region's small size, plans were put in place in advance in case any of the research participants were known to the researcher. This included a pre-interview discussion of any participant concerns and careful attention on the part of the researcher to remain as objective as possible during the interview and data analysis process.

Data Collection Procedures

Following participant recruitment, the researcher scheduled a telephone interview with each of the three participants. Prior to the interview, the Letter of Information and Informed Consent form was sent to the participants via e-mail and returned to the researcher (i.e., completed, signed, scanned, and e-mailed). Participants participated in a 20-40-minute telephone interview. Participants responded to six open-ended questions about their experiences as music therapists working in rural communities of Atlantic Canada (See Appendix C: Interview Questions). The interviews were recorded and subsequently transcribed.

Materials

The interviews were audio recorded with GarageBand on the researcher's laptop, as well as the researcher's cellphone, using the application TapeACall. The researcher's laptop was also used to transcribe the interviews and conduct data analysis (e.g., coding).

Data Analysis Procedures

The researcher listened to and transcribed the recorded interviews onto his laptop. Open coding (Neuman, 2010) was used to examine and categorize the content based on recurring themes. After several themes emerged, the researcher reviewed each theme and assigned them a colour that corresponded to one of the subsidiary questions. After all themes were coded and organized into their respective subsidiary research question category, they were divided into subcategories. Quotes were used to give further context to the data and reflect the lived experiences of the participants.

Chapter 4. Results

Results of this study are presented in this chapter as they pertain to the primary research question which was: What are music therapists' experiences of working in rural communities of Atlantic Canada? Interviews were conducted to best capture the lived experiences of each of the three participants. Findings were analyzed and organized around the six subsidiary research questions: (a) What influences music therapists to work in a rural community of Atlantic Canada? (b) What aspects of working in rural communities of Atlantic Canada do music therapists find challenging? (c) How are these challenges being addressed? (d) What aspects of working in rural communities of Atlantic Canada do music therapists find rewarding? (e) How does music therapy work in a rural environment compare to that in an urban environment? (f) What should other music therapists and professionals know about working in rural communities? These are presented in Tables 1-6 which follow. In each table, the main themes extracted from the interview content are listed, in addition to subcategories to encapsulate the main themes. Beneath each table are descriptive statements from the participants, which elucidate the subcategories and themes.

Table 1

Category 1 with Themes and Subcategories

Category 1	Themes	Subcategories
Influences on music therapists to work in a rural community of Atlantic Canada	Hometown	Influences from family and a desire to return home
	A need to take care of family	
	Desire to raise children in rural community	
	Rural lifestyle	Influences from positive qualities of a rural setting
	Rural pace	
	Small population	
	Close proximity to work locations in rural community	
	Community connections	Influences from positive aspects of their community
	Supportive community	
	Work opportunity in community	

Descriptive Statements for Category 1

Influences on music therapists to work in a rural community of Atlantic Canada

Influences from family and a desire to return home. All participants gave a family-related or home-related reason for working in a rural community. "It's mostly because of my family. My family is from [name of town], that's why I wanted to be in [name of town]." "I had to be home to take care of family." "I wanted to raise my children here." Some of the participants currently work in the community in which they grew up and had a desire to return home. "I actually decided to come back and work in my hometown." "To be close to home."

Influences from positive qualities of a rural setting. Some of the participants were drawn towards a rural work setting because they liked certain aspects of such a setting. "It's a nice small population, and I like the pace of things around here." "I like the small community feel. I like being in the rural areas. [Name of town] is beautiful." Living a close proximity to work also seemed to have an influence. "I like the fact that if I work at 8:30, then I only have to leave the house at 8:27 to get to my job."

Influences from positive aspects of their community. Previous work experiences garnered already-existing connections and support to help some of the participants build their work. "I had worked here previously … I had made connections here." "It's a well-supported community." Looking ahead at potential work opportunities in their rural community also had an impact on their decision. "…when I decided to do my music therapy degree, I had learned they were building [name of agency] … so I decided to go do that. So when I went to do music therapy, that's what I decided I was going to do … do my degree and come home and work there."

Table 2

Category 2a with Themes and Subcategories

Category 2a	Themes	Subcategories
Aspects of working in rural communities of Atlantic Canada that music therapists find challenging	Extended and expensive travel for music therapist	Traveling long distances for music therapy sessions, due to a lack of music therapists in the area, can be costly for clients and music therapists, potentially impacting the number of sessions the client can afford
	Extended and expensive travel for clients	
	Clients cutting down number of sessions because travel is too costly	
	Not meeting needs of clients who can only be seen once or twice a month	
	Not being able to meet high demand because there are no other music therapists in community	Self-care may be sacrificed due to lack of money, being high in demand, and overworking/working multiple jobs
	Being overworked	
	Not making enough money at beginning of career	
	Working multiple jobs when starting out	
	Balancing rural work with urban work	
	Lack of community knowledge/awareness	Rural community members and healthcare professionals may not understand or appreciate music therapy
	Lack of community recognition/appreciation	
	Community resistant to music therapy service	
	Lack of understanding from other healthcare professionals	
	Confidentiality dilemmas	Music therapists may experience ethical challenges specific to rural work such as confidentiality, anonymity, self-disclosure, lack of supervision, and working around policy barriers
	Community gossip	
	Little anonymity	
	A need to self-disclose to gain trust of clients (culture of community)	
	Lack of supervision	
	Policy barriers preventing working in certain settings (e.g. schools)	

Descriptive Statements for Category 2a

Aspects of working in rural communities of Atlantic Canada that music therapists find challenging

Traveling long distances for music therapy sessions, due to a lack of music therapists in the area, can be costly for clients and music therapists, potentially impacting the number of sessions the client can afford. All participants referenced travel as one of the main challenges of rural work for their clients. As one music therapist said,

> Clients sometimes have to travel an hour to come up [for sessions]. It's just hard because I'm the only one here and everyone's so far away. Plus gas is really expensive, so that's been an issue. The majority of my community clients live at least a half hour away, and they're the ones in most need of it because they're secluded and have issues and can't afford to come up.

