

Factors Influencing Career Longevity of Music Therapists

by

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FACTORS INFLUENCING CAREER LONGEVITY OF MUSIC THERAPISTS

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Abstract

This survey study examined the factors that experienced music therapists identified as important in maintaining their careers in music therapy. The purpose of this study was to gain insight into how these music therapists combat burnout and stress to remain practicing in the field for 10 years or longer. Previous studies on burnout and career longevity have focused on whether music therapists have burnout, causes or factors leading to burnout and possible shortened careers, and the length of average careers in music therapy. The survey was sent out to 3,421 board-certified music therapists who were selected for longevity in the profession, 10 years or longer. There were a total of 439 responses with 11 responses meeting the requirements for participation. The survey results indicated that time off of work, exercise, and music are the main methods of self-care utilized by experienced professionals. Respondents also indicated that low salary, self-assessed burnout, and a perception of limited job opportunities were the main factors that could have led practitioners to consider leaving the field.

Keywords: music therapy, long-term music therapist, burnout, self-care

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Factors Influencing Career Longevity for Music Therapists

Music therapists aim to provide high-quality individualized care for clients through musical interventions. For some music therapists, factors of their work or the work environment can lead to symptoms of burnout or even a desire to leave the field. Leaving a profession prematurely due to stress, burnout, or other work related factors, however, is not an expected or desired outcome. Music therapy has numerous experienced professionals that have been in the profession for a decade or more. These professionals are in a strong position to provide experience and insights regarding professional resilience to entering and current professionals alike.

Personal Background and Interest in Topic

I recognized that the path of music therapy was my calling at a relatively young age. As I started on the journey I often told myself, “Do not waste time,” such was my eagerness to learn and grow in this, my chosen profession. For me not wasting time meant graduating high school a year early and moving across the country to start college at age 17. Being younger and even the youngest in many situations pushed me to excel. Pushing myself to excel meant taking five to eight classes a semester, working part-time, and all the while attempting to maintain a social life.

Throughout the process of higher education it was evident that I and others were exhausting themselves both physically and emotionally for the sake of earning our degrees. Often, I heard my fellow students describing themselves as feeling “burned out.” I wondered what that actually meant, what really qualified as “burned out.” Were there particular stressors? Did there exist a set of criteria that would diagnose a person as “burned out?”

The amount of pressure, stress, and emotional exhaustion impacts students in significant and far-reaching ways. At times, some of my fellow students have wondered aloud whether they would survive their undergraduate and graduate studies and realize their dream of becoming a music therapist. I admit, I have had the same thoughts myself.

My general interest in the topic of burnout became intensified in my last year of my undergraduate studies, when I was introduced to the literature on self-care for music therapists. . As I began to focus on the scholarly work pertaining to the topic of burnout I found many articles describing how and why burnout occurs, and identifying the factors that contribute to it. I found that the articles that most interested me contained discussions of self-care methods that study participants had utilized to ameliorate their own cases of burnout.

In some of my classes we talked about self-awareness being key, as identifying the level of burnout you are experiencing is the first step in reducing the effects of burnout. During these discussions I could see the students looking at each other and, with a mixture of shock and dark humor, recognizing that most of us were currently experiencing moderate levels of burnout. We all understood what we were experiencing and were encouraged in some classes to find an outlet for stress and emotional exhaustion. As I closed in on my final months of graduate school and began seeking out a thesis topic, there was little doubt in my mind that it would and should relate to my growing interest in the topic of burnout and how it affects longevity in the field of music therapy. Questions came to mind: How had practitioners with 10 or 20 years of experience weathered their own burnout? Were there particular techniques and strategies that seem to work for the preponderance of these practitioners? Of course, my interest was personal as well as professional. As a student nearing entry into the real world, how will I best prepare myself to

have not only a career in music therapy but one that is going to be viable for an extended amount of time? In this survey, I have turned to those who have served a decade or more in the field, with the aim of learning how they have coped with all the stress that comes with being a music therapist, and ideally, gathering a set of proven techniques for how to thrive in the profession.

Literature Review

There are many factors that may influence longevity in helping professions. One important factor is burnout. Burnout has been a topic of great interest not only in music therapy, but in many of the helping professions. The existing body of work on burnout focuses primarily on professionals in jobs that focus largely on the care of other people, whether it be physically or emotionally, including music therapy. Studies regarding the longevity of music therapists' careers often cite factors that lead to burnout as a key reason that professionals leave the field (Decuir & Vega, 2010; Kim, 2016).

For other helping professions, the inquiry into career longevity is less prevalent (Holmqvist & Jeanneau, 2006; Kumar & Kumar, 2007). Though all therapists (e.g., psychotherapy, physical, occupational) can experience burnout or factors that could lead to shortened careers, the studies found rely on the inquiry into what factors influence burnout and how to treat burnout (Holmqvist & Jeanneau, 2006; Kahill, 1988; Kumar, & Kumar, 2007). For music therapists, the average career length is trending upwards of 10 years (Vega, 2010). This is an increase from earlier studies of career length of just under four years (Braswell, Maranto, & Decuir, 1979). This literature review will focus on the known factors leading to burnout and their effect on music therapy career longevity (Decuir & Vega, 2010; Oppenheim, 1987; Vega 2010).

Longevity

The U.S. Department of Labor (2018) in a longitudinal study of 60,000 households found that the median length of employee tenure to be 4.3 years for men and 4.0 years for women. The jobs were held in a wide variety of fields including; durable and nondurable goods manufacturing, wholesale and retail trade, transportation and utilities, professional and business services, and education and health services. Employee tenure was measured by how long workers had been with their current employer at the time of the survey, so it was assessing the length of time the employee had been with the same employer. The median tenure was higher among older workers than younger ones with the median for those 55 and over being upwards of 10 years whereas for those between the ages of 25-35 the tenure was 2.7 years (U.S. Department of Labor, 2018).

Tenure was also impacted by degree held, with those holding a master's degree having the highest median with 5.5 years, bachelor's degree median being 4.9 years, and doctoral degree median being 5.3 years (U.S. Department of Labor, 2018). When comparing age and degree held, those who held doctoral degrees at age 55 and older held the same job for 12 years or longer, whereas master's and bachelor's degree holders at age 55 plus had around 10 years in the same position. In terms of occupation, those in educational and health service jobs had a tenure of 3.9 years, with the highest in that category being hospital workers with a 4.9 year median. This is not only a decrease in tenure from 2008 when they were 4.1 and 5.4 years respectively, the median years of tenure in total was 4.2 years (U.S. Department of Labor, 2018).

Occupational Burnout

The term “burnout” was first utilized by Freudenberger (1974) in response to his observations of volunteer staff at a free clinic for drug addicts. Freudenberger (1974) explored the physical and behavioral indicators of occupational burnout for his staff. He described burnout as becoming exhausted due to excessive demands on energy, strength, or resources (Freudenberger, 1974). This prompted increased research on burnout and how to identify the different ways it can be expressed (Kahill 1988; Maslach & Jackson, 1981; Maslach & Zimbardo 1982). Maslach and Jackson (1981) defined burnout as “a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do 'people-work' of some kind” (p. 99). Maslach and Jackson (1981) developed the Maslach Burnout Inventory (MBI) to assess the experienced burnout in a wide range of human service workers. The MBI is centered around three subcategories to measure burnout: emotional exhaustion, depersonalization, and personal accomplishment.

