Work 40 (2011) 269–280
DOI 10.3233/WOR-2011-1230
IOS Press

The lived experience of working as a musician with an injury

Christine Guptill
Assistant Professor, Don Wright Faculty of Music, the University of Western Ontario, London, Ontario, Canada
Post-doctoral Fellow, School of Rehabilitation Science, McMaster University, Hamilton, Ontario, Canada
Hand & Upper Limb Clinical Research Lab, St. Joseph's Healthcare London, Ontario, Canada
E-mail: Christine_guptill@alumni.uwo.ca

Received 1 May 2010
Accepted 26 November 2010

Abstract. *Objective*: Research and clinical experience have shown that musicians are at risk of acquiring playing-related injuries. This paper explores findings from a qualitative research study examining the lived experience of professional instrumental musicians with playing-related injuries, which has thus far been missing from the performing arts health literature.
Methodology: This study employed a phenomenological methodology influenced by van Manen to examine the lived experiences of professional musicians with playing-related injuries.
Participants and Methods: Ten professional musicians in Ontario, Canada were interviewed about their experiences as musicians with playing-related injuries. Six of the participants later attended a focus group where preliminary findings were presented.
Results: The findings demonstrate a need for education about risk and prevention of injuries that could be satisfied by healthcare professionals and music educators.
Conclusions: The practice and training of healthcare professionals should include the "tactful" (van Manen) delivery of care for this important and vulnerable population.

Keywords: Playing-related injury, work, phenomenology, performing arts, health

1. Introduction

The daily occupation of professional instrumental musicians involve many hours of practice, whether it be individual studio time or practice in a group setting such as an orchestra. The performing arts health literature has demonstrated that musicians are at risk of acquiring playing-related injuries, as described below. The prevalence of these types of injuries is difficult to determine due to a lack of high-quality studies. However, one reliable systematic review indicated that the prevalence of injuries, excluding minor symptoms, was between 39 and 47%, or in other words, similar to work-related musculoskeletal disorders in newspaper workers, supermarket checkers and assembly line food packers [1]. Some studies using a broader definition of playing-related injuries have reported lifetime prevalence as high as 90% [2,3].

Risk factors contributing to these injuries include the repetitive nature of the necessary movements, the long hours of practice needed to perform well, and the awkward postures required to play certain instruments (such as the asymmetric, raised arms position of the violin) [4,5]. In addition to these physical factors, stress and anxiety have also been linked to playing-related injuries [6]. However, little is understood about the lived experience of musicians with injuries and how their work impacts this experience.

This paper explores findings from a qualitative research study examining the lived experience of injured professional instrumental musicians. During the analysis phase, the researcher identified three roles that described the lived experiences of the participants: musician, teacher and worker. This paper will explore the musicians' role as workers and the relationship between

this role and their experiences with playing-related injuries.

2. Methodology

The methodology used in this study was derived from the philosophy of hermeneutic phenomenology, influenced by the work on phenomenology of practice developed by Max van Manen [7]. This philosophy acknowledges that both the researcher and the participants are caught up in our experiences of the world and that this experience cannot be completely pushed aside when examining a phenomenon. The methodology used in this work drew from the philosophy of Merleau-Ponty [8], acknowledging that there is a phenomenon to be described, but that our only access to it is through our lived, embodied experience. Heidegger's views on hermeneutics [9] and Gadamer's dialogic views [10] also influenced this methodology in that the researcher is an active participant in describing and interpreting the phenomenon. The methodology acknowledges the importance of the experiences of the participants, but does not see them as experts who are an infallible source of knowledge about the phenomenon.

3. Methods

3.1. Participants

Ten adult, professional, classically-trained, English-speaking musicians in Ontario who had experienced physical playing-related injuries, either at the time of the study or in the past, participated in this study. Classically trained musicians were chosen in order to select participants with similar experiences, and due to the researcher's ability to recruit key informants from this population. The number of participants is consistent with Creswell's observation that phenomenological studies involve "as many as 10 individuals" [11] (p.131), Polkinghorne's recommendation of 5 to 25 participants [12], and Thomas and Pollio's recommendation of 6 to 12 participants [13].

Playing-related injuries are difficult to define, and there is no gold standard for their diagnosis [14]. Therefore, musicians who volunteered for the study were asked in the letter of information and during the interviews to self-identify as having experienced a 'playing-related physical injury'. It was felt that this term used accessible language and would be well understood by musicians.

Defining the 'professional' musician is also challenging. The number of hours musicians play per week can vary. Some musicians who identify themselves as 'professional' might only perform as their primary source of income for part of the year, and for some their primary source of income might be employment other than performing (e.g. teaching in an elementary school). It was determined that the best approach was again to allow musicians to self-identify, by requiring identification as a 'professional musician' as a criterion to participate in the study.

The participants ranged in age from 28 to 59 years, with most (8) in their 50s. They performed on a variety of instruments: four played the violin, two the cello, one harp, one flute, one percussion, and one trumpet. All of the participants did freelance musical work, and for three participants, this formed the majority of their performance work. Four musicians performed regularly as part of an orchestra, and one performed in an orchestra part-time. All of the participants were teachers; five taught in formal school settings, four of those in universities and one in a private elementary school. All had started music studies by age 10, with the youngest beginning at age 4. Their injuries ranged from tendonitis to difficulties with orofacial musculature, arthritis and bone spurs. Although nine of the participants had not had complete resolution of their symptoms, all continue to identify themselves as professional musicians and continue to play.