On the other hand, music therapists also experience traveling long distances in rural communities. "I was a traveling music therapist. I did cover everywhere from [name of town] to [name of town], so you have to take mileage, time, all that kind of stuff into consideration." Due to the cost of travel, some clients can afford only so many sessions. "…some people have actually had to cut down on their sessions because they can't afford gas." Some music therapists can also afford only so many sessions to which they had to travel long distances, thus impacting their clients' progress. "I was only going there once a month, and I didn't feel once a month was good enough for consistency for the group … it wasn't really getting the full music therapy benefits."

Self-care may be sacrificed due to financial strains, being high in demand, and overworking/working multiple jobs. Some of the challenges reported by participants seemed to be having an impact on their self-care, such as financial strains. "If you don't have a client in front of you, you're not getting paid. There's a lot of low income people here … I was acting like a not-for-profit and I was working with people on whatever they could pay."

Being the only music therapist in the area seemed to put participants in a high demand, which they could not meet.

> I find the challenge with working in rural communities is balancing it with what I'm doing in town … 'cause I'm the only music therapist in our region … hospitals that are half an hour to an hour away would like the service … but it's hard for me to do my services in [name of town] and also get out to these other regions and to provide consistency to them.

Another participant said,

> I have clients wanting to reach me for outside work hour sessions, so that's adding onto the schedule … trying to meet people's needs by also having to balance it myself, because I don't want to be overworked … there's just not enough music therapists here.

One participant reported having to work multiple jobs at the beginning of their career. "At first I had to work multiple jobs to sustain myself while I built up my practice. It took about 5 years to really get myself established."

Rural community members and healthcare professionals may not understand or appreciate music therapy. Music therapy wasn't well known in some of the participants' communities, so community members and professionals did not understand or value the music therapy services being offered. "It was extremely challenging because new doesn't really fly that well in [province name] … [those connections] were saying that I was crazy for getting a degree in music therapy." "Music therapy isn't recognized in [province name] as much as it is in the rest of Canada." "Especially in [province name], there's not a lot of recognition and appreciation for it [music therapy]." One participant said,

> In the hospital … I made my presence known any time I was there. So it got to the point where I didn't have to stand on the other side of the desk at the nurse's station, I could actually go in behind the nurse's station and flip through the charts of my clients. Where when I first started there … they asked the nurse manager to come out, but because my face got so well known, I could just go back and do whatever I wanted in the nurse's station.

Music therapists may experience ethical challenges specific to rural work such as confidentiality, anonymity, self-disclosure, lack of supervision, and working around policy barriers. Some participants shared personal stories about protecting their clients' confidentiality in rural communities.

> We had one client come in and her mom was a staff member. So … we had to … change everything, like the way we would act, sayings, everything had to be contained really well to protect information for the client and her family. We need to protect our coworker as well.

One participant used the term "gossip" in describing the social culture of their community and its potential adverse impact on confidentiality. "…some people … will take things to a gossip level to the point where that can be damaging [to clients] … 'cause it's a small town and they like to gossip."

A lack of anonymity in their rural community was a recurring theme amongst the participants. "Just yesterday I was in the Dollar store and the guy that was working there said, "Hey [participant name]!" And it was one of my old clients … you don't have the luxury of anonymity." One participant also shared,

> It's rural [province name], so you're constantly running into clients in the community. A lot of times … children with intellectual disabilities … I'll be in the grocery store, and they'll come running up to me and screaming, "That's my music therapist!"
>
> I was in [name of store] buying [product], and to the cashier I just said, as I say to everyone, "How are you doing?" And there was a line up behind me, and she said, "Oh, [participant name], I'm not doing well … I'm deteriorating more than the last time we talked," and I've got a lineup of people here, when you could just make an appointment.

One participant referenced self-disclosure as another challenge to navigate in a rural community.

> In [province name], they'll say, "Who's your father? Where do you live?" … If I don't answer those questions, they're not going to connect with you. They're not going to trust you … so within the first 2 minutes of meeting a client, they know my family background … my religious background.

Another challenge was finding music therapy supervision in their rural community. "My supervision in [province name], well, I call [name of colleague] in [name of other province] for a music therapy perspective. But most of the time, it was from other professional bodies that I'd have to get supervision from." Policy barriers to working in the school system also created an

ethical dilemma for one participant.

> At first, I wasn't allowed in schools … because there is a policy against that, but I worked around that. When the policy was in place, I would start my session at 8:15 and go to 9:00 because the school officially didn't become a school until 8:45. So the loophole was that it was still a community centre … you had to kind of work around some of those policies.

Table 3
Category 2b with Themes and Subcategories

Category 2b	Themes	Subcategories
How the challenges are being addressed	Travel issue is not being addressed Suggestion: hire more music therapists to mitigate travel time/cost	Cost and time constraints from travel are not being addressed, but participants offer suggestions
	Unattainable high demand for music therapy is not being addressed Suggestion: hire more music therapists in rural communities Suggestion: make music therapy jobs look appealing in rural communities Suggestion: replicate arts in health model in other rural communities	The high demand for music therapy in rural communities, which cannot be met by the sole music therapist available, is not being addressed, but participants offer suggestions
	In-services and meetings to promote services and raise greater awareness of music therapy Advocate for yourself and the music therapy profession Form strong community relationships and connections	To help community members/professionals understand music therapy, thus growing one's music therapy work, participants provide in-services and form strong community relationships
	Confidentiality and anonymity issues are the reality of rural culture Suggestion: greater focus on confidentiality with clients Suggestion: being aware of not breaking confidentiality	Confidentiality and anonymity issues are not being addressed, but participants offer suggestions
	Get supervision from outside sources	To address a lack of nearby supervision, participants seek supervision from outside sources

Descriptive Statements for Category 2b

How the challenges are being addressed

Cost and time constraints from travel are not being addressed, but participants offer suggestions. For music therapists and clients, traveling extensive distances for sessions can be both time consuming and costly. One participant referred to the travel issue as merely the reality of their province. "That's just reality of [province name] … that's just the way it is. That's a bigger issue all together … a provincial issue." Some participants felt that if there were more music therapists in the surrounding areas, then more people could easily access music therapy services.