Burnout syndrome has been described as a prolonged response to chronic emotional and interpersonal stressors on the job, determined by the dimensions of exhaustion, cynicism, and inefficacy (Montero-Marin & Garcia-Campayo, 2010). It is known that burnout is a chronic phenomenon resulting from the accumulation of various causes over time. The actual symptoms of burnout can and will vary depending upon the context of the job, individual characteristics, and the level of burnout experienced. Kahill (1988) discussed the five generalizations that can be made about burnout: (a) burnout is associated with poor physical health; (b) depression can be linked with burnout; (c) behavioral symptoms most clearly related to burnout are turnover and being unproductive; (d) problematic interpersonal relations appear to be associated with burnout;

and (e) negative attitudes can be linked to burnout most commonly in the area of job satisfaction. Symptoms of burnout are often grouped into the categories of physical, emotional, behavioural, interpersonal, and attitudinal (Kahill, 1988; Maslach & Jackson, 1981; Maslach & Zimbardo 1982). Kahill (1988) stated that practically any sign of psychological distress imaginable could be associated with burnout for two reasons: the general imprecision and lack of conceptual clarity; and that burnout may in fact be a generalized psychological distress reaction that is necessarily experienced somewhat differently by each individual with no clearly delineated symptomatology.

Burnout for Therapeutic Professions

Maslach and Jackson (1981) concluded that burnout appears to lead to job turnover, suggesting that burnout may have an impact on career longevity. For therapy fields beside music therapy, the investigations into career longevity focus solely on the reasons for and treatment of burnout rather than the average length of years in the career (Holmqvist & Jeanneau, 2006; Kumar & Kumar, 2007; Skovholt, Grier, & Hanson, 2001). Kumar and Kumar (2007) stated that psychiatrists as a group are more vulnerable to burnout due to several factors, including fear of violence, limited resources, administrative demands, and work overload. Holmqvist and Jeanneau (2006) found that psychiatrists' high burnout can be correlated with negative feelings towards patients. Psychiatrists who reported more tedium, emotional exhaustion, and depersonalization were more likely to have characteristics of unhelpful and rejecting feelings towards patients (Holmqvist & Jeanneau, 2006).

Studies of burnout in other types of therapists have similar conclusions. In a study of 140 art therapists, correlations were found between professional characteristics, self-efficacy, stress

coping strategies, and burnout (Gam, Kim, & Jeon, 2016). Also, a decrease in feelings personal accomplishment was significantly influenced by the number of cases or client load (Gam, Kim, & Jeon, 2016). For other professions such as physical and occupational therapy, physical pain from the workplace or personal life was a factor that influenced both burnout and turnover intention (Skovholt, Grier, & Hanson, 2001).

Music Therapy

Music therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed music therapist (American Music Therapy Association [AMTA], 2019). Professional music therapists are required to complete approved educational programs, complete clinical training requirements, and pass the board-certification test through the Certification Board for Music Therapists (CBMT). Once certified, they practice in a wide range of clinical settings, with various clienteles, and employing diverse approaches (AMTA, 2019).

In 2018, the AMTA's Workforce Analysis reported that over half of 501 survey respondents had been in the field for 10 years or less (AMTA, 2019). The largest response group was 215 professionals who had been in the field for five years or less. The majority of the respondents held bachelor's degrees in music therapy or a related field. The report also discussed the number of job positions created and lost from the past year, income, populations served, and regions in which music therapists practice. There were 96 new positions created and 15 jobs lost, while 129 people moved to a new position. The average salary of a music therapist was around \$50,000 with most music therapists working 34+ hours a week.

Career Longevity

Attempts to assess and characterize what contributes to career longevity for music therapists have been a part of the profession for over 40 years. Braswell, Maranto, and Decuir (1979) analyzed a sample of 401 respondents. The average years reported spent in the profession after clinical training was 3.98 years. The study was conducted with registered music therapists, so the average career length was not the amount of time before they left the profession but a snapshot of the average career length at that point in time. This was in line with national averages for employment in any field, found to be 3.2 years in 1981 (U.S. Department of Labor, 1981). Twenty-three years later, Cohen and Behrens (2002) found the average longevity of 218 active music therapists was 13 years. Most recently, Vega (2010) conducted a study on personality, burnout, and longevity and reported that among 137 professional music therapists the average longevity was 17.75 years. This appears to indicate a steady increase in career longevity. The participants all completed the Maslach Burnout Inventory and the researcher noted that the majority of participants were experiencing an average level of burnout (Vega, 2010). Vega (2010) also noted that music therapists experiencing a high level of burnout most likely did not respond to her survey influencing the average level of burnout.

Burnout in Music Therapists

Studies about burnout and music therapy have focused on personality traits, work environment, social factors and the general well-being of professionals (Decuir & Vega, 2010; Kim, 2016; Oppenheim, 1987; Vega, 2010). Based on the survey results of 167 music therapists who had been in the field 10 years or longer, Decuir and Vega (2010) found that the number one reason for changing or leaving the field was due to burnout. Similarly, in a survey study of 163

Korean music therapists, Kim (2016) discovered that both increased job demands and reduced job autonomy were significantly associated with increased burnout and turnover intention in professional music therapists. Turnover intention is the measurement in which you can assess employees intent to leave the job or field. Kim (2016) stated that burnout is a key factor in predicting music therapists' turnover intention.

Fowler (2006) utilized three dependent measures, including a self-developed questionnaire, the *Maslach Burnout Inventory* (Maslach, Jackson, Leiter, , Schaufeli, & Schwab, 1986), and the *Stress Profile* to compare demographics, career longevity, and well-being of the music therapist. Fowler (2006) linked burnout of demographic issues such as age, level of education, income, and attitudes regarding the workplace. In examining the literature on burnout and music therapy, the main issues surrounding the premature exit of professionals from the field include low income and a lack of support from administration (Decuir & Vega, 2010; Oppenheim, 1987; Vega, 2010). Other factors mentioned by music therapists were their self-assessed limited understanding of the field, a continuing lack of professional autonomy, and the burden of unrealistic workloads (Decuir & Vega, 2010; Vega, 2010).

Through a phenomenological interview study, Chang (2014) described the physical, emotional, and psychological symptoms of burnout of six practicing music therapists. The physical symptoms included insomnia, lack of energy, and physical injuries. The emotional symptoms included feelings of shame and fear about having symptoms of burnout and trying to alleviate these symptoms. The psychological symptoms stemmed from emotional exhaustion and resulted in the inability to process emotional material with clients. Continuing to be active in clinical work while suffering a high level of burnout could clearly negatively impact both the

mental and physical state of the clinician and the quality of care for the client (Chang, 2014). An increased understanding of the positive and proactive measures that can be taken to enjoy a long career in music therapy could be beneficial to both professionals already in the field and students training to become music therapists.