3.2. Recruitment

This study was approved by the University of Western Ontario's Office of Research Ethics. Purposeful, snowball sampling was used in this study, as well as criterion sampling, in that all participants must have met the criteria outlined above. Initially, email contact was established with six people in the musical community in Ontario, including conductors, faculty members at a local university, musicians, and arts managers. In addition, two orchestras gave permission for the researcher to speak to the musicians and leave a letter of information for interested parties.

3.3. Interviews

In-depth interviews were chosen as a method of collecting narratives of the lived experiences of professional musicians with injuries. Interviews are com-

- Please tell me about a specific time when you were injured.
  - How did it happen?
  - When did it happen?
  - What happened when you became injured?
    - What was it like to continue working?
    - What was it like to continue teaching?
    - What was it like at home?
- What is it like to be an injured musician?
  - How do you experience your body when you are injured?
    - What does your body feel like?
  - How do you experience time when you are injured?
    - Is it faster, or slower?
    - Do you feel that injury is related to age, experience?
  - What are social relationships like when you are injured?
    - What is it like at home?
  - Can you describe the place you associate with being injured?
    - Where do you experience injuries?
    - Is there a place that is meaningful to you in relation to being injured?
- Did you seek out any help for your injury?
  - Who?
  - When?
  - Why?
  - What help did you receive?
  - What was the process of seeking and receiving help like?

Fig. 1. Interview guide.

monly used as a data collection strategy in hermeneutic phenomenological research [7,15–18]. Van Manen described interviews as a means of collecting examples of lived experience, through which we can seek to understand the phenomenon in question.

Interviews were recorded and transcribed verbatim, and names were replaced by pseudonyms. Identifying information – e.g., names of healthcare providers; orchestras with whom the musicians' perform – was removed from the transcripts. Two interviews were conducted with each participant with the exception of the last two. Giselle had a health concern just prior to the first interview, and initially cancelled the interview, providing instead a written account of her experiences. She later agreed to an interview. Since the researcher had already read the material from Giselle's written account, and since the researcher had completed interviews with all other participants (seventeen in total), she was able to obtain all of the information needed during the interview. It was therefore felt that a second interview was not required. Thomas was also only interviewed only once. Again, this interview took place after all other interviews had been completed, so the researcher was able to obtain all the information needed during the interview.

The interviews consisted of main questions about the experience of being an injured professional musician, with probes used as needed. The interview guide is presented in Fig. 1. Demographic information was collected as it arose in the discussion at the first interview (e.g. age the person began playing; current age; marital status). If it was not discussed in the first interview, further information was sought in the second interview. Using this information and through email collaboration with the participants, biographical sketches were developed for each participant to assist in contextualizing the interview data.

3.4. Focus group

Drawing from Gadamer's focus on the importance of dialogue in accessing and interpreting the phenomenon [10], a focus group was used after interviews in order to engage the participants in a dialogue about the preliminary findings. After interviews were complete and initial analysis had begun, nine participants

were contacted by email about their availability to participate in a focus group. The tenth participant had very different experiences than the rest. Although differences are natural and important in focus groups, experienced focus group researchers feel that there does need to be a shared experience in order for participants to engage in a discussion (David Morgan, personal communication; Marlene Cohen, personal communication). One of the primary motifs that emerged from the interviews was a deep sense of frustration with the difficulties participants had encountered in getting help in the healthcare system. However, this individual had received almost immediate treatment with which he was very satisfied. Since this frustration was central to what other participants had experienced, it was felt that there would not be enough common ground with the other participants for a discussion. He was therefore not asked to participate in the focus group.

Focus groups have not been widely used in hermeneutic phenomenological work. Marlene Cohen, a nurse researcher, employs focus groups and feels that "people [do not] have trouble sharing in a group made up of people who share the experience" (personal communication). Other researchers have also used these methods in hermeneutic phenomenological research [19–24]. David Morgan advocates for their use to "'give a voice' to marginalized groups", and in "applied settings where there is a difference in perspective between the researchers and [the participants]" [25] (p.266). Since the voice of the musician has thus far been relatively absent in the literature on musicians' health, and because my perspective as a researcher and clinician is likely different than that of the professional musicians in this study, focus groups were an appropriate method for this work.

3.5. Other sources of lived experience

As recommended by van Manen, other sources of lived experience were used to interpret the findings [7]. These included the researcher's own experience as a part-time professional musician (akin to participant observation), self-reflection and journaling, other phenomenological research, and works of art that can shed light on the experience and its meaning. In this study novels, poetry, films, television programs, and song lyrics were used to deepen the understanding of the lived experience.

3.6. Analysis

Analysis in this study employed a hermeneutic process of moving between the details and the broader concept of the whole until both can be seen simultaneously. This was initially outlined by Heidegger and developed for research application by van Manen [7]. This study was interested in not only a description of this phenomenon, but also the meaning of the lived experience, which is implicit in Heidegger's work and more explicitly stated in van Manen [7]. The analysis was also influenced by Merleau-Ponty's concept of the lived-body, since playing a musical instrument is an inherently embodied experience [8]. Finally, the analysis was guided by the data itself, with themes emerging from the importance that musicians placed on them as well as their resonance with the researcher, through dialogue during the focus groups, and in consultation with research sources.