> It [travel issue] could be addressed in the way that I would need to sacrifice certain parts of my work to allow me to get there… or they [health authority] could just hire another music therapist … then I could focus on my smaller region, my closer region … and everyone's happy.

The high demand for music therapy in rural communities, which cannot be met by the sole music therapist available, is not being addressed - but participants offer suggestions.

Some of the participants reported not being able to meet the high demand for music therapy in their rural communities, as they were the only music therapist in the region. "There's just not enough music therapists here." "That's kind of my challenge, being just one person in this big region … not being able to cover all the land." To avoid overworking and burnout, some participants suggested hiring more music therapists in the region, and making such positions more appealing to music therapists.

> …you have to make it more attractive for the people who provide the resources … if [hospital name] needs a music therapist, then it's got to be in their budget to do it … they've kind of got to sell the position to the service provider … there needs to be effort to make it worthwhile.

One participant recommended replicating a model in their community that promotes the arts in health.

> …it was this community group that saw the importance of how the arts affect us … in a healthcare standpoint, and they got behind it and they paid artists … and my position led to a permanent position. I don't know what happens in other communities … I would hope

that other communities could somewhat base a model after [name of model] to get people in there.

To help community members/professionals understand music therapy, thus growing one's music therapy work, participants provide in-services and form strong community relationships. In response to community resistance and the challenge of finding work in a rural community, some participants noted the importance of in-services, meetings, and raising awareness. "Our goal is to bring more awareness here … we're just starting to break ground outside the capital city." "… really starting to make music therapy aware in the community and how it can help people is really important." Forming strong relationships in the community seemed to be helpful for some participants. "It was really important to form close partnerships with government and non-government bodies. So community mental health – I formed strong connections there."

> A lot of hard work. I did a lot of presentations … had many, many meetings with government officials and bureaucrats … publicly spoke on a regular basis, getting myself invited to different organizations and different community groups to speak on what music therapy was all about … they responded extremely well … very positively. It was very well received once people understood what music therapy was all about.

Confidentiality and anonymity issues are not being addressed, but participants offer suggestions. Protecting client confidentiality seemed to be a challenge for participants in their rural communities.

> Confidentiality should be more implemented … if it [confidentiality] is broken, then something should happen. It shouldn't be like, oh, it's just going to happen, and brush it under the table … it's a small town and they like to gossip … sometimes I think we can be doing more to address confidentiality and saying, "You can't be like that,".
>
> Try to set proper boundaries … you do the best that you can … you always contain it [confidentiality], but I mean, it's gonna happen. It's a small town."

Another participant shared their experiences of managing situations where community members tried to obtain confidential information about their clients.

> … the nosy neighbor … that is where people come up to me … in the street and say, "I saw

> so and so going into the [agency name], what's going on there? Is she all right?" … and you have to be very careful how you answer that, because if you say anything that hints that you are recognizing that the person was there, even in your non-verbals, then you're breaking confidentiality… people are very tricky and they try to do whatever they can to get information from you.

When asked how to address managing the lack of anonymity, one participant said, "That's the reality of our culture."

To address a lack of nearby supervision, participants seek supervision from outside sources. One participant sought supervision via telephone, since there were no other sources of supervision nearby.

> Any time that I was unsure of something, I got supervision from someone who knew what they were doing … most of the time it was from other professional bodies… I couldn't find the proper supervision around that [work dilemma], so I ended up calling [name of music therapist], because he was the perfect person to call …whatever expense you have to do to make sure that your clients' welfare is taken into consideration, you just do it.

Table 4

Category 3 with Themes and Subcategories

Category 3	Themes	Subcategories
Aspects of working in rural communities of Atlantic Canada that music therapists find rewarding	Professional and/or personal connections in community leading to work	Music therapists working and residing in a rural community can garner important connections, community respect and support, and a feeling that they are making a positive impact
	Word of mouth	
	Respect, support and recognition from community	
	Positive community culture	
	Music therapist and client mutual understanding of community culture	
	Impact on community	
	Positive and long-lasting client relationships	Rural music therapy work can foster meaningful relationships with clients and their families
	Connecting with client's family members, recognition	
	Close partnerships with government bodies	Having close partnerships with government bodies can create a reciprocal helping relationship
	Strong collegial support	Strong collegial support is helpful in a rural setting
	Positive media exposure	Slow media days in rural settings can mean greater media exposure for music therapy
	Laid back rural atmosphere	Positive characteristics of rural life, such as a more laid back atmosphere, can be rewarding for music therapists

Descriptive Statements for Category 3

Aspects of working in rural communities of Atlantic Canada that music therapists find rewarding

Music therapists working and residing in a rural community can garner important connections, community respect and support, and a feeling that they are making a positive impact. Having a pre-existing presence in a rural community seemed to have a positive impact on some participants in terms of making connections and finding work. "I had a good foundation to start my practice … for me to advocate for music therapy … people kind of knew who I was. And that helped support … people knew who I was so they actually listened." On a similar note, word of mouth in rural communities can also have a positive impact. "The social connections are good. One big thing I'm finding that is working is word of mouth for music therapy." Some participants felt a sense of respect and support from the community. "It's a really nice, tight community. That's why I really like it." "People are talking about it [music therapy] in the community." "I feel very lucky. I've been very well supported." One participant discussed sharing a mutual understanding of the community culture with their clients. "Since I'm familiar with what it is to be someone from this community, so when I'm conducting sessions with people … I can relate … culturally." Participants also shared the impact they have had on their community, specifically with regards to mental health, and what that felt like from their perspective. "I'm very happy of the fact and proud … that I can come back and provide these services and helping music therapy grow in Atlantic Canada." "We're trying to take away the stigma of it [mental health issues] and the fact that it's ok you lived with the experience … trying to not make people ashamed in the community … trying to embrace it more and be more supportive." As another participant shared,