Factors of Longevity in Music Therapists

Though career longevity appears to be increasing, all of the factors influencing the increase have not been identified (Decuir & Vega, 2010; Oppenheim, 1987; Vega 2010). Vega (2010) found that job satisfaction is a complex factor that is closely associated with career longevity. She reported that most music therapists who completed her survey were reasonably satisfied when they had peer support, professional supervision, personal and professional development, and had obtained advanced academic degrees. Richardson-Delgado (2006) showcased that music therapy faculty exhibit a significantly lower level of burnout than the normative MBI sample, and these faculty reported using music to help alleviate or prevent burnout. Music therapists identified participation in musical groups and music making for one's own benefit, as important contributors to their ability to continue working in the field (Decuir & Vega, 2010). Decuir and Vega (2010) noted, in particular, that creating music for oneself can be of paramount importance in combating burnout as the number one reason for changing or leaving the field was due to burnout. Preventative measures for combating burnout can also be looked at as the key determinants of longevity for music therapists.

Oppenheim (1987) discussed preventative measures to counteract burnout, including professional counseling, improved nutrition and stress management, daily exercise, enjoyment of hobbies, goal setting, peer support, and the protection of unscheduled leisure time. Chang (2014)

noted that effective management tools for burnout were becoming more self-aware, seeking professional help, making changes at work, taking time off, and turning to music for renewal.

Kim (2016) found that higher job satisfaction significantly predicted lower levels of burnout and turnover intention. The author discussed how redesigning “job requisites and improving job resources to prevent and decrease [their] burnout and turnover intention” (Kim, 2016, p. 22).

Knowing the symptoms of burnout and being able to recognize where they stem may help professionals overcome burnout and turnover intention. Examining what tools can extend career length can impact future and current music therapists pursuing fulfilling careers in music therapy.

Research Questions

The information above guided me in writing my research questions as there have been studies into the factors leading to burnout but not longevity. Past studies have given the field insight into length of career, possible factors and treatments for burnout, personality characteristics associated with music therapists but not what are factors that influenced experienced music therapists in continuing in the field. Survey questions about past considerations on leaving the field were included to understand how experienced professionals have overcome or coped with those feelings to persist in the field. The final two questions were surrounding specific factors that had been mentioned in past studies but either not specifically researched or only brought up in one study.

The research questions were:

1. What factors influence longevity for music therapists?
2. What are the main reasons people have considered leaving the field?

3. Is there a relationship between education level and staying in the field?
4. Is there a relationship between supervising students and staying in the field?

Method

The objective of this study was to gain a deeper understanding into the factors of longevity for music therapists. Thus, utilizing a survey platform to address the participants allowed for greater flexibility, anonymity of respondents, and facilitated access of participants. The survey was conducted online which allowed all who have access to a computer, tablet, or phone with internet access to participate. The survey was open for approximately four weeks and could be saved and come back to during the time the survey was open. This allowed participants flexibility in when they completed the survey. The website utilized to create the survey allowed for anonymity of participants which allowed for participants to answer freely with no repercussions.

Description of Participants

The criteria for inclusion in this study were: (1) Board Certified Music Therapists (MT-BC's) who have been practicing for 10 years or longer; (2) a gap of no longer than one year in direct client care; (3) English comprehension and; (4) current practice of direct client care. Following Institutional Review Board (IRB) approval (Appendix A) the researcher contacted the Certification Board for Music Therapists (CBMT) and purchased a list of 2019 board-certified music therapists (MT-BC) who had been certified for at least 10 years.

Procedures

The survey was created utilizing Qualtrics, an online survey platform. The questions examined the importance of different factors that are recognized contributors to longevity in the

field of music therapy. Following IRB approval (Appendix A), a list of current email addresses was obtained from the Certification Board for Music Therapists (CBMT). The researcher sent out the survey entitled *Music Therapy Career Longevity* (Appendix B) with an initial invitation (Appendix C). The emails were sent through the Qualtrics platform which tracked duplicate emails, bounced emails, and complaints from receiving the email. There was one follow-up email (Appendix D) that was sent out two weeks after the initial invitation through the Qualtrics system to the emails that had unfinished responses to the surveys as well as those emails that had not responded, bounced, or filed a complaint. No Internet Protocol address (IP) or identifying data was collected during the survey.

Methods of Analysis

Collected data was analysed through the Qualtrics website, which provides a Chi-squared test to determine significance. Variables such as years in profession, gender, and degree completed were compared first with a primary confidence level of 95% on Qualtrics. Data that was found to be significant on Qualtrics was also analyzed through the IBM SPSS Statistics 25 program utilizing the Pearson Correlation as well as one-way ANOVA tests. IBM SPSS was used as a secondary confirmation of the statistical significance of the correlations.

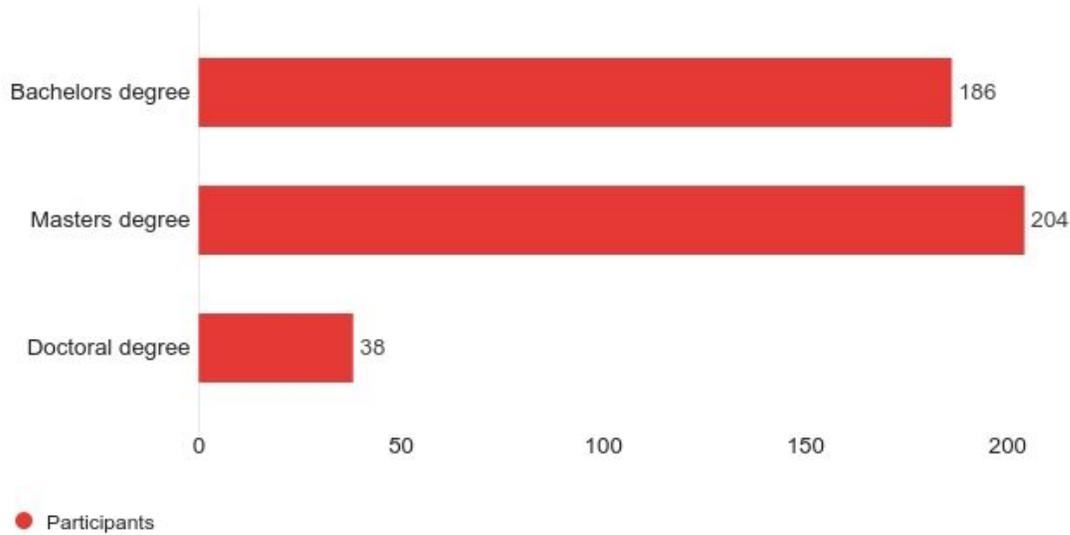
Results

Survey invitations were sent out to the entire list of 3,421 MT-BCs identified by the CBMT. There were 439 responses to the survey invitation. Of the initial 439 responses, eight respondents had been a professional for fewer than 10 years, and three respondents noted that they were either retired or not in the field. Their data was omitted from the total survey responses leaving a total of 428 responses (12.5%), though not every respondent answered every question.

The survey results are provided in three sections: Demographics, Self Reflections, and Self-Care Techniques. The Demographics section describes respondents' gender, education level, length of career, and populations served. The Self Reflections section characterizes respondents' own assessments of how they currently feel being a professional in the field. The Self-Care section captures various methods and techniques respondents report employing to fight and prevent burnout, including options such as exercise, music, improved nutrition, education, taking time off, and seeking professional therapy. Self-care techniques were then compared for correlation with personal reflections from those who have considered leaving the field.

