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MUSIC AND SONG PREFERENCES FOR DEALING WITH GRIEF IN
FRONT-LINE HOSPICE STAFF

presented by

WAN-FANG HUNG

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of the requirements for the

Master of Music degree in Music Therapy

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MUSIC AND SONG PREFERENCES FOR DEALING WITH GRIEF IN FRONT-LINE
HOSPICE STAFF

By

Wan-Fang Hung

A THESIS

Submitted to
Michigan State University
In partial fulfillment of the requirements
for the degree of

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ABSTRACT

MUSIC AND SONG PREFERENCES FOR DEALING WITH GRIEF IN FRONT-LINE HOSPICE STAFF

By

Wan-Fang Hung

The purpose of this study was to describe the music and song preferences of front-line hospice staff when using music to deal with professional grief. The 41 participants who completed the survey were front-line hospice staff, working more than 10 hours per week, in the states bordering the Great Lakes of the United States. The survey collected participant demographics, information on the use of music, and music preferences. Participants were asked to rank 30-second audio clips of songs/music on a scale from 1-5, as to familiarity and preference, and had the opportunity to list up to three additional preferred music/songs of their own. The descriptive and inferential statistics showed that: (a) All the participants listened to music in their daily lives. (b) All of the males (n=5) indicated that they listened to music in dealing with professional grief, but only 72% of females (n=26) indicated that they did so. Gender differences were not significant. (c) In the two categories with the largest number of participants, grief counselors (n=11) tended to use music to deal with professional grief more than music therapists (n=10); However, these differences were not statistically significant. (d) There were no significant differences between the classification of hours worked per week and listening to music for professional grief. (e) The participants ranked new age music higher than other music styles among their preferences for dealing with professional grief. This study suggests considering the use of music for hospice front-line staff dealing with professional grief.

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MUSIC AND SONG PREFERENCES FOR DEALING WITH GRIEF IN FRONT-LINE HOSPICE STAFF

CHAPTER 1

Introduction

Hospice is a special care service that supplements the physical, emotional and spiritual needs of life-limited people and their family members. The National Hospice and Palliative Care Organization (NHPCO) stated that "... hospice [is] considered to be the model for quality, compassionate care for people facing a life-limiting illness or injury, hospice and palliative care involve a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the person's needs and wishes." Currently, there are more than 3,000 hospice programs across the country. More and more, insurance plans in the US are including hospice as a covered benefit (Medical Dictionary of MedicineNet.com, 2009). The goals of hospice care are to help patients to be comfortable and free of pain, to help patients have dignity at the end of life, and to provide support for the patients and their families' emotional, social, and spiritual needs.

Grief is the most common physical and psychological reaction following the death of a significant other. Emotional and physical stresses are often associated with the process of grief. Grief is often felt by staff members in healthcare settings such as nursing homes, hospice and cancer centers following the loss of a patient or client. "For these healthcare professionals, death, dying, and grief are commonplace" (Anderson & Gaugler, p. 302). "Researchers have [also] suggested a decline in mental and physical

health and general well-being in those who have suffered loss” (Stratton, et al., 2007, p. 590).

Because of the intense of working environment in the hospice, front-line staff might not have sufficient time to process or to deal with their work-related, or professional, grief. Facing the high frequency of death by patients or clients might increase a hospice front-line staff’s emotional stress. Music and music therapy have been widely used for dealing with emotional stress and burnout. The lack of existing resources related to the use of music in dealing with hospice front-line staff’s professional grief led to the researcher’s interest in discovering the music or songs preferences helpful for processing the work-related grief of hospice front-line staff. In the following chapter, the investigator will present the literature review, looking at various aspects of end of life care, as it relates to this study.

CHAPTER 2

Literature Review

Death is an event that can create emotions an individual may finds hard to deal with in modern Western society (Priestley, 1994). Death distress is related to psychological adjustment as defined by existential criteria, such as self-actualization, spirituality, job satisfaction and purpose in life. The acceptance of death can be characterized as neutral acceptance (e.g., inevitability of life), approach acceptance (e.g., pathway to a better existence), or escape acceptance (e.g., a release from the hardship of life) (Bassett, McCann & Cate, 1985).

Loss and Grief

Loss, such as death, is one example of breaking an individual's attachments. Clark, Marley, Hiller, Leahy, & Pratt (2006) stated in the article, *A grief diagnostic instrument for general practice*, that loss can be defined as a perceived negative change by an individual, due to the withdrawal of any valued person, object, commodity, state, or opportunity from the life of that individual. The strain of loss can directly an impact the individual's physical, spiritual, and emotional functions. Loss elicits powerful feelings of anxiety, hopelessness, and sorrow (Fraley & Bonanno, 2004). The loss of a loved one is among the most intensely painful experiences a caregiver can endure, especially when that person feels incapable of providing (Bowlby, 1980).

Grief is a multi-dimensional range of experiences that manifest following a loss (Walter, 2005). Clark, Marley, Hiller, Leahy & Pratt (2006) defined grief as the response

affecting the physical, emotional, behavioral, cognitive, social, and spiritual domains of the individual, which occurs in response to loss. It is also a necessarily human need to react to the loss of a significant person in our lives. Feifel (1987) stated that death and grief have become natural experiences of human life, and there is no need to deny these experiences. According to Barnes (1987), “losses are common in all our lives[,] and grief, the response to loss, is common, too” (p. 27). Unresolved grief and bereavement can, in some instances, lead to a complicated grief disorder. However, most hospice workers are dealing with “normal grief”.