3.7. Reflective journal

Journaling is a way of ensuring rigor in hermeneutic phenomenology, documenting the process of influence of the researcher and what is researched, and vice versa [26]. Throughout the research process the researcher kept a journal, documenting the development of thoughts about phenomenology, musicians' injuries, and interpretations of the data. The journal included relevant quotes about readings or thoughts about information from web searches conducted to better understand issues mentioned during interviews, the etymology of certain words and expressions, and other ideas that arose. 'Field notes' were also collected, including aspects of the physical environment in which the interviews or experiences took place, body language, tone of voice, environmental distracters, and other pertinent information. They also included observations made during interviews and recruitment efforts. For example, when subjects were recruited from a local orchestra, the researcher remained afterwards to watch the rehearsal, and observations about the experience were recorded. Observations of the researcher's own musical performance activities were also recorded.

3.8. Peer consultation

The researcher met periodically with a member of her thesis committee who had experience in qualitative methods. This member assisted in clarifying questions in the interview guide and in the interpretation of study results. She also assisted in structuring the information that was presented to the participants for the focus group session.

4. Findings

4.1. The work of musicians

Participants in this study discussed the work of being a musician. Some performed as employees of organizations, while others performed freelance in a variety of settings including social events (e.g. weddings) and clubs. The participants also spoke about the pay, working conditions and benefits to which they had access within the context of their experiences with injuries.

4.2. Employee versus freelance artist

Two basic philosophies of the work of the musician began to emerge during the interviews, and prompted a brief discussion at the focus group session. Those musicians who played in orchestras spoke about the challenges of that type of work; while other musicians, whose musical work did not consist of employer-employee relationships but rather more freelance work, spoke less about the challenges of the work and more about the intrinsic rewards of playing music. After the focus group session was over and the microphone was turned off, a conversation took place which reflected these differences between Simon and Elizabeth, whose experiences reflected the two extremes. Simon reflected that there was a time when he enjoyed playing and the artistic involvement with music much more than he had found recently performing with an orchestra. Elizabeth indicated that that enjoyment was a regular part of her own music performance. It appeared that the freedom and control of freelance work allowed musicians more choice in selecting the kinds of music they played, venues in which they performed, and musicians with whom they worked. Those musicians with the most freedom also had more non-performance work that provided their major source of income. Barbara reflected that despite the challenges of working in an orchestra, she still found something each day for which to "thank God for making me a [instrument] player."

4.3. Pay and benefits

The participants discussed the low pay associated with being a professional musician. Simon noted that this type of stress is counterproductive when trying to cope with an injury: "It's more like a quiet desperation to recover from it [injury], because it's your living, such as it is, I mean what else are you gonna do?" Nancy noted that many musicians do not have access to extended healthcare and disability benefits. Those participants who were associated with larger orchestras, however, did have access to sick leave, even if they were part-time members of the group. Simon also noted that "we're not really talking about cut-throat business types and I know with our orchestra, when people have used up their sick services, there's still that sense of compassion."

4.4. Working conditions

Working conditions were discussed particularly in relation to risk of injuries and balancing other commitments. All the participants were also teachers, whether in their own private studios, through a university or in the grade school system. Mark indicated that orchestras tend to perform three different programs per week during the season; with rehearsals, this could amount to nine two-and-a-half hour 'services' per week. Simon sometimes had difficulty fitting in the fourteen students he taught at the university when heavier orchestra schedules were taking place. This schedule required musicians to acquire repertoire quickly and through efficient use of time so that, in Barbara's words, "you don't have to spend your whole life practicing." In addition, Simon noted that too much personal practice can detract from stamina for a concert.

Although Robert's performances with a pit orchestra (accompanying a live show) were much more frequent – sometimes six performances per week – this was balanced by the seasonal nature of the work, which complemented his schedule as a university teacher. Jacqueline noted that some seasons were quite busy in freelance work, such as Christmas, Easter and weddings in the summer. The financial reimbursement made it tempting for her to take on many commitments at a time, or some social engagements of four hours or more (e.g. weddings, parties). However, she reflected that those types of 'gigs' were a challenge mentally and physically: "Everybody's sitting there eating their dinner, you know, clinking of plates and everything, and it goes on and on, and then by the end of it I feel pretty out of it."

Working conditions can be exacerbated by demanding tour schedules and conductors. Simon noted that he first experienced difficulties with his embouchure

while on a 'run-out' – an engagement that requires travel, but is close enough to not require an overnight stay. He associated that injury experience with being tired from traveling. Giselle also illustrated the demands of orchestral life with anecdotes from a close friend who performs with an internationally renowned orchestra with which Giselle also used to play:

> People are dropping like flies, you know. And it's just overplaying, because there is just too much work. They treat you like a slave... That's what happened to her, the stress of the job, and she kept saying, "I'm a machine, I'm a machine, I hate being a machine." But she was there in all those hard years of [conductor's name] when it [orchestra] was really a playing machine like Japan, China, Europe, recording galore, like they'd be in a recording session for five days, they would be locked in that church, and then they'd get on the plane a week after and they would do Paris and London and you know, she says to me... "the stress was horrendous."... I always said "I want to have your job" and she always said, "you don't want my job."

Giselle also described the stress that conductors can place on orchestra musicians:

> I had to deal with a very, very crazy conductor ... and basically I had a breakdown there. It was very bad. Cause he played mind games and he knew who was vulnerable and he'd just put you down publicly and he would just make it so you can't play anymore ... that is the first time I experienced abuse, the first time in my life. It was very, very powerful.