> A lot of mental health issues have been hidden here for many years because everyone feels like they're under a microscope, and they don't want people to know what's going on behind their closed doors … but that's changing. Music is such a big part of [province name] … music therapy is a safe way for them to reach out for supports … where seeing a clinical social worker or psychologist or counsellor might be more of a barrier for them.

Rural music therapy work can foster meaningful relationships with clients and their families. It seemed like music therapy work in a rural community can create long-lasting

connections with clients and their families.

> It's rewarding the fact that I can leave work and someone's family member to a patient can come by and be like, "Thank you." That's what I really enjoy about being in a small community is that … people can approach you and thank you for your services.
>
> Because it's a small community, when you're finished with clients, you can run into them … it's a wonderful thing. Say, a child that I worked with when they were 5 who had Down syndrome, and now they're 18 years old, to just be able to see them in the grocery store and see how well they're doing, or hearing about them on the radio … really connecting with the community. It's not just about the work, it's about being a huge part of the community … As I said, self-disclosure sometimes is challenging, but it can be really rewarding when someone says, "Thank you for saving my brother's life." Or, "Thank you for being with my grandmother in her last days," and giving me a hug … that is really quite powerful.

Having close partnerships with government bodies creates a reciprocal helping relationship. For one participant, having positive relationships with the government was a rewarding aspect of working in a rural community.

> If I am running into a struggle … I can pick up the phone and call the Minister of Health … or Education … or Services … and within days I have a meeting. It's reciprocal … ministers, or the premier, also the opposition – both parties have called me and asked me for questions.

Strong, collegial support is helpful in a rural setting. One participant talked about the camaraderie amongst them and their coworkers. "I really enjoy the connectivity I can have with my colleagues … I can see them day to day and my questions get answered quickly … it's just very community oriented, even in my own office."

Slow media days in rural settings can mean greater media exposure for music therapy. There can be value in slow media days in rural communities, as it can provide positive music therapy coverage to the community.

> If I was in Toronto, the media's not going to pick up a story on me because they're having a slow media day … but I've been in all papers, I've been on CBC multiple times … radio and TV. That's all amazing exposure for music therapy… free advertising.

Positive characteristics of rural life, such as a more laid back atmosphere, can be rewarding for music therapists. As one participant said, "I love the laid back atmosphere in the rural areas … there's not a rush, so you have lots of space and time."

Table 5

Category 4 with Themes and Subcategories

Category 4	Themes	Subcategories
Comparisons between music therapy work in rural and urban settings	Closer relationships with rural clients	Rural music therapy work can foster closer client relationships
	Less travel for music therapist in rural setting	Travel/driving has pros and cons in both rural and urban settings
	Less travel for music therapist in urban setting	
	Too much driving in urban setting	
	There is a need for more music therapists in rural settings	Rural settings need more music therapists to meet the high demand
	Preference for rural work	Some music therapists prefer their rural work over urban work
	More work experiences in urban setting	Working in an urban setting can offer greater work experiences

Descriptive Statements for Category 4

Comparisons between music therapy work in rural and urban settings

Rural music therapy work can foster closer client relationships.

> Living in a rural community … you kind of get more attached to your clients, whereas in the urban, you're more busy because you're seeing more people … there's more of a rotation, like a turnover of clients … whereas people might stay longer if they're in a rural setting, because it's available … you just get closer to them … and you know their families.

Travel/driving has pros and cons in both rural and urban settings. One participant reported minimal driving in their rural community, whereas in their past work experiences in

urban settings, long driving distances posed an issue. “I was ripping around all these different places … I didn’t like that. I wouldn’t want to be driving around the city session to session … I didn’t like the idea of traveling to a client’s house at rush hour.”

> One thing I love about my job now is that I work at all these different areas but it’s really easy for me to get to these areas … it takes literally 2 to 3 minutes … I don’t know if I’d have that luxury in an urban setting.

On the other hand, another participant reported traveling as a non-issue in their past work experiences in an urban setting. “Traveling wasn’t an issue there [city], because we just show up [to the work facility] and they [clients] come to us.”

Rural settings need more music therapists to meet the high demand. As previously discussed in Table 2a, there does not seem to be enough music therapists working in rural communities to meet the high demand for services. “There is a lot of need in rural settings … I see there being a lot of need for us.” “There’s just not enough music therapists here.” “They [health authority] could just hire another music therapist … then I could focus on my smaller region, my closer region … everyone’s happy.”

Some music therapists prefer their rural work compared to urban work. “When I think about working in an urban area, it kind of gives me an uncomfortable feeling, just because of how I really enjoy it here in a rural setting.” “Personally, I didn’t like living in the city.” “I would never change a thing. I never regret it, coming to [name of province] and working as a music therapist.”

Working in an urban setting can offer greater work experiences. “You did get more experience [in urban settings].”