Stress and Burnout among Hospice Front-Line Staff

Because of their daily exposure to illness and death, practitioners in health care settings have higher levels of stress than professionals in other work environments, where this does not happen as often (DiTullio & MacDonald, 1999). Research has investigated the physical and emotional stress of front-line health care workers. “..., the challenges of increasing patient volumes, complex treatment protocols, resource shortages, and frequent patient deaths may contribute to occupational stress and burnout” (Dougherty, Pierce, Ma, Panzarella, Rodin, & Zimmermann, 2009, p. 105). In a study of factors associated with work stress and professional satisfaction in oncology staff, the authors reported that 63% of the participants from an oncology inpatient unit (OIU) and a palliative care unit (PCU) indicated that they experienced “a great deal of stress” at work (Dougherty, Pierce, Ma, Panzarella, Rodin, & Zimmermann, 2009). Furthermore, 55% of the respondents in this study stated that they did not have sufficient time to grieve the patients’ death, and more than 30% felt that they did not have enough resources to cope

with work-related stress. The study concluded that these professional health care front-line staff members will experience both physical dysfunctions and emotional pain and suffering from the frequency of patient deaths (Stewart et al., 2005).

End-of-life factors determine the main difference between hospice settings and other healthcare systems. The average length of stay in hospice is less than 1 month, and 30% of patients die within seven days of admission (Qaseem, Shea, Connor, & Casarett, 2007). Stress in the work environment is increased by the frequency with which they face the death of patient (Stratton, Kellaway, & Rottini, 2007). Optimism becomes an important factor to successful personal performance in hospice work. However, the experience of incomplete grief will lower optimism and limit work efficiency. These struggles by hospice workers can cause burnout, which includes emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment (Halbesleben, 2006). Helping front-line hospice workers to complete the grief process becomes an essential component for them to process their feelings of loss and separation with patients. It has become an important concern for organizations as well, because it leads to decreased job performance, organizational commitment and job satisfaction, higher turnover, and higher health care costs, and reductions in creativity and innovation (Halbesleben, 2006).

In addition, the hospice system itself contributes to burnout, since the staff members need to travel to patients' homes at night and during inclement weather, as well as to work independently, often physically apart from other members of the Interdisciplinary team (IDT)(Hilliard, 2006). All of these factors show that hospice staff members face considerably higher emotional, clinical and logistical challenges in providing care than do most health care workers. In a study of the sources of stress, 72

hospice nurses indicated that their stress would come from death and dying; a lack of preparation for dealing with the tasks encountered; workload; conflict with doctors, conflict with other nurses; a lack of support; and feeling a sense of uncertainty (Hilliard, 2006).

Music and Grief

Several studies have explored music as a valuable tool in both theoretical design and practical application for the completion of grief processes. Jensen's study (2001) showed that listening to music involves perceptual and cognitive processes, which a listener will translate into emotion. The researcher indicated that music alters behaviors, intensifies moods and emotions, improves team relationships, and promotes self-exploration, self-disclosure, and life experiences. This research evaluated the relationships between disclosure environments (background music vs. no background music), disclosure method (writing vs. talking), and response domain (cognition vs. emotion). The researcher reported that background music (a) had an effect on the disclosure topics chosen by participants; (b) promoted cognitive suggestion and expression; (c) increased the enjoyment of listening to music; and (d) increased the expression of writers' anxiety.

Making a decision regarding music preference involves complicated processing, which can be explained by LeBlanc's (1982) music preference model. Influences of music-preference-decisions include personality, age, gender, environment, family, socio-economic status, and music training. Music-preference-decisions are based on the input information (e.g. lyrics), the musical stimulus (e.g. rhythm) and the cultural environment

(e.g. ethnicity). Once the listener accepts the music as preferred, the listener is likely to listen to the music until a saturation point is reached (LeBlanc, 1982). In a similar situation, the listener will listen to the music again.

Studies have shown that subject-selected music can improve mood states, and can reduce symptoms of emotional stress. Walworth (2003) studied the relationship between preferred music and anxiety levels among 90 participants. The results indicated that anxiety level is decreased while listening to preferred music genres, artists, or specific songs. The researcher also suggested that using patient-preferred-music is an effective way to reduce patients' anxiety in a hospital setting.

Mitchell and MacDonald (2006) conducted another study, investigating the effects of listening to preferred- and relaxing-music selections on pain perception with 54 participants (34 females, 20 males). Both male and female participants indicated that they were able to tolerate the painful stimulation significantly longer while listening to participant-selected music than to other-selected, relaxing music. The finding supported the positive effect of listening to preferred music on perceived control over pain. Based on this research, the authors suggested that listening to an individual's preferred music is an influential factor for dealing with pain.

In a study conducted by O'Callaghan and Magill (2009), the authors investigated the effect of music therapy on oncologic staff who experienced music therapy along with patients in two cancer centers. In Study 1, 38 staff members expressed that music therapy helped to improve emotion, cognition, team effects, and patient care. In Study 2, 62 staff members described the benefits of music therapy for both personal needs and patient

care. The results of this study suggested that music therapy could reduce staff stress and improve the work atmosphere and environment.

Although the previously-cited study supports the use of music in completing the grief process for hospice front-line staff or professional caregivers, no research was found on the music categories and song lists that front-line hospice staff members use to effectively cope with emotional stress. Walworth (2003) found it was important to consider music preferences before selecting music for patients and clients. In addition, based on their clinical experiences, Grocke and Wigram (2007) concluded that the most effective musical style to use is client preferred or familiar music (Grocke & Wigram, 2007).