Although Giselle's experiences were unique within this group, they speak to the potential for working conditions to impact negatively on the level of stress experienced by musicians who are in situations – like an orchestra – where a person in a position of power, such as a conductor, can influence the environment of the work, and the schedule of work is beyond the musician's control.

The financial situation of an employer can also provoke anxiety in musician-employees. Giselle explained the financial burden of stress and injuries in orchestras: "People are dropping, so they have to hire extras [additional musicians], and it costs a lot of money because these people [orchestra members who are off sick] are paid, they're on salary, plus they have to pay all the extra people that are subbing [substituting] for them." Barbara described her reaction to her orchestra's financial difficulties: "My orchestra was going under. I had to do something, and I went into panic mode." Through their experiences and the stories of other musicians in similar situations, these musicians demonstrated the potential influence of employer financial stress on their well-being.

4.5. Social status and community support

The participants also discussed the idea that performing music is not respected by the public, and perhaps not seen as a 'real' job. Jacqueline stated, "Once you decide to go to university for music and do a performance career, people are already raising their eyebrows and saying 'how could you be doing something so frivolous?' " Simon's comment reflected a similar sentiment: "I haven't worked an *honest* job in my life. Except fifty cents pulling weeds for a neighbor." Simon also discussed at length the lack of support (financial and audience attendance) in his community for the orchestra with which he performs. The issue of community support for music in general was also discussed during the focus group session. Jacqueline, whose work is mostly freelance, did not agree that her community did not support live music. Elizabeth, whose work is similar to Jacqueline's, suggested that although the region is not as supportive as it could be, the response from the public varies according to the venue. Jacqueline agreed that this might better reflect the warm response she received when performing.

4.6. Lived social relations

4.6.1. Social supports

Many participants spoke about their interactive roles within their communities as either supporting or being supported by other musicians. Nancy described a sharing of information, stating that "different people have different advice. We trade exercises and stuff." Jacqueline described the circumstances she experienced:

> I know that not all musicians are comfortable talking about [injuries], but for me it was no big deal. I was having this issue and I thought 'if anybody can provide suggestions at all, I'd be happy to hear them.'... It felt like everywhere I went people were saying 'yeah that happened to me too.'... For me in talking with my musical peers about that, it was a shared experience that we could all really identify with each other about.

Participants also spoke about the culture of silence that appears to surround musicians' injuries. Mark spoke about a sense of camaraderie amongst musicians who have been injured, but that some are more open than others about their experiences. He himself has been quite open about his injuries, although he admitted that this was not a choice. He described himself as being 'out of the closet' because he was off work for an extended period and his colleagues therefore knew something was wrong. In contrast, he spoke about a colleague who preferred to keep this information hidden.

> He just didn't want to talk about it, he didn't want people to know about it . . . people talk in the changeroom and you'd hear that he'd had the operation and stuff . . . you don't want to be going up to somebody in front of others until you really know how they feel about it [speaking to others about injury], cause a lot of people don't want people to know.

Mark did have strong feelings about the potentially damaging effects of the culture of silence that he said still persisted around the issue of musicians' injuries: "Come on, let's spread the wealth, I mean if people have it out there, dammit I wanna know what they are [solutions], and let's get over all this craziness about just keeping it hidden." Other participants were not as open with their experiences, and felt that health concerns were something they preferred to keep to themselves. Elizabeth stated:

> I don't think they need to know. And I don't want to be a whiner or seem like a loafer, a crutch or something. And I don't want them to think, 'oh, she can't do it, she's got arthritis,' or something. . . . It's not a deep dark secret, but it's like a mole or something.

In describing a mole, Elizabeth appeared to be referring to something that would normally be hidden (by clothing, for example), and only disclosed in very private circumstances.

Some musicians were concerned about their perceived employability, should their injuries become public knowledge. Other participants indicated that some of their peers shared this fear, even if they themselves were not concerned. Nancy explained that in terms of discussing injuries with colleagues, "some people do, you know, and some don't, and I guess some people are afraid to talk about it 'cause they figure it might affect getting hired." Robert explained that he discussed injuries with some of his colleagues, but was selective about those to whom he discloses this information.

> There's some people who I don't want them to know that I'm hurting. I'm not gonna jeopardize what somebody thinks of the way I might play and interpret it in light of 'well he's hurt,' you know. There's a certain sports analogy there I think. I mean you're not gonna tell the coach you're hurting or he's not gonna put me in.

Giselle had a unique experience among the participants of feeling that she was stigmatized by her peers because of her injuries.

> All my friends quit calling me. And I'd go and sit in an orchestra rehearsal at [university] and I'd cry, and people would just put their stuff in their case and leave – it almost felt like I was contagious, you know? And I was writing letters to people, 'please call me, please be my friend, please,' and no.

These varied experiences of support (or lack of support) amongst the participants reflected the complexity of the lived social relations involved in being a musician with a playing-related injury.

4.6.2. Relations with colleagues

Some participants in this study spoke about the social aspect of music performance and its relationship to the lived experience of being an injured musician. For example, Jacqueline described how common injuries were among her university peers: "It felt like everywhere I went people were saying 'yeah that happened to me too.' . . . For me in talking with my musical peers about that, it was a shared experience that we could all really identify with each other." Mark spoke about a sense of camaraderie amongst musicians who have been injured, but that some are more open than others about their experiences. He himself has been quite open about his injuries, although he admitted that this was not a choice. He described himself as being 'out of the closet' because he was off work for an extended period and his colleagues therefore knew something was wrong. In contrast, as described previously, he spoke about colleagues who preferred to keep this information hidden. Thomas and Mark both noted that close relationships with colleagues could have its downside, and Barbara in particular felt that this closeness could at times be toxic in group situations. It should be noted that all of the participants in this study performed with other musicians some of the time, and for many of them, most of the time. Only certain instruments, such as piano, would typically perform regularly without accompaniment.