Demographics

The majority of respondents, $n = 141$ (32.9%) have been in the field 10-15 years, while $n = 80$ (18.7 %) have been in the field 16-20 years, $n = 62$ (14.5%) have been in the field 21-25 years, $n = 36$ (8.4%) have been in the field 26-30 years, $n = 42$ (9.8%) have been in the field 31-35 years, and $n = 67$ (15.7%) have been in the field 36+ years. Of the total responses $n = 428$, 386 were female, 38 were male, three were gender queer/gender non-conforming, and one person was transgender. The majority of respondents, 47.8% hold a master's degree as their highest related field degree, while 43.6% hold a bachelor's degree in music therapy or a related field, and 8.7% hold doctoral degrees (Figure 1).

Figure 1*Highest Degree Held*

The majority of doctoral degrees were held by those who had been in the field 21-26 years ($n = 11$), and 36+ years ($n = 11$). There was no significant correlation between years in the field and highest degree earned. Males accounted for 8.9% of the total responses but hold 16.2% of doctoral degrees. There was no significant correlation between gender and highest degree earned.

In terms of populations served, the participants were given the same list as displayed in the 2018 AMTA workforce survey to choose for both current population served, as well as past populations served (AMTA, 2019). Participants could select multiple populations for both past and present work engagement. Among the total respondents for current populations ($n = 413$) there were a total of 2,726 boxes marked, meaning the majority worked with multiple

populations over the course of their careers. The highest marked current populations were Autism Spectrum Disorder (ASD) $n = 175$, Intellectual/Developmental Disabilities (IDD) $n = 165$, and Alzheimer's/Dementia $n = 131$. When survey participants were asked if they had worked with other populations in the past ($n = 367$), the highest marked groups were Alzheimer's/Dementia $n = 217$, Elderly $n = 188$, and Mental Health $n = 183$.

Self Reflections

Participants were asked to respond to a set of Likert scale questions pertaining to their personal and professional feelings of being supported on the job and valued for their on-the-job contributions, as well as for their level of job satisfaction. Participants were also asked whether they had seriously considered leaving the field ($n = 410$) and, if so, the main reasons why ($n = 182$). There were 182 participants that had considered leaving the field, and 228 participants that had never considered leaving the field.

When considering the number of years in the field related to having considered leaving the field, those in the range of 21-25 years and 36+ were least likely to have had considered leaving (Table 1).

Table 1*Participants Per Years in the Field Who Have Considered Leaving The Field*

Years in the Field	Percent Who Have Considered Leaving the Field	Percent Who Have Not Considered Leaving the Field
10-15 Years <i>n</i> = 135	51.11	48.89
16-20 Years <i>n</i> = 77	50.65	49.35
21-25 Years <i>n</i> = 60	38.33	61.67
26-30 Years <i>n</i> = 35	42.86	57.14
31-35 Years <i>n</i> = 39	56.41	43.59
36+ Years <i>n</i> = 64	21.88	78.13

There was a statistically significant correlation between years in the practice and consideration of leaving the field with a $r = 0.153$ ($r(410) = .153, p < .002$) (Table 2).

Table 2*Considered Leaving the Field Correlated with Years in the Field*

		Have you seriously considered of leaving the field before?	How many years have you been a certified music therapist?
Have you seriously considered of leaving the field before?	Pearson Correlation	1	.153**
	Sig. (2-tailed)		.002
	N	410	410
How many years have you been a certified music therapist?	Pearson Correlation	.153**	1
	Sig. (2-tailed)	.002	
	N	410	440

** . Correlation is significant at the 0.01 level (2-tailed).

There were 182 (44.4%) participants that reported having had thoughts of leaving the field, they were directed to a list of possible reasons for their dissatisfaction. Figure 2 displays which factors survey respondents chose for why they had considered leaving the field. The most frequent factors were low salary, burnout, and minimal or limited job opportunities (Figure 2).

Figure 2

Frequency of Factors That Influence Thoughts of Leaving the Field

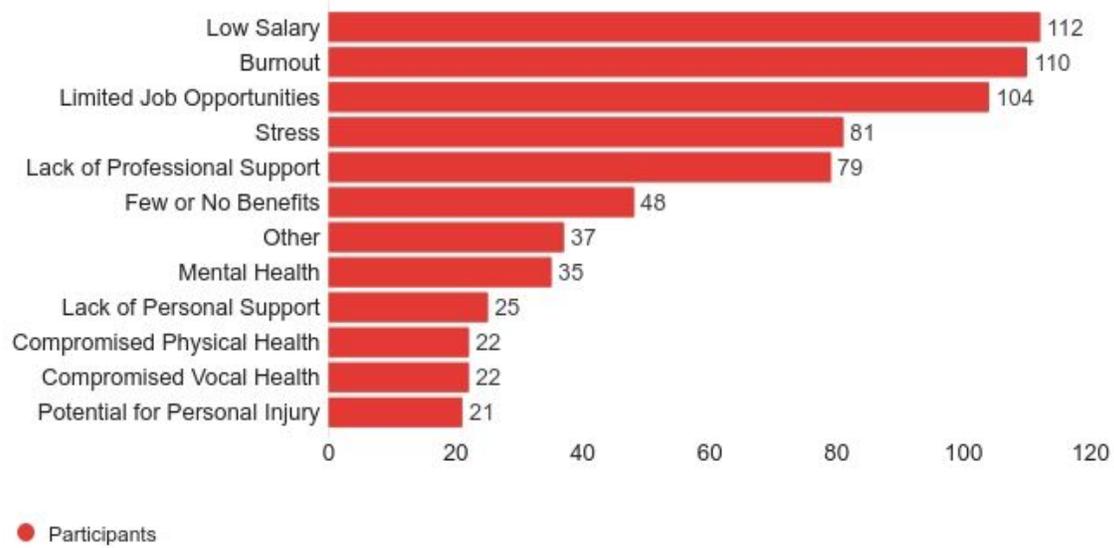


Table 3 displays the percentage of participants that answered and their responses on the Likert scales.

Table 3*Self-Reflection Responses*

Survey Question	Likert Scale Responses Percentages				
	1 Never	2 Rarely	3 Every Once in a While	4 Sometimes	5 Almost Always
Do you generally experience a high level of job satisfaction? <i>n</i> = 408	0.98	3.68	4.90	42.40	48.04
Do you find your work meaningful? <i>n</i> = 408	0.49	1.23	2.94	18.38	76.96
Do you feel valued for your work? <i>n</i> = 407	0.98	2.95	10.57	35.13	50.37
Do you feel you are professionally supported? <i>n</i> = 407	2.70	7.13	15.72	39.31	35.13
Do you feel personally supported? <i>n</i> = 407	0.00	3.69	8.85	31.45	56.02

There was a statistical negative correlation between people who feel satisfied with their job and having considered leaving the field (Table 4).

Table 4*Considered Leaving the Field Correlated with Job Satisfaction*

		Have you seriously considered of leaving the field before?	Do you generally experience a high level of job satisfaction?
Have you seriously considered of leaving the field before?	Pearson Correlation	1	-.349**
	Sig. (2-tailed)		.000
	N	410	407
Do you generally experience a high level of job satisfaction?	Pearson Correlation	-.349**	1
	Sig. (2-tailed)	.000	
	N	407	408

** . Correlation is significant at the 0.01 level (2-tailed).

There was a significant negative correlation between music therapists who feel valued for their work and those who have considered leaving the field (Table 5).