Table 6

Category 5 with Themes and Subcategories

Category 5	Themes	Subcategories
What other music therapists and professionals should know about working in rural communities	Rural communities are less valued Rural communities receive less resources	In general, rural communities seem to be less valued and do not receive adequate resources
	It takes time and patience to build up a practice Find a balance between self-care and building up a practice to avoid burnout Work within your scope of practice (since you may be the only music therapist in the community, all clients will come to you) Ethical terminations vs. keeping clients for financial gain Seek out peer support and supervision	In building up a rural music therapy practice, music therapists should be patient, find time for self-care, work within one's scope, facilitate ethical terminations, and seek out supervision
	The more you work, the less privacy you have in a rural community Rural community members constantly watch you Be aware of your public image	Music therapists in a rural community will likely have less privacy and need to carefully manage their public image

Descriptive Statements for Category 5

What other music therapists and professionals should know about working in rural communities

In general, rural communities seem to be less valued and do not receive adequate resources. Based on one participant's experiences working in their rural community, there is a

need for more resources that extends beyond music therapy.

> Rural communities can be forgotten about and they do receive less resources … these are smaller hospitals but still with patients that have devastating conditions that don't get the program that [city name] would get … consider the size, population, and the resources … whether it be programming like music therapy or occupational therapy … then they're gonna have to drive … so that's going to cost them money. I think that's something that needs to be considered, is that these rural places do lack resources.
>
> It's hard for people that need the services to get the services they need, but that's an issue across [province name] … There are so many rural communities … for them to even travel to a hospital could be upwards of half hour to an hour drive, so it's all around for health services.

In building up a rural music therapy practice, music therapists should be patient, find time for self-care, work within one's scope, facilitate ethical terminations, and seek out supervision. Several participants noted the importance of being patient and finding time for self-care, especially in building a rural music therapy practice. "It takes a while to get established … to build up your clientele."

> Finding balance is the one thing that will probably be a struggle … at first it's hard because you're new, and music therapy isn't recognized, but being patient and putting in the hard work will pay off in the long run because if it works, word of mouth will help. And eventually it will grow and work out, but try not to do everything at once … you're trying to prove yourself so much that you can get burnt out from it. So making sure that there's a balance between doing the hard work but also taking time for yourself, 'cos if not, then 5 years down the road you'll be working 90 hours a week and burnt out.

One participant discussed the ethical implications that come with being the sole music therapist in the area and receiving a great variety of clientele.

> You have to make sure that you're always working within your scope. [Name of province], there's a lot of desperation especially around mental health, and you're asked to do things that may not be within your scope of practice, and even though it might be a nice little contract or a bit of money, you have to ethically walk away from things if it's not

appropriate for you.

In building a rural practice, there also seemed to be ethical implications regarding termination versus keeping clients for financial gain.

> Ethically, you have to be really careful because … there's some clients you can see until you retire that it would benefit them. There are other people you know you need to close with because you've done all that you can do, but from a financial perspective, it's very tempting to keep going with them. So when you're building a practice, that is something you always have to keep in mind.

Music therapists in rural areas can also benefit greatly from peer support and supervision, as discussed by one participant.

> Definitely having peer support and supervisors from other music therapists to balance ideas and suggestions off … especially where I'm the only one here, I have to be aware of things that I'm not familiar with or I've never done before … I won't hesitate to contact my supervisor and say this is the issue I have, how do I go forward – not trying to think you can do everything on your own. I'm constantly talking to my peers and doing research … So having good peer networks and supervisors that you can trust and openly talk about things, is really important.

Music therapists in a rural community will likely have less privacy and need to carefully manage their public image. "The more that you work, the less privacy you have … You don't have the luxury of anonymity." "You will have people coming up to you on a regular basis … to ask you for … supports … you have to be very careful on what you do in public, even on your downtime … You're constantly being watched."

Chapter 5. Discussion

Participants in the present study shared both similar and unique stories of their lived experiences working as music therapists in rural communities of Atlantic Canada. The purpose of this chapter is to make interpretations of the findings from Chapter 4 and explore how they connect with relevant literature examined in Chapter 2. Also explored are potential implications for Canadian music therapy training programs, the music therapy profession in Canada, and the researcher's personal career. Limitations to the study and recommendations for future research are also considered.

Interpretations of the Results

Category 1: Influences on music therapists to work in a rural community of Atlantic Canada. All three participants had past experiences residing or working in a rural setting, which Dyck and Hardy (2013) report in their study on physicians in rural work environments is linked to a higher chance of working in rural settings. The first main influence on all three participants' decision to work in a rural community of Atlantic Canada was raising/being close to family in a rural setting, which coincides with Campbell et al.'s (2012) finding that living near family and the desire to raise family in a rural area positively influences one's decision to work in a rural environment. The second influence was positive qualities of a rural setting (e.g., smaller community, slower pace), which was also supported in the literature by Manahan et al. (2009) who studied both recruitment and retention factors of several allied health professionals in rural British Columbia. Lastly, one participant described a third influence: positive aspects of their community in which they already had pre-existing connections or support. Manahan et al. (2009) reported community connections and support as a positive influence on retention, but not specifically recruitment. Music therapists may value pre-existing connections and support more than other healthcare professionals in rural communities, as they are imperative to growing and expanding one's music therapy work. It appears that music therapists ultimately decide to work in rural environments for a combination of professional, personal, and family reasons.

Category 2a: Aspects of working in rural communities of Atlantic Canada that music therapists find challenging. Two of the participants described expensive and timely travel as a challenge for both themselves and their clients. Interestingly, the literature review made very little reference to this theme. Jameson and Blank (2007) reported a shortage of mental health professionals in rural communities, subsequently requiring rural residents in need of mental

health support to travel long and costly distances. Curran et al. (2008) and Campbell et al. (2012) found the cost of and access to continuing education experiences for allied health professionals was greater due to costly travel distances, although this theme was not mentioned by any of the participants in the current study. The travel issue, as described by participants, stemmed from a lack of music therapists in their area altogether. If there was only one music therapist working within a large geographical radius, they – or the client – sometimes had to travel lengthy distances for sessions. Furthermore, the added cost to services can adversely impact the number of sessions some clients are able to afford, consequently interrupting consistency of care. One participant felt they were not meeting the needs of clients who could only be seen once or twice a month. It appeared that the travel issue stemmed from an even greater issue: a lack of music therapists in rural communities.