The shared nature of this experience was also reflected in the way the musicians approached care. Nancy and Robert had both sought treatment from healthcare professionals who were recommended to them by colleagues. Nancy had taken her student to see a physiotherapist that she herself had seen, and Giselle noted that her teacher took her to see a specialist that many local musicians had consulted.

4.6.3. Relations with teachers

Music teachers can have a strong influence not only on the technique used to play an instrument, but on the student's attitude towards and actions taken when injured. Jacqueline noted that her teacher's instructions were important in determining her response to early symptoms of injury. Her teacher had told her to practice a certain number of hours per day, and although she could not quite reach this goal and experienced significant pain, she still felt compelled to meet her teacher's expectations. Simon expressed discomfort during the focus group at the idea that his teacher might learn of his difficulties with injuries. Interestingly, other musician participants countered his fear with the idea that his teacher might not only be sympathetic, but might have some ideas about how to help Simon. Finally, Giselle described the response of her teacher when she became injured while at university. Her teacher inspired fear in most of her students, but reacted promptly to Giselle's injury by taking her to see a specialist who was able to help her continue playing.

The relationship with the teacher is an important aspect of lived social relations because it can influence whether or not students experience injuries. This is further discussed below under "health promotion".

5. Discussion

5.1. Implications for healthcare

Participants in this study indicated that they were frustrated by the lack of services that were readily available to treat musicians. The gap appeared to be centered around knowledge of the nature of and treatment for musicians' health concerns; the work of musicians, including physical demands of playing instruments as well as other work demands; and the importance of the occupation to the musician. In addition, low income and limited access to healthcare coverage contributed to the perceived lack of services this group of participants expressed.

5.1.1. Need for healthcare

Canadian census data from 2006 (the most recent available) indicate that the average income for musicians was $14,439 (teachers in formal school and post-secondary institutions were not included in these data) [27]. Although the Canadian healthcare system is often described as a public system, some services are not covered. These include outpatient physical and occupational therapy, the majority of chiropractic services, and work-related injuries that pre-dated the person's status as an employee (e.g. injuries acquired in post-secondary training, or while the person was a freelance musician). Because of their low pay and the need for these types of services to treat work-related injuries, musicians would benefit greatly from access to extended healthcare and workers compensation benefits. However, the census data indicated that 53% of Canadian musicians were self-employed, and 42% worked part-time [28]. Many members of professional orchestras in Canada are also not defined as 'employees', and therefore do not qualify for workers compensation (Francine Schutzman, President, Organization of Canadian Symphony Musicians, personal communication). The findings from this study, census information and working conditions indicate a need for healthcare services for professional musicians in Canada.

5.1.2. Restricted participation

The World Health Organization's *International Classification of Functioning, Disability and Health* [34] described participation as "involvement in a life situation" (p.10). Musicians with injuries, like other injured workers, experience restricted participation. It appears that through a variety of strategies, including adapting playing techniques and schedules, the nature of work accepted, changing equipment such as chairs, and physical rehabilitation, the musicians in this study were able to continue to perform as professionals to a level with which they were satisfied. Unlike the medical advice that many musicians receive, "just stop playing and do something else" [35], it is important to reflect upon the fact that these musicians instead chose to implement adaptive strategies that allowed them to continue in their chosen occupation.

Moreover, the musicians in this study chose strategies that intervene at the level of their own practice time, and only minimally change their work of musical performance. For example, union rules require a break to be taken every 90 minutes of rehearsal time in a three-hour rehearsal, or an intermission for a concert over 90 minutes in length. Many of the participants in

this study indicated that they take breaks during their individual practice much more frequently, but none indicated these working conditions as a source of difficulty for them. This provides important insight into what may be seen by musicians as limits to adaptations that can be made to their work environment, and may represent a perception that is strongly socially ingrained and may or may not reflect the practicality of such changes.

Making changes to the occupation of music performance may not be possible in all cases. However, some musicians with playing-related injuries may prefer to explore the possibility of changes to their occupation as an alternative to decreasing or ceasing their playing-activities.

5.1.3. Healthcare services for musicians

Participants indicated that the healthcare professionals they dealt with appeared to lack knowledge about the work involved in being a professional musician, and of treatment methods for musicians' injuries. In order to address some of these potential shortcomings, a multi-factored approach is advocated, including healthcare professional education, referrals to professionals who already possess skills in the treatment of musicians, the establishment of associations to advocate for specialized skills, and publication of research and treatment approaches in peer-reviewed journals such as this special issue of *WORK*.

Most healthcare professional curricula lack specific training in playing-related injuries of performing artists, including musicians. This means that many professionals are unfamiliar with the specific postures, physical requirements, and nature of the work of professional musicians. As in any occupational assessment, observing the occupation itself is key to understanding these factors. Asking musicians to bring their instrument to an assessment or evaluating the work requirements in the workplace itself (home studio or rehearsal hall) are both important tools for the treatment of injured professional musicians.