The purpose of this research is to explore whether hospice front-line staff members have specific music that they prefer to use in dealing with grief. The research questions below are based on the assumption that hospice front-line staff members have their own preferred music, to which they listen repeatedly. Listed below are the four research questions addressed in this study:

1. Do hospice front-line staff members listen to music in their daily lives and use music to deal with professional grief?
2. What is the relationship between the demographic factors (gender, profession, age group and work-hours per week) of the participants and using music in dealing with professional grief?
3. What kind of music style is preferred by hospice front-line staff when dealing with professional grief?
4. What is the relationship between music familiarity and music preference?

CHAPTER 3

Methods

Sample

The sample for this study was drawn from hospice staff working in the states that border the Great Lakes: Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin. To recruit the participants, the researcher conducted an online search to collect information on hospice agents or facilities. Phone calls to the administrators of hospice agencies or facilities yielded the contact information and email addresses of the directors of grief and bereavement or music therapists. The investigator invited the participants via an email invitation (see Appendix A), which included information about the research project. To be included in this study, the participants were (a) limited to front-line hospice workers who have direct contact with patients and their families; (b) 24 to 65 years of age; (c) employees who work more than 10 hours per week at hospice; and (d) have more than 6 months experience in hospice work.

Participants

Participants who met the criteria were provided with information on the content of this research, with an online survey link sent through email invitation. The consent form, which was provided by the researcher (see Appendix B), was on the first page of the survey. Participants who agreed to participate in the research were asked to click “Yes” after reading the online consent form. Participants who clicked “No” were automatically removed from the online survey. This form was read and submitted by all of the

participants, prior to their continuation of the study. 60 participants began the study; 15 participants dropped out of the study, leaving a total sample size of 45.

Procedure

All of the participants were asked to complete a survey on music preferences for dealing with their professional grief (see Appendix C), created by the investigator. In the survey, participants provided their demographic information, as well as their preferences and familiarity with a variety of music styles and song titles. Participants ranked music and songs which they thought would be helpful to them in dealing with grief. The survey of music/songs was created in 5 music categories: classical, pop/country/rock, new age, religious and jazz/blues. The chosen song/ music was based on the most commonly occurring songs used in the research of Bonny & Savary(1990), Browne (2001), Cooper (2004), Grocke, & Wigram (2007), Kopacz (2005), Mathis (2007), Stewart et al (2005), and Strauser (1997). The investigator provided a 30-second audio clip of each song/ music for the participants during the survey process. Participants used a rating scale from 1 to 5 to indicate their familiarity and preference for the chosen songs under each category. Participants also had the opportunity to add up to 3 additional preferred music selections or songs, in each music style, in the survey.

Data Collection

The research was conducted online. Due to the need for audio clips, the investigator used the Corporate Edition of “Questionpro” (www.questionpro.com) as the server for the online survey. The music/song preferences were based on the ratings

chosen on a preference scale. The data were downloaded from the server of “Questionpro”. The investigator interpreted the data using descriptive and statistical analyses.

Data Analysis

The possible effects of gender and professional position in a hospice setting were compared using *t*-tests; age and work hours per week were compared using one-way ANOVA. The investigator used “Microsoft Excel 2007” (*t*-tests) and SPSS (one way ANOVA) to analyze the data. Two-sample-independent *t*-tests assuming equal variance were used for the data analysis.

Chapter 4

Results

Results are presented for each of the research questions.

Research Question One: Do hospice front-line staff listen to music in their daily lives and use music to deal with professional grief?

In order to answer this question, the investigator requested the participants to answer the following questions: “Do you listen to music in your daily life?” and “Do you listen to music in dealing with the professional grief?” The results are displayed in Table 1. All the participants ($n = 41$) indicated that they listened to music in their daily lives while only 78% ($n = 32$) participants also stated that they listened to music in dealing with their professional grief. This meant that 22% ($n = 9$) indicated that they did not use music for processing their grief. Because all the participants listened to music in daily life, the comparison below only includes whether participants used music in dealing with professional grief. The outcome showed a significant difference between these two categories ($t(41) = 11.926, p = 0.000$).

Table 1. *Listen to Music in Dealing with Professional Grief* *

Dealing with Professional Grief ($n = 41$)	
Yes ($n = 32$)	No ($n = 9$)
32 (78%)	9 (22%)
0	0

* $p = 0.000$

Research Question Two: What is the relationship between the demographic factors (gender, profession, age group and work-hours per week) of the participants using music in dealing with professional grief?

The investigator analyzed the results based on gender difference, profession, age grouping, and work hours, to determine whether those factors showed any differences in music choice.

“Listen to music for professional grief” by Gender

The investigator used a cross-table to compare the results, as shown in Table 2. The comparison of gender differences showed no significant difference between males and females in using music to help deal with grief ($t(41) = 1.259, p = 0.215$). All of the male participants stated that they would listen to music when dealing with the professional grief. However, only 75% ($n = 27$) of females indicated that they listened to music to deal with professional grief.

Table 2. “Listen to music for professional grief” by Gender*

		Listen to Music in Dealing with Professional Grief	
		Yes (<i>n</i> = 32)	No (<i>n</i> = 9)
Gender (<i>n</i> = 41)	F (<i>n</i> = 36)	27 (75%)	9 (25%)
	M (<i>n</i> = 5)	5 (100%)	0 (0%)

* $p = 0.215$

“Listen to music for professional grief” by Profession

Profession is one of the background influences that could affect psychological and physical stress. The investigator categorized the participants based on their professions: nurse, social worker, chaplain, grief counselor, medical director, certificated nursing assistant, and others, which consisted of a team coordinator, a bereavement director, a volunteer coordinator, an administrator, and several music therapists. The data for music in dealing with professional grief can be found in Table 3.