Table 5*Considered Leaving the Field Correlated with Feelings of Value for Work*

		Have you seriously considered of leaving the field before?	Do you feel valued for your work?
Have you seriously considered of leaving the field before?	Pearson Correlation	1	-.338**
	Sig. (2-tailed)		.000
	N	410	406
Do you feel valued for your work?	Pearson Correlation	-.338**	1
	Sig. (2-tailed)	.000	
	N	406	407

** . Correlation is significant at the 0.01 level (2-tailed).

There was a significant negative correlation between participants who experience feelings of meaning in their work and those who have considered leaving the field (Table 6).

Table 6*Considered Leaving the Field Correlated with Feelings of Meaningful Work*

		Have you seriously considered of leaving the field before?	Do you find your work meaningful?
Have you seriously considered of leaving the field before?	Pearson Correlation	1	-.270**
	Sig. (2-tailed)		.000
	N	410	407
Do you find your work meaningful?	Pearson Correlation	-.270**	1
	Sig. (2-tailed)	.000	
	N	407	408

** . Correlation is significant at the 0.01 level (2-tailed).

There was a statistical negative correlation between feeling music therapists who feel personally supported and those who have considered leaving the field (Table 7).

Table 7*Considered Leaving the Field Correlated With Feelings of Personal Support*

		Have you seriously considered of leaving the field before?	Do you feel you are personally supported?
Have you seriously considered of leaving the field before?	Pearson Correlation	1	-.356**
	Sig. (2-tailed)		.000
	N	410	406
Do you feel you are personally supported?	Pearson Correlation	-.356**	1
	Sig. (2-tailed)	.000	
	N	406	407

** . Correlation is significant at the 0.01 level (2-tailed).

There was a statistical negative correlation between those who experience feelings of professional support and those who have considered leaving the field (Table 8).

Table 8*Considered Leaving the Field Correlated With Feelings of Professional Support*

		Have you seriously considered of leaving the field before?	Do you feel you are professionally supported?
Have you seriously considered of leaving the field before?	Pearson Correlation	1	-.334**
	Sig. (2-tailed)		.000
	N	410	406
Do you feel you are professionally supported?	Pearson Correlation	-.334**	1
	Sig. (2-tailed)	.000	
	N	406	407

** . Correlation is significant at the 0.01 level (2-tailed).

Participants who reported having considered leaving the field reported a sense of feeling less personally and professionally supported, a low level of job satisfaction, and a belief that their work is not sufficiently valued. The strongest reported correlation of the self-reflection questions was between feelings of high job satisfaction and work being meaningful, with a $r = 0.669$ ($r(408) = .669, p < .001$) (Table 9).

Table 9*Job Satisfaction Correlated with Meaningful Work*

		Do you generally experience a high level of job satisfaction?	Do you find your work meaningful?
Do you generally experience a high level of job satisfaction?	Pearson	1	.669**
	Correlation		
	Sig. (2-tailed)		.000
	N	408	408
Do you find your work meaningful?	Pearson	.669**	1
	Correlation		
	Sig. (2-tailed)	.000	
	N	408	408

** . Correlation is significant at the 0.01 level (2-tailed).

There was a strong correlation between feelings of value and work being meaningful with a $r = 0.656$ ($r(407) = .656, p < .001$) (Table 10).

Table 10*Meaningful Work Correlated with Valued for Work*

		Do you find your work meaningful?	Do you feel valued for your work?
Do you find your work meaningful?	Pearson Correlation	1	.656**
	Sig. (2-tailed)		.000
	N	408	407
Do you feel valued for your work?	Pearson Correlation	.656**	1
	Sig. (2-tailed)	.000	
	N	407	407

** . Correlation is significant at the 0.01 level (2-tailed).

As well as there was a strong correlation between feelings of value and feelings of professional support with $r = 0.658$ ($r(406) = .658, p < .001$) (Table 11).

Table 11*Feelings of Value Correlated with Professional Support*

		Do you feel valued for your work?	Do you feel you are professionally supported?
Do you feel valued for your work?	Pearson Correlation	1	.658**
	Sig. (2-tailed)		.000
	N	407	406
Do you feel you are professionally supported?	Pearson Correlation	.658**	1
	Sig. (2-tailed)	.000	
	N	406	407

** . Correlation is significant at the 0.01 level (2-tailed).

Self-Care Techniques

Participants were asked to rank self-care categories from most practiced/useful to least practiced ($n = 205$). The system allowed for multiple rankings including ranking multiple categories as #1, #2, and so on. Most participants ranked at least two methods in the #1 ranking position. Overall, the most popular self-care method was time off, with exercise ranking second, and music third. Table 12 shows which methods participants chose to put in the top three ranking positions. The methods were overarching categories that included several techniques. For example the category of music listed several techniques such as listening to music, performing music, and creating music. After identifying the most popular methods of self-care, the survey invited participants to delve deeper into how they applied techniques in their highest ranked method or methods.

Table 12

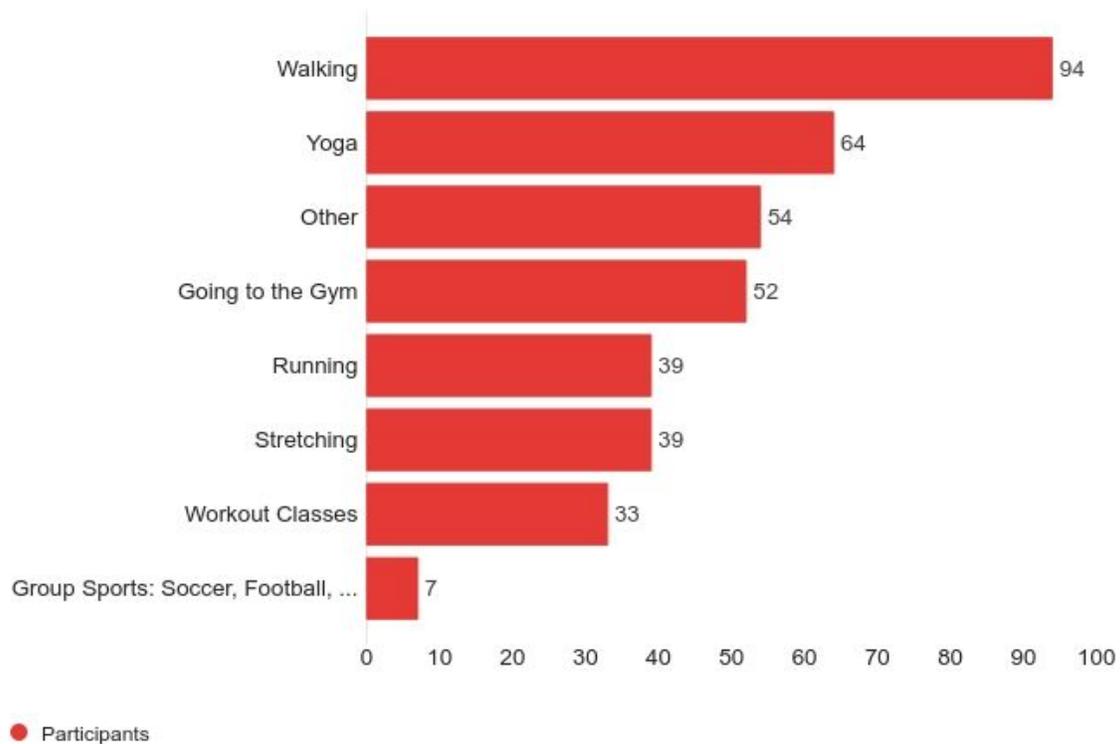
Self-Care Techniques

Method	Number in Rank Position		
	Ranked First	Ranked Second	Ranked Third
Time-Off	187	95	54
Exercise	169	80	53
Music	116	79	64
Nutrition	75	72	65
Education	44	73	68
Professional Therapy	37	37	47