Specific services for musicians with injuries are spread throughout Canada and are not widely advertised, with a few exceptions, such as the Al & Malka Green Artists' Health Centre in Toronto [36]. Musicians tend to rely on their colleagues and teachers for treatment advice, and when they do seek treatment, they generally consult these sources about where to seek treatment. This would suggest that the provision of healthcare services to musicians should include communication with musicians and music teachers through large ensembles, unions, educational institutions, and via the Internet.

Participants indicated throughout the study that reliance on pain medication was undesirable, and that complementary medicine, including supplements, dietary and lifestyle changes, and exercise, were desirable forms of treatment for playing-related injuries. This suggests that the inclusion of complementary and alternative approaches to care are important modes of healthcare delivery for this group of musicians. In addition, the limited time available for travel and return appointments, in addition to limited funds or access to extended health benefits, suggest that local, economical treatment that encourages self-care is an appropriate approach for these participants. It also suggests that an Internet-based network of professionals organized by region would be beneficial for professional musicians.

The perspectives of the participants in this study were varied, and reflect the individuals who experienced playing-related injuries. These individual differences demonstrate the importance of adopting a client-centered approach to the care of musicians. A multi- or inter-disciplinary approach is also advocated when working with musicians with injuries. Healthcare practitioners also need to be cognizant of the potential importance for musicians to maintain occupational balance, which was highlighted by some of the participants in this study. This stands in stark contrast to what the author has observed in musical training as the encouragement to exclude other activities and pursuits in order to focus on attaining the highest level of achievement possible.

Finally, musicians' readiness to change is also important in achieving successful rehabilitation, since adaptive strategies, equipment and lifestyle changes must be acceptable to the client or they will likely be abandoned. Open communication and a deep understanding of the musicians' occupational context and personal investment in the occupation would be most helpful in providing recommendations for change.

5.1.4. Health promotion

It is believed that providing young musicians and music teachers with information about injury prevention is key to the advancement of musicians' health [37]. In addition, participants in this study indicated their desires to 'break the cycle' of musicians' injuries by providing information to their students and other young musicians about injury prevention and health promotion strategies. To this end, the "Health Promotion in Schools of Music" initiative was established in the

United States [38]. Such an organized movement for health promotion in schools of music does not exist in Canada. However, it is hoped that further research and discussion between schools of music, healthcare professionals and researchers, information about injury prevention may be incorporated into the curricula in Canadian schools of music. This would raise awareness about the risk of injuries with students and educators. It may also serve to encourage teaching, research and treatment partnerships in the communities in which the schools of music are located.

Training to become a musician can begin as early as the preschool years, depending on the curriculum [29, 30]. By the time musicians become professionals they have played for approximately 10,000 hours [31]. Visentin [32] noted that the musical community tends to place music teachers on a pedestal and treat them as infallible sources of information. In this current study, many of the participants noted that their teachers seemed to have lacked information about how to prevent and what to do about playing-related injuries.

Teachers may increase the risk of injury if they are not informed about injury prevention, do not recognize the early signs of injury, or encourage students to adopt risky practice behaviours. However, teachers may also decrease the risk of injury and improve the outcome of injuries if they are sensitive to healthy practice habits and early warning signs, and if they are knowledgeable about local practitioners who can help in the event of injury. There is evidence that music teachers who receive relevant training in music-specific physiology do make changes in their teaching, and that these changes subsequently benefit their students [33].

The findings from this study indicate that the work of professional musicians, as in many occupations, consists of many factors that may influence health. Musicians work in a variety of settings, both as employees and as freelance artists. All the participants in this study were also teachers, whether formally through schools or universities, or informally in their own home studios. Participants in this study described low pay and lack of access to extended healthcare and workers compensation benefits, which together contribute to a lack of access to timely and affordable care. They also described stressful working conditions and a lack of control over these conditions, both of which are associated with increased risk of occupational injury [39, 40]. A lack of recognition in society as providing an important service and a lack of community support also negatively impacted some of the participants in this study, although others found the support for their work to be a positive aspect of their work.

5.2. Limitations

Study limitations commonly addressed in qualitative work in the health sciences include issues like small sample size and the inability to generalize the results to the broader population. Small samples are quite common in qualitative research and in phenomenology in particular, because statistical representation of the population is not considered the goal of the work [7,12,13]. In phenomenology, detailed descriptions of the participants' experiences are sought in order to shed light on the nature of the phenomenon in question – in this case, the lived experience of being an injured professional musician. These detailed descriptions generally come from smaller samples, and as discussed previously, the number of participants in this study is consistent with recommendations for studies using hermeneutic phenomenological methodologies.

Regardless of the need for statistical representation, the gender distribution, age and the nature of the health concern in question are often provided for information in qualitative studies, in order to determine whether the findings are relevant for the reader's needs. At this time, statistics regarding the nature of health concerns in Ontario musicians are not available. Although more professional musicians in orchestras in Canada are men, the gender distribution amongst musicians in general is approximately equal (Statistics Canada, 2009). In this current study, there were six women and four men, which may represent a difference when compared to both Canadian musicians and orchestral musicians in Canada. The majority of the musicians in this study were between ages 50 and 60, which is also different than Canadian musicians as a group, which have a more varied age distribution. Lastly, it was noted that all the participants taught, whether in their own home studios or within the public or post-secondary systems. Although no statistical information is available with which to compare this result, anecdotally this is common amongst professional musicians in Canada.