The lack of music therapists also negatively impacted some participants' self-care. Being the only music therapist in the area created a high demand, which was difficult or impossible for some participants to meet. It also resulted in some participants feeling overworked because they wanted to serve the great number of community members who wanted music therapy, but doing so was difficult to manage as the only music therapist in the area. One participant reported financial strains, particularly at the beginning of their career, as another factor adversely impacting self-care. To make ends meet, this participant had to work multiple jobs until their music therapy caseload became a sustainable source of income.

It appeared community resistance and a lack of community knowledge, awareness, recognition, and appreciation were other relevant challenges for each participant. In Campbell et al.'s 2002 study, these same themes were reported as negative influences of rural work for allied health professionals. As reported by one participant, music therapy was a novel field in their respective province, and to gain the respect they desired from other allied health professionals, they felt they had to work extra hard to advocate for themselves and music therapy. Given the culture of another participant's respective province, "new" can sometimes elicit community resistance. Despite having music therapists working in each Atlantic Canadian province, it appears there still is not enough awareness and/or presence, given the community-related challenges reported by participants.

Lastly, participants reported unique ethical challenges specific to their rural work such as confidentiality, anonymity, self-disclosure, lack of supervision, and working around policy

barriers. These same themes were reported in the literature by Campbell et al. (2012), Dyck et al. (2008), Dyck and Hardy (2013), Manahan et al. (2009), and Smith et al. (2008). Given the culture of rural communities, as described by participants with the terms “gossip” and “small population”, participants found it challenging to ensure client confidentiality. One participant provided music therapy services for a co-worker’s family member and so had to be very mindful of protecting all parties involved. Another participant described the personal lack of anonymity as a music therapist within the community as a challenge. Clients – past and present – had frequently approached this participant in the local grocery store or mall.

Category 2b: How the challenges are being addressed. According to participants, the first main challenge, cost and time constraints from travel, is not being addressed within their respective communities/province. One participant referred to this challenge as the reality of that particular province and a greater issue altogether. Two participants suggested hiring more music therapists in their region/province would make music therapy more accessible to community members. The high demand for music therapy in rural communities, which cannot be met by the sole music therapist available, is also not being addressed. To avoid overworking and burnout, participants again suggested the need for hiring more music therapists in their region. On a deeper level, one participant felt those music therapy jobs would need to be appealing and attractive to prospective music therapists. Additionally, one participant recommended a model promoting the arts in health within their own community be replicated by other communities. Such a model could potentially recruit more music therapists to rural communities, thus making the service more accessible to community members.

To help community members and professionals understand and respect music therapy, participants highlighted the importance of in-services, meetings, and raising awareness – all of which can foster strong community relationships with government and non-government bodies. In their 2007 study, Jameson and Blank found psychologists in rural areas needed to do considerable advocating for their services by meeting with other community leaders and providing in-services. It appears music therapists in rural communities may have to work extra hard to establish themselves and their profession. As one participant noted, once people understood what music therapy entailed, the community response grew in a more positive direction.

Confidentiality and anonymity issues are not being addressed within participants' communities. According to one participant, protecting client confidentiality should be better implemented by setting proper boundaries and underscoring the importance to community members of avoiding "gossiping". This idea was also suggested in Jameson and Blank's 2007 study. Akin to cost of travel, another participant referred to confidentiality issues as the simple reality of working in a rural setting.

To address a lack of nearby supervision – another ethical challenge – one participant sought out supervision via telephone, an approach that aligns with the Telehealth model (Jameson & Blank, 2007; Dyck & Hardy, 2013). Rural music therapists could more easily access supervision by means of electronic communications such as telephone or video-conferencing. However, as noted by Jameson and Blank (2007), one disadvantage could be the lack of reliable internet service in rural areas, although this was not mentioned by any of the current study's participants. It appears Telehealth could be an affordable and accessible approach to supervision for rural music therapy professionals, and perhaps an avenue to explore with clients, too.

Category 3: Aspects of working in rural communities of Atlantic Canada that music therapists find rewarding. Garnering meaningful community connections, respect, and support, and making a positive impact were some of the rewarding aspects described by participants in their rural community work. Having pre-existing connections helped all participants gain support and respect from community members and stakeholders. A few rewarding aspects connected to culture were also described by some participants: the value of word of mouth, sharing a meaningful and mutual understanding of the community culture with clients, and shifting the community's perception of mental health through music therapy. To expand on this last point, one participant described music as a salient aspect of their province's culture. Subsequently, music therapy was perhaps a safer and more meaningful means of support. In Manahan et al.'s 2009 study, having positive community connections and support was one significant factor in recruitment and retention of allied health professionals. Another similar finding to Manahan's study was the more laid-back atmosphere in a rural environment.

The community-oriented mindset of some rural communities, as perceived by participants, can foster meaningful relationships with clients and their families. Clients and/or their family members have approached some of the participants in everyday settings (e.g. grocery store) to express gratitude, an act that was described as rewarding by two participants.

The community-oriented mindset also translated into one participant's work environment where they found strong, collegial support to be helpful. Lastly, one participant described the following two rewards, which were not found in the literature: (a) upholding close partnerships with government bodies, which can create a reciprocal helping relationship, and (b) greater music therapy exposure on slow media days. It seems most of the participants' rewards were similar to those described in the literature, in addition to a few unique rewards.

Category 4: Comparisons between music therapy work in rural and urban settings. Rural music therapy work can foster closer client and client-family relationships in comparison to urban music therapy work, as described by one participant. Traveling appears to have positive and negative influences in rural and urban settings. One participant experienced minimal travel time in their rural community, whereas in their past work experiences in urban settings, travel time was problematic. Contrarily, one participant said traveling was not an issue in their urban work environment. Another participant felt that working in an urban setting can offer greater work experiences. How "greater work experiences" was conceptualized – for example, higher number of clients or more diversified clientele – was not clarified.