Table 3. “Listen to music for professional grief” by Profession

			Listen to music in dealing with Professional Grief	
			Yes	No
Profession (<i>n</i> = 41)	Nurse (<i>n</i> = 4)		2	2
			50%	50%
	Social Worker (<i>n</i> = 5)		4	1
			80%	20%
	Chaplain (<i>n</i> = 4)		4	0
			100%	0%
	Grief Counselor (<i>n</i> = 11)		10	1
			91.67%	8.33%
	Medical Director (<i>n</i> = 1)		0	1
			0%	100%
	Certified Nursing Assistant (CNA) (<i>n</i> = 2)		1	1
			50%	50%
	Other (<i>n</i> = 14)	Music Therapist (<i>n</i> = 10)	7	3
			70%	30%
		Volunteer Coordinator (<i>n</i> = 1)	1	0
			100%	0%
		Team Coordinator (<i>n</i> = 1)	1	0
			100%	0%
		Administrator (<i>n</i> = 1)	1	0
			100%	0%
		Manger (<i>n</i> = 1)	1	0
			100%	0%

Due to the limited numbers of participants in each profession, the investigator only compared the results of grief counselors (*n* = 11) and music therapists (*n* = 10) (See Table 4.). The results were not statistically significant ($t(21) = 3.606, p = 0.690$). 91% of grief counselors used music to deal with professional grief, but only 70% of music therapists did so.

Table 4. “Listen to music for professional grief” by Grief Counselors and Music Therapists*

	Listen to Music for Professional Grief	
	Yes ($n = 17$)	No ($n = 4$)
Grief Counselors ($n = 11$)	10 (91%)	1 (9%)
Music Therapists ($n = 10$)	7 (70%)	3 (30%)

* $p = 0.690$

“Listen to music for professional grief” by Age

The investigator grouped the participants into 4 age ranges (24-30, 31-40, 41-50, and 51-65) and analyzed differences among the groups. The investigator analyzed the data by comparing the numbers in each age category with the answers of listening or not listening to music for professional grief using a one-way ANOVA. The results ($F(41) = 0.502$, $p = 0.684$) showed no significant difference between the age groups in choosing to listen to music for professional grief (see Table 5). Regarding age differences, 33% of age 41-50 and 22% of age 51-65 showed no interest in using music to deal with their professional grief.

Table 5. “Listen to music for professional grief” by Age*

		Listen to Music for Professional Grief			
		Yes ($n = 32$)		No ($n = 9$)	
Age ($n = 41$)	24-30 ($n = 12$)	9 (75%)	28%**	3 (25%)	34%**
	31-40 ($n = 10$)	9 (90%)	28%**	1 (10%)	11%**
	41-50 ($n = 9$)	6 (67%)	19%**	3 (33%)	33%**
	51-65 ($n = 10$)	8 (80%)	25%**	2 (20%)	22%**

* Not Significant

** Percentages of Yes ($n = 32$) and No ($n = 9$) groups

“Listen to music for professional grief” by Work-Hours/Week

No significant difference was found among the number of hours worked per week and listening to music for professional grief ($F(41) = 2.172, p = 1.08$) (see Table 6).

Table 6. “Listen to music for professional grief” by Work Hours/Week*

		Listen to Music for Professional Grief			
		Yes ($n = 32$)		No ($n = 9$)	
Work Hours/ Week ($n = 41$)	10 – 20 ($n = 6$)	5 (83%)	16%**	1 (17%)	11%**
	21 – 30 ($n = 7$)	3 (43%)	9%**	4 (57%)	45%**
	31 – 40 ($n = 20$)	17 (85%)	53%**	3 (15%)	33%**
	40 + ($n = 8$)	7 (86%)	22%**	1 (14%)	11%**

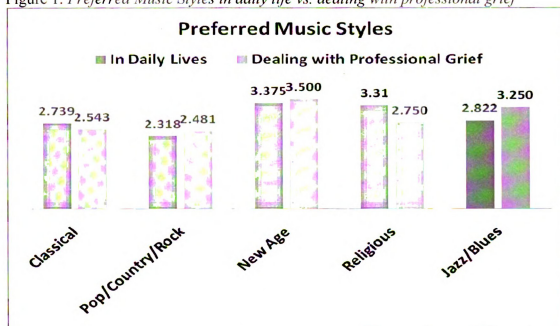
* Not Significant

** Percentages of Yes ($n = 32$) and No ($n = 9$)

Research Question Three: What kind of music style is preferred by hospice front-line staff in dealing with professional grief?

The numbers for music preferences and preferred music for dealing with grief can be found in Figure 1. For professional grief, the highest mean preference for this sample of participants was for new age music.

Figure 1. *Preferred Music Styles in daily life vs. dealing with professional grief*



Research Question Four: What is the relationship between music familiarity and music preference?

In order to investigate the relationship between music familiarity and music preference, the researcher requested that the participants identify their familiarity and preference for selected songs/music by ranking them from 1-5. The data in the graphs below are displayed for visual inspection only; they were not analyzed statistically.