The experience of the participants in this study may have been influenced by the different work that they did. Different types of work, for e.g., whether they performed primarily freelance or as employees, styles of music, e.g. jazz, world music, and classical repertoire, and the presence or absence of a non-performing 'day' job might have influenced their experiences. In addition, the different injuries experienced in this group might also have influenced their experiences as professional musicians. A musician who experiences a chronic injury related to playing, such as arthritis, might

have a different experience than a musician whose injury is more acute, such as lack of embouchure control. A more homogenous group of participants may have provided different experiences and influenced the researcher's interpretation of the lived experience. However, it is partly through viewing contrasting experiences that the researcher is able to understand the nature of the phenomenon [7]. It is felt, therefore, that the variations in the participants' experiences were in fact helpful in this study.

5.3. Relevance

In this work, the experiences of the ten participants, six of whom participated in the focus group, do not apply to every professional musician in Ontario, or even to those in the cities, towns, orchestras and ensembles represented by the participants. However, commensurate with the methodology, the insights gained from this deep exploration can be applied to sensitively developing healthcare interventions, health promotion programs, and music education that considers the value and the possibilities of those individual experiences.

Drawing again from the methodology developed for this study, it is this researcher's position that the reader is an active participant in developing an understanding of the lived-experience of musicians with playing-related injuries. In keeping with this view, readers should consider the information provided about the participants as well as their specific contexts outlined in the findings, and decide if the research applies to their area of interest or the individuals with whom they are working.

5.4. Summary

The work of professional musicians varies in terms of time demands, financial compensation, availability of benefits, and stress in the workplace. Musicians in this study who worked for formal organizations such as orchestras had little control over these workplace factors, while those in freelance work had greater control. The trade-off, as in many areas of employment, includes the security of the work and the availability of healthcare and disability benefits, which is particularly relevant for musicians with injuries. The musicians in this study indicated that greater control over their work contributed to their ability to avoid injuries, and to better manage injuries that did occur.

The findings in this study demonstrate a need for education about risk and prevention of injuries that could be filled by healthcare professionals and by music educators. Health promotion that includes collaboration between these two groups, as has been advocated by Chesky, Dawson and Manchester [36], would help to change the culture of acceptance of injuries in music education and performance. The findings in this study also demonstrated a need for specialized care for musicians with playing-related injuries, with accompanying health professional training and research to support intervention strategies.

Census data demonstrate that Canadian musicians are vulnerable to health concerns not only as a result of the nature of their work, but also as a result of limited income and corresponding limited access to healthcare services. This may also reflect the circumstances of professional musicians in other nations.

6. Conclusion

At the end of this study, the playing-related injury of one musician was completely resolved, two were much better, three were the same and four had experienced setbacks in their health, with one being hospitalized for a concern related to injuries. Clearly, playing-related injuries are long-term in nature, and it is important that musicians develop individual coping strategies, which could include healthcare interventions, physical conditioning methods, prevention measures, and workload and stress management. Intervention by healthcare practitioners can provide assistance with these coping strategies, if the view of health taken is broad and includes education of young musicians and teachers about the risk of injuries and prevention strategies. It will also prove to be effective only if healthcare professionals understand the nature of the challenges experienced. It is hoped that studies such as this become more prevalent and begin to influence the practice and training of healthcare professionals to provide more "tactful" [41] care for this important and vulnerable population.

References

[1] C. Zaza, Prevalence and incidence of musicians' playing-related musculoskeletal disorders: A systematic review, *Canadian Medical Association Journal* **158** (1998), 1019–1025.

[2] A.M. Abréu-Ramos and W.F. Micheo, Lifetime prevalence of upper-body musculoskeletal problems in a professional-level symphony orchestra: Age, gender, and instrument-specific results, *Medical Problems of Performing Artists* **22**(3) (2007), 97–104.