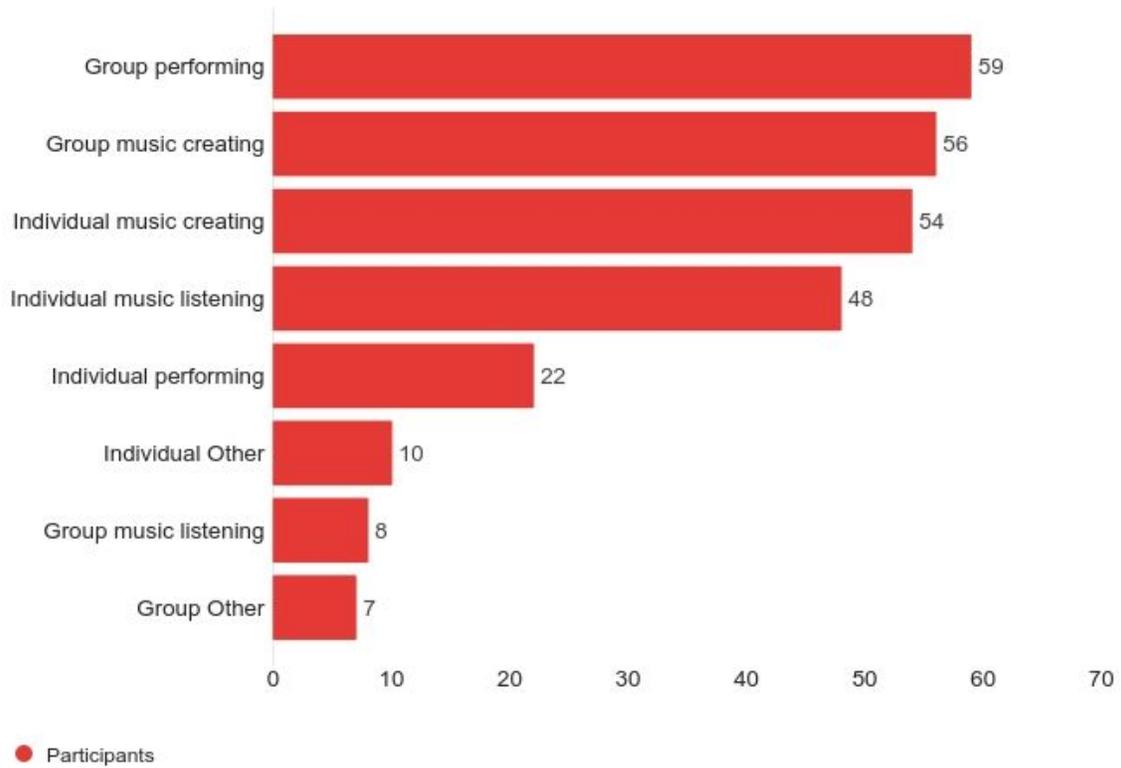
For the most popular method, taking time off, the technique most frequently identified was taking a vacation of two or less weeks. Walking, yoga, and “other” were the most popular techniques for the category of exercise (Figure 3).

Figure 3

Exercise Techniques



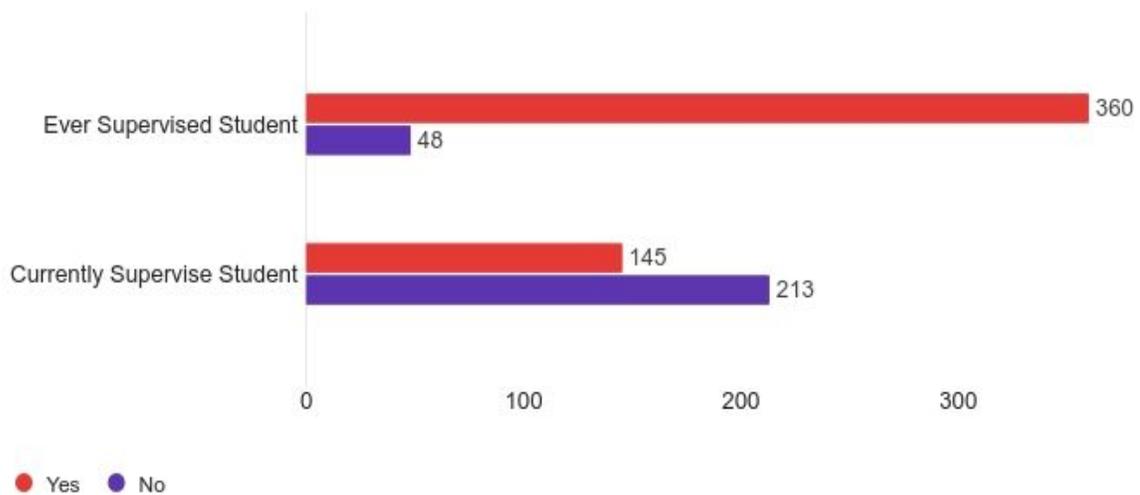
Within the use of music as self-care, group performing, group creating (songwriting, recording, or rehearsing), and individual music creating (songwriting, recording, or rehearsing) were most popular (Figure 4). Those who had been in the field 10-15 years were more likely to rank individual music techniques higher than group music techniques. There were no significant correlations between the self-care methods and the personal reflection questions.

Figure 4*Music Techniques*

The survey also asked about supervision of music therapy students. Figure 5 displays the number of participants that have ever supervised students and those who currently supervise students.

Figure 5

Number of Participants That Have Ever Supervised Students and Those Who Currently Supervise Students



Previous research has identified correlated factors of longevity (job satisfaction). Thus, correlations were run between job satisfaction and other possible factors. There was a statistically significant correlation between supervision of music therapy students and job satisfaction (Table 13).

Table 13*Correlation Between Supervision of Students and Job Satisfaction*

		Do you generally experience a high level of job satisfaction?	Have you participated in training interns, fieldwork, or practicum students?
Do you generally experience a high level of job satisfaction?	Pearson Correlation	1	.129**
	Sig. (2-tailed)		.009
	N	408	406
Have you participated in training interns, fieldwork, or practicum students?	Pearson Correlation	.129**	1
	Sig. (2-tailed)	.009	
	N	406	408

** . Correlation is significant at the 0.01 level (2-tailed).

Table 14 compares the results of two questions: (1) Do you currently supervise music therapy students? and; (2) Have you ever seriously considered leaving the field? There is a statistically significant correlation between participants who currently supervise music therapy students and who have *not* considered leaving the field.