Figure 2. "Music Style": *Classical*

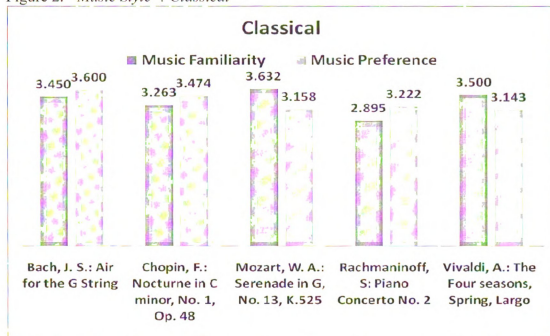


Figure 3. "Music Style": *Pop/ Country/ Rock*

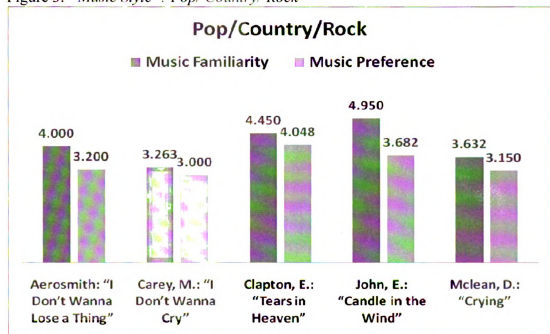


Figure 4. “Music Style”: Religious

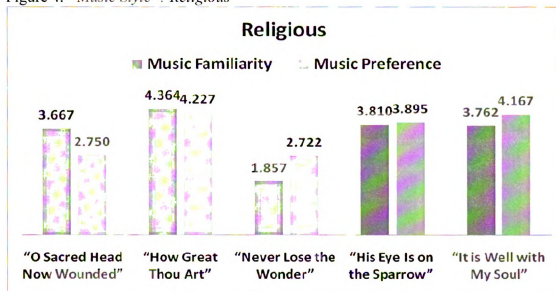


Figure 5 shows that New Age music was more preferred than it was familiar.

Figure 5. “Music Style”: New Age

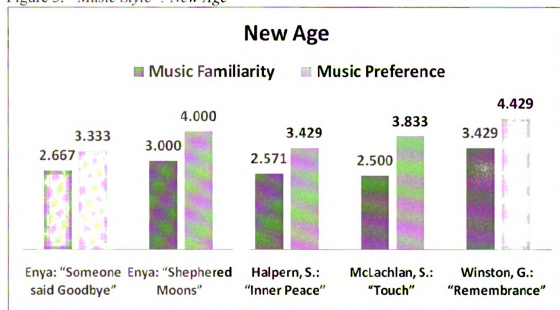
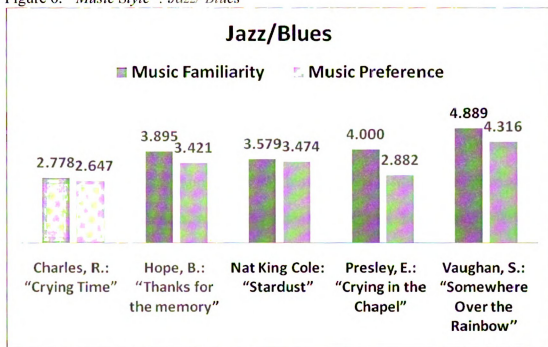


Figure 6. "Music Style": Jazz/ Blues



The songs selected by the participants are included as a song list in Appendix D.

Chapter 5

Discussion

The researcher designed four research questions, designed to identify the music and songs preferences of hospice front-line staff, when dealing with professional grief. These questions were based on the assumption that hospice front-line staff members have their own music preferences, which they listen to repeatedly. In this study, all the participants listened to music in their daily lives, and most of the hospice front-line staff used music to deal with professional grief. The findings supported the assumption of this study which has not been discussed in previous research studies.

Gender

There are several studies related to gender differences in using music: song-writing by people with traumatic brain injury (Baker & Kennelly, 2005); personality and music (Chamorro-Premuzic & Furnham, 2007); selective hearing and music preferences of young adults (Millar, 2008); and users of music search and retrieval systems (Lesaffre, De Voogdt, Leman, De Baets, De Meyer, Martens, 2008). There were none literatures focused on using music to deal with professional grief. The following issues were not addressed in previous research: (a) gender differences in choosing music to deal with emotional stress, (b) gender differences in using different music styles to deal with work-related stress, and (c) the relationship between gender and processing their professional grief via music.

Because of the gender differences identified in how people dealing with stress or burnout, the investigator looked at gender differences in using music to deal with professional grief. While 78% of the participants reported that they would choose to use music to deal with professional grief, there were 10 females who showed no interest in doing so. All 5 male participants, on the other hand, reported that they would be likely to use music to deal with their grief. A future study may wish to focus on gender differences of hospice front-line staff in dealing with professional grief through using music.

Profession

Due to the limited number of participants in each profession, the investigator only analyzed the differences between Grief Counselors and Music Therapists, which had the largest numbers of participants in this study. In the field of music therapy, music provides a wide range of emotional expression for both positive and negative feelings (Sears, 2007). It was noted that higher percentages of Grief Counselors used music in dealing with professional grief than did Music Therapists. One possible reason for music therapists to not use music to process their professional grief could be that it might become annoying, since it is used and listened to so much in their work. There were several related studies about burnout of musicians, music educators, and music therapists, but no research was found that addressed the following issues: (a) the reasons that grief counselors might choose to use music more to deal with their professional grief; and (b) the reasons that more music therapists did not choose music to help them deal with grief.

Preferred music styles of hospice front-line staff for dealing with professional grief

The participants indicated that New Age music was their preferred music styles for dealing with professional grief. They also listed their preferences for songs in a New Age style, although these songs were not particularly familiar to them. One study found in the literature review identified the unique musical characteristics of New Age music: (a) The performers of new age music have the tendency to play ‘under’ the note, then adjust the intonation into the note to create a sense of resolution and satisfaction for the listeners; (b) Some new age music is created or enhanced through electronic or computer-generated sounds, which means that the underlying rhythm and pulse can be adjusted to create a pulsing effect to induce a relaxation response; (c) The effect of the rhythmic structure of new age music, with the instrument carrying the melody, may be slightly ahead or behind the down beat, which can create a dream-like feeling for the listeners; and (d) The seamless quality of the performers’ playing creates a feelings of a continuous flow for the listeners (Grocke & Wigram, 2007). Although the studies indicated how New Age music may moderate emotional stress, no studies were found on using New Age music to process hospice front-line staff’s professional grief.