As described previously, there does not seem to be a sufficient number of music therapists working in rural communities to meet the high, growing demand for services. It would be interesting to explore the demand of music therapists working in urban settings to make comparisons to the present study.

In Braswell, Decuir and Jacobs' 1989 study – the only study found pertaining to rural music therapists – job satisfaction was rated higher in urban than rural environments. Interestingly, in the present study, two out of the three participants expressed a preference for their rural work experiences in comparison to urban work experiences. The third participant did not state a preference.

Category 5: What other music therapists and professionals should know about working in rural communities. One participant noted a serious need for more resources in their province's rural communities that extends beyond music therapy into basic healthcare services. The same issue was described in Rygh and Hjourtdahl's 2007 study on healthcare professionals in rural environments. Similarly, Kulig and Williams (2011) note the issue of resource distribution specific to New Brunswick and how it could be addressed by developing a rural

health institute and taking measures to recruit and retain allied health professionals in rural communities.

The importance of being patient and finding time for self-care was described by two participants, because in their lived experiences it took time (i.e., years) to become established. Working hard to advocate for themselves and the field of music therapy in rural communities where it may not be as recognized can result in burnout, but time, patience, finding time for self-care, and word of mouth seemed beneficial to participants.

In building a rural music therapy practice, one participant suggested working within one's scope because if you are the only music therapist in the region, you may be asked to see clients from a population that are not within your scope of practice, therefore creating an ethical dilemma. Another ethical dilemma discussed by the same participant was facilitating ethical terminations. For example, if you have a client who may no longer benefit from music therapy, it is important to value the client's needs over your own financial needs, which can be difficult if you are trying to build a rural music therapy practice. Participants also recommended actively seeking out peer support and supervision, as rural music therapy work can be isolating.

Lastly, music therapists in a rural community are likely to have less privacy and need to carefully manage their public image. As one participant stated, "You don't have the luxury of anonymity."

Limitations

Firstly, the researcher's minimal experience in administering interviews may have had an influence on the depth and breadth of content collected and participants' comfort levels. Subsequently, interview biases may have also played a factor, wherein participants potentially could have altered their genuine responses.

Secondly, the interviews were conducted via telephone, which may have had an influence on participants' comfort level, subsequently impacting their responses.

Thirdly, given the researcher's personal and professional experiences in rural communities of Atlantic Canada, his biases and beliefs may have inadvertently influenced the data collection and/or data analysis processes. The researcher assumed that: (a) Music therapists of Atlantic Canada experience unique challenges and benefits, both professionally and personally; (b) Current and future music therapists could benefit from knowing how these challenges and benefits are conceptualized within rural communities of Atlantic Canada.

Lastly, the results represent the experiences of only three music therapists, so it is not possible to have generalizability or transferability to other music therapists in rural communities of Atlantic Canada, or other regions of Canada.

Implications for Canadian Music Therapy Training Programs

The literature review indicated that healthcare professionals could benefit from in-school training to prepare for the potential challenges that arise in a rural work environment (Dyck et al., 2008; Dyck & Hardy, 2013; Jameson & Blank, 2007; Rygh & Hjortdahl, 2007; Wielandt & Taylor, 2010). Preparation in both educational and practicum settings for music therapists working in a rural environment could potentially address the variety of challenges described by participants. As mentioned in the literature review, some Canadian post-secondary programs offer training experiences to allied health professionals (e.g., psychologists, physicians) in rural environments with adequate support and resources. The goal of these specialized programs is to help pre-professionals feel competent working independently in rural environments so that they may be more inclined to work in a rural environment thereafter. Music therapy programs could consider offering similar opportunities to music therapy students/pre-professionals who may be interested in rural work. Additionally, music therapy curriculums could consider incorporating topics related to working in a rural setting as to prepare future music therapists for the realities of this specific work environment.

Implications for the Music Therapy Profession in Canada

Given the growing number of music therapists in Canada, the number of music therapists working specifically in rural communities is also bound to be growing. If other Canadian music therapists in rural communities are experiencing similar challenges to participants in the present study, it is important that they feel adequately prepared for rural work and have access to supports. To address the unique needs of music therapists in rural communities, the first step is awareness, which the researcher hopes has been initiated with the present study. Secondly, creative and effective solutions are needed to address those needs. The researcher offers three recommendations.

Firstly, a centralized online forum for Canadian rural music therapists where they can share experiences, resources, and support with one another. Such an approach could mitigate feelings of isolation, increase connectivity, and provide creative solutions to the challenges they may be experiencing.

Secondly, the Canadian Association of Music Therapists could create a position on the Board of Directors whose mandate is to offer support to music therapists in rural communities across Canada. This position could also be responsible for recruiting a representative from each province to form a national council pertaining to music therapists in rural communities. This council could offer regular supervision, events, and resources to music therapists in rural communities, helping them feel supported and connected.

Thirdly, possibilities could be explored for funding opportunities for rural music therapists to offset the expensive cost of travel that appears to be a challenge.

Implications for Future Research

This study was delimited to examining the lived experiences of music therapists working only in rural communities of Atlantic Canadian provinces. It would be valuable to learn about the experiences of music therapists working in rural communities of other regions of Canada, thus painting a clearer and more inclusive picture of rural therapists' experiences across the country. Such research could compare the experiences of rural music therapists in the various regions under examination.

In order to complete the research in a timely fashion, the researcher delimited the number of participants to three. Future research could use a larger sample size to achieve theoretical saturation (Daveson, O'Callaghan, & Grocke, 2008). Furthermore, future research could use a quantitative methodology that would permit statistical analysis. For example, a survey could permit a large sample size, thus providing greater information. Survey research could incorporate some of the main themes from relevant literature – including the present study – to produce rich results.