Table 14

Correlation Between Current Supervision of Students and Those Who Have Not Considered Leaving the Field

		Have you seriously considered of leaving the field before?	Do you currently supervise a music therapy student?
Have you seriously considered of leaving the field before?	Pearson Correlation	1	-.121*
	Sig. (2-tailed)		.022
	N	410	358
Do you currently supervise a music therapy student?	Pearson Correlation	-.121*	1
	Sig. (2-tailed)	.022	
	N	358	358

*. Correlation is significant at the 0.05 level (2-tailed).

There is also a statistically significant correlation between job satisfaction and those who are currently supervising students (Table 15). Participants who supervised the most students are those who serve autism spectrum disorder ($n = 150$), intellectual or developmental disabilities ($n = 144$), and music therapy college faculty ($n = 85$). The majority of these participants ($n = 126$) also supervised students every semester.

Table 15*Correlation Between Those Who Currently Supervise Students and Job Satisfaction*

		Do you currently supervise a music therapy student?	Do you generally experience a high level of job satisfaction?
Do you currently supervise a music therapy student?	Pearson Correlation	1	.206**
	Sig. (2-tailed)		.000
	N	358	358
Do you generally experience a high level of job satisfaction?	Pearson Correlation	.206**	1
	Sig. (2-tailed)	.000	
	N	358	408

** . Correlation is significant at the 0.01 level (2-tailed).

Discussion

The aims of this present study were to identify factors that influence longevity in music therapy. Participants, who were long-term music therapists, shared their insights about factors that could have influenced their longevity. Questions examined the topics of academic degree held, supervision of interns, methods of self-care, job satisfaction, personal and professional support, and reasons for considering leaving the field. Correlations were made between the known factor of longevity such as job satisfaction with other possible factors such as supervising students, methods of self-care, and other personal reflection questions.

Demographics and Personal Reflections

Music therapists who persist in the field for more than 10 years will likely hold a master's degree, serve multiple populations at one time, have a general feeling of job satisfaction, supervise students, and utilize exercise as a form of self-care. The majority of all participants held a master's degree in music therapy or a related field. This differs from the 2018 AMTA workforce survey, which found a majority holding a bachelor's degree (AMTA, 2019). This difference is likely due to the large number of practicing music therapists in the field less than 10 years, and the fact that the AMTA workforce survey was open to all practicing music therapists. There was a significant correlation between years in the field and feelings of leaving the field. There was a trend that people who have been in the practice for 36+ years were less likely to have considered leaving the field. This may be due to the fact that those who have considered leaving the field have already either left the field or have retired.

Participants were allowed to check multiple boxes for their current population. There were 2,726 populations checked for the 413 participants, averaging nearly seven populations served per participant. There was a range of one population served to 26 populations served. This could be due in part to facilities hosting several similar populations such as a school for children with special needs which would serve: (1) school-age children, (2) people with physical disabilities, (3) people with intellectual disabilities, (4) people who are multiply disabled, (5) people on the autism spectrum, and (6) people with visual or speech impairments. Participants also checked past populations averaging nine populations served. Patterns of multiple populations may mean that serving different populations provides a buffer against burnout.

Kim (2016) found that higher job satisfaction significantly predicted lower levels of burnout. While this study did not seek to directly measure participants' levels of burnout, the results suggest congruence in that participants with high levels of job satisfaction have not considered leaving the field, and participants who experienced a high level of job satisfaction were more likely to currently supervise interns. Job satisfaction Richardson-Delgado (2006) found that music therapy faculty exhibit a significantly lower level of burnout than the normative MBI sample. Though the MBI was not administered to the participants of the present study those who marked their current population as either music education faculty or music therapy faculty were less likely to have considered leaving the field. Similarly, faculty participants were more likely to have experienced a high level of job satisfaction, which is shown to be a factor in longevity. This study found statistically significant correlations between job satisfaction and perceived meaningfulness of work (positive) and with having considered leaving the field (negative). This suggests that meaningfulness of work may be as closely tied to longevity, as is job satisfaction.

Self-Care

The top three methods of self-care identified by participants in the present study were time off, exercise, and music. As specified by respondents, most-favored methods include vacations of two weeks or less, taking walks, and creating music in a group setting (songwriting, playing, or rehearsing). The perceived value of group music-making as a method of self-care is supported by past studies (Decuir & Vega, 2010; Vega 2010). Participants who had been in the field 36+ years were more likely to rank music-making first. This may indicate that the ability to differentiate music for self-care and music in sessions is a factor in longevity.

Participants were also asked if they had ever supervised students, or were currently supervising them. The participants who reported experiencing a high level of job satisfaction are more likely to have supervised music therapy students. This study found a statistically significant correlation between supervision of music therapy students and not having considered leaving the field. A similar statistically significant correlation was found between currently supervising students and experiencing a high level of job satisfaction. Having a high level of job satisfaction is a complex factor that is closely associated with career longevity (Vega, 2010). This could indicate that supervision of students is an important factor in career longevity. The majority of participants in the present study who have ever supervised interns fell into the populations of ASD, music therapy faculty, and IDD. The majority of these participants also supervised students every semester.

These significant results may be due to the fact that supervisors are helping cultivate the next generation of music therapists which could increase feelings of value and feelings of finding work meaningful. Davies, Hanna, and Cott (2011) list other perceived benefits of supervising students as students bringing in current academic knowledge, stimulating reflection, bringing in positive change to patient dynamics, and reinforcing the supervisors' enjoyments in preparing the next generation.. A possible reason that supervising students is positively correlated with job satisfaction is due to the high numbers of music therapy college faculty and music education faculty in the study, as music therapy faculty exhibit a significantly lower level of burnout than the normative MBI sample (Richardson-Delgado, 2006).

Conclusions

Implications

This study provides those in the profession with a snapshot of important self-care methods utilized by experienced music therapists. The statistically significant results display that practitioners supervising students experience a higher level of job satisfaction. Though not statistically significant, the main techniques of self-care were taking a vacation of two weeks or less, taking a walk, and participating in group music performance. This study also provides an insight into methods less often utilized by professionals such as turning to therapy as a self-care method.

This survey supports past studies that have looked at the methods for treating burnout, and assessing factors leading to burnout. In addition to those studies it specifies which self-care techniques are most often used by music therapists who have been in the field for 10 or more years. For music therapists and music therapy students this study can provide ideas and resources to combat and prevent burnout, thus resulting into longer careers in music therapy.

Limitations

The researcher acknowledges that utilizing a survey that relies on people self-reporting on their level of stress, burnout, and self-care may affect the reliability of the data generated. Another limitation is the level of comfort respondents felt with the survey platform, as two people reached out to advise that they had either inadvertently skipped questions or marked wrong answers. In terms of content, the Self-Care section was not deemed by some respondents to have been adequate for their range of response. While the Self-Care techniques and strategies included in this study listed options derived from previous research, four survey participants

cited religion, spirituality, or prayer, none of which were listed in the survey, as their preferred sources or methods of Self-Care.