High dropout rate

There were several possible reasons for the high dropout rate in the study. First, 10 minutes was the average time needed to complete the survey. Because of their work demands, participants might not have had enough time to complete the survey during work hours. Second, the participants had to figure out their preferred songs or music by indicating the specific names of songs/music if they chose “none above.” It would take

even more time for participants to provide the correct information about the tunes that they preferred. Third, another possible reason for participants dropping out was an unfamiliarity with some of the technology. The investigator uploaded the audio clips for participants to listen to and identify the music. Some participants responded that they were unable to figure out how to listen to the music. The researcher consulted with the online survey company, and learned that the participants had to have an updated version of Java and also had to turn off their firewalls to see the icons of the audio clips. This could have been a problem for some participants.

Summary

Due to stressful work environments in hospice, front-line staff members face a great deal of pressure to produce high-quality services. In recent years, more and more researchers have investigated the work-related stress and burnout of hospice interdisciplinary team members. Because of their tight schedules, there is not sufficient time for staff to process client-related grief or professional grief. Incomplete grief can cause physical and psychological stress, and burnout. The impact of this could affect interdisciplinary members' work performance and the quality of hospice services.

Music has been identified as a powerful tool for reducing physical and psychological stress. Several research studies have documented the benefits of using music to deal with grief. Furthermore, this study also indicated that using preferred music could decrease or moderate the symptoms of incomplete grief - such as depression, sleeping disorders and emotional stress.

The purpose of this study was to describe the music and song preferences of front-line hospice staff members, when music was used to deal with professional grief. The results of this study indicate several important findings. First, the study seems to verify previous research, which showed gender differences in dealing with stress in such areas as copying styles of stress from others (Matud, 2004); the use of social resources (Pinquart & Sörensen, 2006); coping strategies (González-morales, Peiró, Rodríguez & Greenglass, 2006); and neural responses to psychological stress (Wang, Korczykowski, Rao, Fan, Pluta, Gur, McEwen, & Detre, 2007). According to the results of the current research, all of the male participants used music to manage their professional grief, whereas 28% of the female participants did. Second, from a music therapist's perspective, music is a powerful tool for releasing work-related grief or professional grief. It was surprising, therefore, that grief counselors were more likely to use music to deal with professional grief, than were music therapists. Based on the research of Schäfer and Sedlmeier (2009), the emotional functions of the participants - 53 students from Chemnitz University of Technology - were not completely relevant to music preferences. This study supported that finding. Only New Age music stood out as being more likely to be used in dealing with professional grief than any other music style, even though the participants indicated that it was less familiar to them.

Limitations

There were some difficulties encountered in obtaining email addresses for potential participants. The investigator contacted the staff employers by phone and email. Most of the hospice administrators were willing to provide contact information of the

persons who were in charge of the grief or music services. Some, refused, however, stating that they did not provide music therapy services. Furthermore, in order to protect the privacy of employees, some facilities refused to provide contact information for the people who are in charge of bereavement or music therapy.

A summary of some of the limitations in this study follows: First, information was lost because only a dichotomous answer was given for whether the participants used music to deal with grief. This loss could have been avoided by using a semantic differential, which would have shown the strength of participants' statements about using music to deal with grief. Further studies should consider correcting this limitation. Second, researcher selected the music and songs, which might not represent all participants' preferred music. In addition, because the song selections were based on research conducted before 2008, music or songs written after 2008 were not included in the research. Third, future research also needs to use a larger number of participants to improve statistical power and confidence in the findings. Finally, it is important to eliminate technological barriers. A pilot study would have been useful for detecting technological problems and avoiding them.

As a way of reducing some of the documented high rate of burnout in hospice staff, this study suggests that hospice workers should consider listening to music to deal with their professional grief. Furthermore, the study identified types of music that may be the most helpful in facilitating grief resolution. These findings were not addressed in earlier studies and should be taken into consideration in designing future studies on dealing with grief in hospice workers.

APPENDIX A

Email Invitation

Wan-Fang Hung, MA, NMT, MT-BC
1573 Spartan Village, Apt. C
East Lansing, MI. 48823

Dear Hospice Front-Line Staff,

My name is Wan-Fang Hung. I am a Board Certificated Music Therapist and a graduate student in the Music Therapy program at Michigan State University. I am conducting research about “Music and Song Preferences for Dealing with Grief in Front-Line Hospice Staff” as my thesis. The purpose of this research is to investigate if hospice front-line staff use music to deal with their professional grief and the music and songs which have been effective in dealing with professional grief in hospice front-line staff.

I am asking for your help to complete the survey. You have been selected randomly through the Michigan Hospice and Palliative Care Organization*. You may discover the music or songs that may help you dealing with professional grief through this research.

If you agree to participate in the research, please follow the link to complete the two-part survey. There will be a consent form on the first page. Please read the consent form and decide if you still want to continue the survey. The first part of the survey is demographic information, which include age, gender, work-position and work-years at hospice settings and music preferred styles. Song lists are based on 5 categories: classical, pop/country/rock, new age, religious and jazz/blues. You will indicate on a scale from 1-5 your music/song familiarities and preferences. I also provide 30 seconds audio clip of each music and song as a reference to identify the music or song. You will also have an opportunity to add 3 additional preferred music selections or songs which are not included on the survey. The survey will take approximately 25-30 minutes.

All the data will be collected anonymously. I will only present group data in any publication or public presentation. I shall not use any information which will allow you to be indentified as a participant.

Based on my knowledge, there is only very minor potential risk of this research, since the music and songs might evoke some uncomfortable experiences in your life. Your participation is voluntary in this research. You will complete the consent form through the online survey. You may discontinue the survey any time during the processing of the survey. Any incomplete survey will not be included in data analysis.