Other ideas for further exploration include: (a) the experiences of music therapy clients living in rural communities; (b) the experiences of music therapists in urban centres; (c) the experiences of other creative arts therapists in rural communities; and (d) training programs' current curriculums pertaining to preparation for pre-professionals in various work environments. Continuing to critically examine rural music therapists' experiences can better illuminate their personal and professional needs. Addressing these needs could have a ripple effect by ensuring that clients who live in rural areas have access to the quality music therapy services that they need.

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Appendix A: Information and Consent Form

Study Title: Music Therapists' Experiences of Working in Rural Communities of Atlantic Canada

Researcher: Daniel Bevan-Baker, MTA

Researcher's Contact Information: daniel.bevan-baker@mail.mcgill.ca

Faculty Supervisor: Dr. Sandra Curtis

Faculty Supervisor's Contact Information: sandi.curtis@concordia.ca

(514) 848-2424 ext. 4679

Source of funding for the study: None

Research Ethics Approval: This research has been has been approved by Concordia's University Human Research Ethics Committee (Certificate #30007982).

You are being invited to participate in the research study mentioned above. This form provides information about what participating would mean. Please read it carefully before deciding if you want to participate or not. If there is anything you do not understand, or if you want more information, please ask the researcher.

A. PURPOSE

The purpose of this study is to examine music therapists' experiences of working in rural communities of Atlantic Canada.

B. PROCEDURES

If you participate, you will be asked to participate in a verbal interview via Skype with the primary researcher.

In total, participating in this study will take approximately 30-60 minutes.

C. RISKS AND BENEFITS

You might face certain risks by participating in this research. These risks include maintaining anonymity, and potentially becoming uncomfortable sharing your experiences during the interview process.

Potential benefits include the opportunity for you to deeper reflect on your personal experiences working as a music therapist in a rural community. This research may also contribute to research that could potentially help current or future music therapists who work in rural communities.
This research is not intended to benefit you personally.

D. CONFIDENTIALITY

We will gather the following information as part of this research: your experiences working in rural communities of Atlantic Canada, perceived challenges or benefits, and comparing rural and urban work environments.

We will not allow anyone to access the information, except people directly involved in conducting the research. We will only use the information for the purposes of the research described in this form.

The information gathered will be confidential. That means that it will not be possible to make a link between you and the information you provide.

The information gathered will be coded. That means that the information will be identified by a code. The researcher will have a list that links the code to your name.

We will protect the information by de-identifying you as best as possible. For example: using pseudonyms, removing references to specific geographic locations, and storing the data on a secure password protected computer.

We intend to publish the results of the research. However, it will not be possible to identify you in the published results.

We will destroy the information 5 years after the end of the study.

E. CONDITIONS OF PARTICIPATION

You do not have to participate in this research. It is purely your decision. If you do participate, you can stop at any time. You can also ask that the information you provided not be used, and your choice will be respected. If you decide that you don't want us to use your information, you must tell the researcher before 2 weeks have passed since the interview date.

There are no negative consequences for not participating, stopping in the middle, or asking us not to use your information.

F. PARTICIPANT'S DECLARATION

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

NAME (please print)

_____

SIGNATURE

_____

DATE

_____

If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. You may also contact their faculty supervisor. Their contact information is on page 1.

If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 or oor.ethics@concordia.ca.

Appendix B: Participant Recruitment E-Mail

Dear CAMT Members

Please find attached an invitation to participate in a study that is being conducted by MTA Daniel Bevan-Baker.

Cher Membres AMC

Veuillez trouver en pièce jointe une invitation à participer à une étude menée par Daniel Bevan-Baker, MTA.

May, 2017

This is an invitation to participate in a research study being conducted by Daniel Bevan-Baker under the supervision of Dr. Sandi Curtis at Concordia University in Montreal, QC. The research study is a partial fulfillment of the requirements for the Master of Arts in Music Therapy program at Concordia University. Complete detailed information is contained in the attached *Information and Consent Form.* This research has been has been approved by Concordia's University Human Research Ethics Committee (Certificate #30007982).

The purpose of this study is to examine music therapists' experiences of working in rural communities of Atlantic Canada, perceived challenges or benefits, and comparisons between rural and urban work environments.

The researcher is looking to interview participants who:

- Are MTAs in good standing
- Have worked as a music therapist in a *rura*l* Atlantic Canadian community for at least 3 years but currently do not necessarily need to live in an Atlantic Canadian province
- Are fluent in spoken English

**Rural*: a population living outside areas of 1,000+ people, and with a density of 400+ inhabitants per square km (Statistics Canada, 2007).

The semi-structured interview will last between 30-60 minutes and will be conducted via Skype. Participants' identities will be anonymous, and any identifying information related to the participants will not be revealed. Participants may withdraw up to two weeks after the interview date.

If you are interested in participating, please contact Daniel Bevan-Baker via e-mail at daniel.bevan-baker@mail.mcgill.ca. Only the first three participants who contact the researcher and meet the inclusion criteria will be eligible to participate in this study.

Thank you for your consideration.

Daniel Bevan-Baker, MTA

Faculty supervisor:

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Appendix C: Interview Questions

1. What influenced your decision to work in a rural community of Atlantic Canada?

2. Are there aspects of working in rural communities that you have found challenging?

    A) How would you describe these challenges?

    B) How have you gone about addressing these challenges?

3. Are there any aspects of working in rural communities of Atlantic Canada that you have found rewarding?

    A) How would you describe these rewarding aspects?

    B) In what way are they rewarding?

4. If you have also worked in an urban environment, how do these experiences compare to your rural work?

    A) What are the differences?

    B) What are the similarities?

    C) Do you have a preference?

5. What should other music therapists and professionals know about work in rural communities?

6. Is there anything you would like to add about your experiences working in rural communities of Atlantic Canada?