[3] C. Guptill, C. Zaza and S. Paul, An occupational study of physical playing-related injuries in college music students, *Medical Problems of Performing Artists* **15**(2) (2000), 86–90.
[4] A.G. Brandfonbrener, Epidemiology and risk factors, in: *Medical Problems of the Instrumentalist Musician,* R. Tubiana and P.C. Amadio, eds, Martin Dunitz Ltd., London, UK, pp. 171–194.
[5] M. Hagberg, G. Thiringer and L. Brandström, Incidence of tinnitus, impaired hearing and musculoskeletal disorders among students enrolled in academic music education: A retrospective cohort study, *International Archives of Occupational and Environmental Health* **78** (2005), 575–583.
[6] C. Zaza and V. Farewell, Musicians' playing-related musculoskeletal disorders: An examination of risk factors, *American Journal of Industrial Medicine* **32** (1997), 292–300.
[7] M. van Manen, *Researching lived experience: Human science for an action sensitive pedagogy*, The Althouse Press, London, ON, 1997.
[8] M. Merleau-Ponty, *Phenomenology of perception* (C. Smith, Trans.), Routledge, London, UK, 2002 (original work published 1945).
[9] M. Heidegger, *Being and time* (J. Macquarrie and E. Robinson, Trans.), Harper & Row, New York, NY, 1962 (original work published 1927).
[10] H.-G. Gadamer, *Truth and method* (J. Weinsheimer and D.Marshall, Trans.), Continuum, London, UK, 1989 (original work published 1960).
[11] J. Creswell, *Qualitative inquiry and research design: Choosing among five approaches*, Sage Publications, Thousand Oaks, CA, 2007.
[12] D.E. Polkinghorne, Phenomenological research methods, in: *Existential-phenomenological perspectives in psychology*, R.S. Valle and S. Halling, eds, Plenum Press, New York, NY, 1989, pp. 41–60.
[13] S.P. Thomas and H.R. Pollio, *Listening to patients: A phenomenological approach to nursing research and practice*, Springer Publishing Company, New York, NY, 2002.
[14] C. Zaza, C. Charles and A. Muszynski, The meaning of playing-related musculoskeletal disorders to classical musicians, *Social Science and Medicine* **47**(12) (1998), 2013–2023.
[15] L. Goldberg, Embodied trust within the perinatal nursing relationship, *Midwifery* **24**(1) (2008), 74–82.
[16] T. Koch, Establishing rigour in qualitative research: The decision trail, *Journal of Advanced Nursing* **53**(1) (2006), 91–100.
[17] M. Moene, I. Bergbom and C. Skott, Patients' existential situation prior to colorectal surgery, *Journal of Advanced Nursing* **54**(2) (2006), 199–207.
[18] A. Lindseth and A. Norberg, A phenomenological hermeneutical method for researching lived experience, *Scandinavian Journal of Caring Sciences* **18**(2) (2004), 145–153.
[19] O. Alexis, V. Vydelingum and I. Robbins, Engaging with a new reality: Experiences of overseas minority ethnic nurses in the NHS, *Journal of Clinical Nursing* **16**(12) (2007), 2221–2228.
[20] M. Freeman, Nurturing dialogic hermeneutics and the deliberative capacities of communities in focus groups, *Qualitative Inquiry* **12**(1) (2006), 81–95.
[21] M. Harle, R. Dela Cruz, G. Veloso, J. Rock, J. Faulkner and M. Cohen, The experience of Filipino American patients with cancer, *Oncology Nursing Forum* **34**(6) (2007), 1170–1175.
[22] G. Hartrick, Women who are mothers: Experiences of self-definition, *Dissertation Abstract International* **56**(1) (1994), 171B. (UMI No. AAT NN93464), retrieved October 20, 2008 from Dissertations and Theses database.
[23] J. Ranse and P. Arbon, Graduate nurses' lived experience of in-hospital resuscitation: A hermeneutic phenomenological approach, *Australian Critical Care* **21**(1) (2008), 38–47.
[24] A. Schweitzer, Exploring narratives of relationship in intensive care nursing, *Dissertation Abstract International* **57**(8) (1997), 4979B (UMI No. AAT NN11361), Retrieved October 20, 2008 from Dissertations and Theses database.
[25] D. Morgan, Focus groups, *Annual Review of Sociology* **22** (1996), 129–152.
[26] M.Z. Cohen, D.L. Kahn and R.H. Steeves, *Hermeneutic phenomenological research: A practical guide for nurse researchers*, Thousand Oaks, CA: Sage Publications, 2000.
[27] Statistics Canada, Retrieved May 13, 2009 from http://www.statcan.gc.ca, 2009.
[28] K. Hill and K. Capriotti, *A statistical profile of artists in Canada based on the 2006 census*, retrieved December 10, 2009 from http://www.hillstrategies.com/docs/Artists_Canada 2006.pdf, 2009.
[29] Music for Young Children, MYC Programs, retrieved November 19, 2009, from http://www.myc.com/Parents/MYC-Programs.htm, 2009.
[30] International Suzuki Association, The Suzuki Method TM, retrieved November 19, 2009, from http://www.international suzuki.org/method.htm, 2005.
[31] K.A. Ericsson, R.Th. Krampe and C. Tesch-Römer, The role of deliberate practice in the acquisition of expert performance, *Psychological Review* **100** (1993), 363–406.
[32] P. Visentin, *Prevention education through music instruction*, Paper presented at joint Music Teachers National Association, Canadian Federation of Music Teachers' Associations, and The Royal Conservatory of Music conference, Toronto, ON (2007, May).
[33] H. Hildebrandt and M. Nübling, Providing further training in musicophysiology to instrumental teachers: Do their professional and preprofessional students derive any benefit? *Medical Problems of Performing Artists* **19** (2004), 62–69.
[34] World Health Organization (WHO), *International Classification of Functioning, Disability and Health* (*ICF*), WHO, Geneva, 2001.
[35] A.G. Brandfonbrener, Musculoskeletal problems of instrumental musicians, *Hand Clinics* **19**(2) (2003), 231–239.
[36] Artists' Health Centre Foundation, The Al & Malka Green Artists' Health Centre, retrieved May 11, 2009 from http://www.ahcf.ca/centre.shtml, 2007.
[37] K.S. Chesky, W.J. Dawson and R. Manchester, Health promotion in schools of music: Initial recommendations for schools of music, *Medical Problems of Performing Artists* **21**(3) (2006), 142–144.
[38] J. Palac, Promoting musical health, enhancing musical performance: Wellness for music students, *Music Educators Journal* **94**(3) (2008), 18–22.
[39] S.J. Johnson, M. Batey and L. Holdsworth, Personality and health: The mediating role of trait emotional intelligence and work locus of control, *Personality and Individual Differences* **47**(5) (2010), 470–475.
[40] R.A. Karasek Jr., Job demands, job decision latitude, and mental strain: Implications for job redesign, *Administrative Science Quarterly* **24**(2) (1979), 285–308.
[41] M. Van Manen, *Researching lived experience: Human science for an action sensitive pedagogy*, The Althouse Press, London, ON, 1997.