This research is supervised by Prof. Frederick Tims, Ph. D., MT-BC, Professor and Chair of Music Therapy at Michigan State University. If you have any concern or question about this research, please contact me at hungwan@msu.edu or my supervisor, Dr. Tims,

at tims@msu.edu. If you would like to receive a song list after I complete the research, please contact me at hungwan@msu.edu.

Thank you for considering participating in this research.

Sincerely,
Wan-Fang Hung, MA, NMT, MT-BC

Wan-Fang Hung, MA, NMT, MT-BC
1573 Spartan Village. Apt. C
East Lansing, MI. 48823
hungwan@msu.edu
(734)754-3471

Prof. Frederick Tims, Ph. D., MT-BC
Professor and Chair of Music Therapy
College of Music
Michigan State University
tims@msu.edu
(517)353-9856

*The investigators recruited the participants through internet search, phone calls and email addresses.

APPENDIX B

Informed Consent Form

Study Title: Music and Song Preferences for Dealing with Grief in Front-Line Hospice Staff

Researcher and Title: Wan-Fang Hung, MA, NMT, MT-BC

Department and Institution: Music Therapy of College of Music, Michigan State University

Address and Contact Information: 1573 Spartan Village, Apt. C, East Lansing, MI. 48823
hungwan@msu.edu, (734)754-3471

1. PURPOSE OF RESEARCH

You are invited to participate in a research study that investigates the music/song preference of hospice front-line staff which has been found helpful in dealing with the professional grief. You have been chosen to participate since you have direct contact with patients/clients and their families and that you have worked at hospice for 20 hours/week* for more than 6 months. In the entire study, at least 50 people are being asked to participate. Your participation in this study will take about 30 min.

The purpose of this study is to investigate the music and songs which have been effective in dealing with professional grief in front-line hospice staff. The investigator will interpret the data via description and statistic analysis. Possible effect of age, gender, professional position and numbers of years worked in hospice settings will be compared using *t*-tests.

2. WHAT YOU WILL DO

If you agree to participate in this research, you will fill out a survey created by the researcher after you click "Yes" at the end of this consent form. There are two parts of this survey, which are demographic information and song lists. Demographic information includes age, gender, work-position and work-years at hospice settings and music preferred styles. Song lists are based on 5 categories: classical, pop/country/rock, new age, religious and jazz/blues. You will indicate on a scale from 1-5 your music/song familiarities and preferences. You will also have an opportunity to add 3 additional preferred music selections or song which are not included on the survey.

3. BENEFITS OF PARTICIPATION

One potential benefit of participating in this research is that you may discover music that can help you to complete the professional grief process and relieve your emotional stress. You will also receive a music/song list based on this research after completion of the research.

4. POTENTIAL RISKS/ INJURY

Based on researcher's knowledge and experience, there is a minor potential risk of psychological distress or related injury to the participants. The music and songs might evoke some uncomfortable memories of life experiences through this research. If you need any further help, I could refer you to another mental health professional to work through your feelings.

5. PRIVACY AND CONFIDENTIALITY

The participants will be anonymous through the research. All the data will be collected with a participant's code to assure confidentiality of the information. The records of this study will be kept private in an online survey host. The investigator will be the only person who has the username and password to access the data. The IP addressed might be tracked down through the online survey. The researcher will only present group data from the study. The investigator will not use any information that will allow you to be identified as a participant in any publications or public presentations. Your records for the study will only be reviewed by the investigator and her supervisor at the university. Study information will not be included in any school records. The investigator will destroy all identifying data at the conclusion of the study. To these extents, confidentiality is not absolute.

6. YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW

Participation in the study is voluntary. Your decision whether or not to participate in this research will not affect your current or future relations in your professional work place. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

7. COSTS AND COMPENSATION FOR BEING IN THE STUDY

There is no cost to you for participating in this study nor no compensation.

8. CONTACTS AND QUESTIONS

The researcher conducting this study is Wan-Fang Hung. You may ask questions you have now, or if you have questions later, you are welcome to contact her by phone at (734)754-3471 or by email at hungwan@msu.edu.

If you have any question or concern regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the researcher's supervisor, Prof. Frederick Tims, Ph. D., MT-BC, by phone at (517)353-9856 or email at tims@msu.edu at Michigan State University.

You may also contact, anonymously if you wish, the Michigan State University's Human Research Protection Program at (517)355-2180, FAX (517)432-4503, or email irb@msu.edu or regular mail at 202 Olds Hall, MSU, East Lansing, MI 48824 if you

would like to obtain information or offer input, or would like to register a complaint about this study.

9. DOCUMENTATION OF INFORMED CONSENT

Would you like to participate in this research?

☐ Yes: You agree to participate in this research study.

☐ No: You do not agree to participate in this research. (The survey will be discontinued automatically)

*Because of the current economic situation, many hospice staff members have had their work hours cut. In order to increase the numbers of participants in this study, the investigator decided to include hospice front-line staff members who worked more than 10 hours per week.

APPENDIX C

Survey Questions and Song lists

Participant Code: ____

Demographic Information

- Your Age:
- Gender: F or M (circle one)
- What is your position of your work at hospice?
 - a. Nurse b. Social worker c. Chaplain d. Certified Nursing Assistant (CNA)
 - e. Grief Counselor f. Medical Director g. Others (specify):
- How long have you been working at hospice? _____ years _____ months
- How many hours do you work per week? _____ hours/ week
- Do you listen to music in your daily life? ____ Yes; ____ No
- If Yes, please rank the order of your preference for the following 5 categories of music? *(Please indicate your music preferences by using 1-5 scales: 1 = 1st choice; 2 = 2nd choice; 3 = 3rd choice; 4 = 4th choice; 5 = 5th choice. You can also write down your prefer styles of music if none of the chosen categories is your favorite music style.)*
____ Classical ____ Pop/ Country/Rock ____ New Age ____ Religious ____ Jazz/Blues
____ Others (Specify):
- Do you listen to music in dealing with your professional grief? ____ Yes; ____ No
- If Yes, please rank the order of your preference in dealing with professional grief for the following 5 categories of music? *(Please indicate your music preferences by using 1-5 scales: 1 = 1st choice; 2 = 2nd choice; 3 = 3rd choice; 4 = 4th choice; 5 = 5th choice. You can also write down your preferred styles of music if none of the chosen categories is your favorite music style.)*
____ Classical ____ Pop/ Country/Rock ____ New Age ____ Religious ____ Jazz/Blues
____ Others (Specify):

Song Lists

- Please indicate your song familiarity and preferences of the following song lists for your professional grief by using 1-5 scales. You can also write down one of your prefer songs if none of the chosen songs is your favorite song. You may also choose “None” if you do not listen to the chose categories.
- Music Familiarity:
 - 1 = Unfamiliar (never heard about it); 2 = Familiar with the Title; 3 = Heard about the music; 4 = Familiar with Part of the Music or Lyrics; 5 = Familiar with the Whole Music and Lyrics
- Music Preference:
 - 1 = Dislike strongly; 2 = Dislike a little; 3 = Neither dislike nor preferred; 4 = Preferred a little; 5 = Favorite

Table C. “Song Lists”: Online Survey

Music Categories	Music Familiarity	Music Preference
	Unfamiliar Familiar (Circle One Number)	Dislike Favorite (Circle One Number)
<u>Classical</u> : __ None		
Bach, J. S.: Air for the G String	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Chopin, F.: Nocturne in C minor, No. 1, Op. 48	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Mozart, W. A.: Serenade in G, No. 13, K.525	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Rachmaninoff, S: Piano Concerto No. 2	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Vivaldi, A.: The Four seasons, Spring, Largo	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Other (specify): _____ _____ _____		

<u>Pop/ Country/ Rock:</u> ____ None		
Aerosmith: “I Don’t Wanna Lose a Thing”	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Carey, M.: “I Don’t Wanna Cry”	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Clapton, E.: “Tears in Heaven”	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
John, E.: “Candle in the Wind”	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
McClean, D.: “Crying”	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Other (specify): _____ _____ _____		
<u>New Age:</u> ____ None		
Enya: “Someone said Goodbye”	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Enya: “Shepherd Moons”	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Halpern, S.: “Inner Peace”	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
McLachlan, S.: “Touch”	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Winston, G.: “Remembrance”	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Other (specify): _____ _____ _____		

Table C. Continued

<u>Christian Music</u> : __ None		
"O Sacred Head Now Wounded"	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
"How Great Thou Art"	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
"Never Lose the Wonder"	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
"His Eye Is on the Sparrow"	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
"It is Well with My Soul"	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Other (Specify): _____ _____ _____		
<u>Jazz/ Blues</u> : __ None		
Charles, R.: "Crying Time"	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Hope, B.: "Thanks for the memory"	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Nat King Cole: "Stardust"	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Presley, E.: "Crying in the Chapel"	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Vaughan, S.: "Somewhere Over the Rainbow"	1 – 2 – 3 – 4 – 5	1 – 2 – 3 – 4 – 5
Other (specify): _____ _____ _____		

Table C. Continued

APPENDIX D

Participants' Chosen Song lists

Table D. "Song Lists": Participants' Selections

Music Style	Composer/ Singer	Music/ Song	Numbers of Chosen
Classical	Bach, J. S.	Goldberg Variations Sheep May Safely Graze from Cantata BWV 208 Suite for Orchestra No. 3 in D Major, BWV 1068	2
	Brahms, J.	Sonata for Cello and Piano in E Minor	1
	Elgar, Edward	Nimrod from Enigma Variations	1
	Handel, George	Air from Water Music	1
	Frederic	Hallelujah from Messiah I know My Redeemer Lives from Messiah	1 1
	Pachelbel, Johann	Canon in D	1
Pop/ Country/ Rock	Brooks, Garth	The River The Gambler	2
	Chapman, Beth Nielsen	Beyond the Blue	1
	Diamond, Neil	Be	1
	Floyd, Pink	On the Turning Away	1
	Gabriel, Peter	I Grieve	1
	Grant, Amy	I will Remember You Somewhere Down the Road	1 1
	Kamakawiwo'ole, Israel	Over the Rainbow	1
	Mercy Me	I Can Only Imagine	2
	Sosa, Mercedes	Solo le Peido a Dois	1
	Deon, Celine	Participants did not indicate the specific song	
Religious	Gant, Natalie	Held	1
	Brumley, Albert E.	I'll Fly Away	3
	Chapman, Steven Curtis	With Hope	1
	Haas, David	You Are Mine	1
	Joncas, Michael	On Eagles Wings	3
	Nitty Gritty Dirt Band	Will the Circle Be Unbroken	3
	Nordeman, Nichole	Small Enough Every season	1 1

	Hymn	Abide with Me	1
		In the Garden	1
		Rugged Cross	1
		Amazing Grace	5
		Be Thou My Vision	1
		Victory in Jesus	1

Jazz/ Blues	Armstrong, Louis	What a Wonderful World	1
	Cole, Nat & Natalie	Unforgettable	1

New Age	McLachlan, Sarah	Angel	1
	Lanz, David	Participants did not indicate the specific song	1
	Brickman, Jim	Participants did not indicate the specific song	

Table D. Continued

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