Though this may not have changed the quality or content of the responses received to this survey, the researcher feels it important to note that the rise of the novel virus COVID-19 pandemic may have impacted certain responses from participants, or caused would-be participants not to respond. Due to the coronavirus' global impact, there may have been a shift in reported hours worked, or in the attitudes expressed in the Self-Reflection section. The survey was conducted from February 25, 2020 to March 16, 2020 but those who had started the survey before March 16th were given until March 22nd to complete. It should also be noted that some respondents were already choosing or being directed to socially isolate themselves to prevent the spread of COVID-19 and were thus unable to treat clients during the latter part of the survey period.

Future Research

Further research is indicated and important, both for professional music therapists and for students entering the field. Incorporating both those currently experiencing burnout and those who self-report as never having experienced burnout would be a great help to those seeking to understand and combat burnout. This could be applicable both for themselves as practitioners and for the good of the field as a whole. Of course, this would entail some challenge in recruiting participants, especially when seeking responses from those who have indeed left the field due to burnout. An option would be to add questions to the Maslach Burnout Inventory to assess whether participants are currently feeling burned out, but increasing the length of that instrument could impact respondents' levels of survey fatigue.

Opportunities abound for additional study. This researcher recommends similar studies that include additional questions delving into how frequently (times per week) survey participants employ their methods of self-care, along with questions seeking to draw out which methods or strategies participants identify as their most helpful for the various symptoms of stress that can lead to burnout (such as physical fatigue, emotional exhaustion, as well as other possible symptoms). Other areas that seem ripe for additional research include: (1) how frequently and to what degree respondents have considered leaving the field, and (2) whether there are steps taken or events that occur to keep practitioners in the field. Of course, in all of this potential research, it would be important to try to identify levels of burnout in relation to the positions that music therapists hold, or even which terminal degree was attained. Of personal importance and interest to me as a soon-to-be practitioner at the master's degree level would be studies at the opposite demographic end of the study I have reported here, polling students instead of veteran music therapists. I think a baseline study would be useful to compare incoming music therapists at various degree levels, seeking to determine how and to what extent they have been educated on methods of self-care aimed at preventing burnout in the field. Music therapy as a profession is only as successful as its practitioners, and its practitioners can only stay healthy and productive for the long term if they are successful in staving off burnout.

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Appendix A

IRB Approval



Human Research Ethics Board
 Sponsored Programs & Research Compliance
 800 Hawk Drive, New Paltz, NY 12561
 Old Main B120

STUDY EXEMPTION

January 27, 2020

[Lauren Doxsee](#)
 5417290871
 doxsee1@hawkmail.newpaltz.edu

Dear [Lauren Doxsee](#):

On 1/24/2020, the Human Research Ethics Board (HREB) approved the following submission:

Type of Review:	Initial Study
Title of Study:	Burnout and Music Therapists: A Survey Study into Factors Leading to Long-Term Careers in Music Therapy
Investigator:	Lauren Doxsee
IRB ID:	STUDY00002069
Funding:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"> • Recruitment and Consent Letter.pdf, Category: Recruitment Materials; • Recruitment and Consent Letter.pdf, Category: Consent Form; • Lauren Doxsee NP Template 2019 Exempt Survey-Interview.docx, Category: IRB Protocol; • four weeks.pdf, Category: Recruitment Materials; • Survey.docx, Category: Surveys/Questionnaires; • two weeks.pdf, Category: Recruitment Materials; • Survey.pdf, Category: Recruitment Materials;
Exempt	104 (d)(2)

The Human Research Ethics Board (HREB) has considered the submission for the project referenced above and determined it to be Exempt under one of the categories specifically

waived under Section 104 (d) (1-6) or 101(i) of the Code of Federal Regulations (45 CFR 46).

IRB exemption is given with the understanding that the most recently approved procedures will be followed and the most recently approved consenting documents will be used, if applicable. If modifications are needed, those changes may not be initiated until such modifications have been submitted to the HREB for review and have been granted approval.

As principal investigator for this study involving human participants, you have institutional responsibilities as follows:

1. Ensuring that no subjects are enrolled prior to the study's approval date.
2. Ensuring that the HREB is notified via PACS IRB module of:
 - All Reportable Information in accordance with the "Reportable New Information" Smart Form.
 - Project closure/completion by the "Continuing Review/Modification/Study Closure" Smart Form in PACS.
3. Ensuring that the protocol is followed as approved by the HREB unless minor changes that do not impact the exempt determination are made.
4. Ensuring that the study is conducted in compliance with all HREB decisions, conditions, and requirements.
5. Bearing responsibility for all actions of the staff and sub-investigators with regard to the protocol.
6. Bearing responsibility for securing any other required approvals before research begins.

If you have any questions, please contact the Human Research Ethics Board (HREB) at either (845) 257-3282 or by email:

HREB Chair: hrebchair@newpaltz.edu
HREB Secretary: hrebsecretary@newpaltz.edu

Appendix B

Survey Questionnaire

How many years have you been a certified music therapist (MT-BC, ACMT, CMT, or RMT)?

- 10-15 years
- 16-20 years
- 21-25 years
- 26-30 years
- 31-35 years
- 36+ years

What is the highest level of education you have received in a music therapy related field?

- Bachelor's degree
- Masters degree
- Doctoral degree

Do you work within a team or individually?

- Within a team
- Individually

What is your current population?

Check all that apply.

- Abused/Sexually Abused
- AIDS
- Alzheimer's/Dementia
- Autism Spectrum Disorder
- Behavioral Disorder
- Bereavement/Grief
- Cancer
- Chronic Pain
- Comatose
- Intellect./Develop. Disabled (IDD)
- Dual Diagnosis
- Early Childhood
- Eating Disorder
- Elderly Persons

- Forensic
- Head Injury
- Hearing Impaired
- Hospice/Palliative Care
- Learning Disabled
- Medical/Surgical
- Mental Health
- Multiply Disabled
- Music Education College Students
- Music Therapy College Students
- Neurologically Impaired
- Non-disabled
- Parkinson's
- Physically Disabled
- Post Traumatic Stress Disorder
- Rett Syndrome
- School Age Population
- Speech Impaired
- Stroke
- Substance Abuse
- Terminally Ill
- Visually Impaired
- Other

Approximately how many billable hours a week do you work in a music therapy related field?

- 1-10 hours
- 11-20 hours
- 21-30 hours
- 31-40 hours
- 41+ hours
-

Have you worked with other populations in the past?

Please check off populations

- Abused/Sexually Abused
- AIDS
- Alzheimer's/Dementia
- Autism Spectrum Disorder
- Behavioral Disorder
- Bereavement/Grief
- Cancer
- Chronic Pain
- Comatose
- Intellect./Develop. Disabled (IDD)

- Dual Diagnosis
- Early Childhood
- Eating Disorder
- Elderly Persons
- Forensic
- Head Injury
- Hearing Impaired
- Hospice/Palliative Care
- Learning Disabled
- Medical/Surgical
- Mental Health
- Multiply Disabled
- Music Education College Students
- Music Therapy College Students
- Neurologically Impaired
- Non-disabled
- Parkinson's
- Physically Disabled
- Post Traumatic Stress Disorder
- Rett Syndrome
- School Age Population
- Speech Impaired
- Stroke
- Substance Abuse
- Terminally Ill
- Visually Impaired
- Other

Have you seriously considered leaving the field before?

- Yes
- No

If yes, for what reasons?

Please mark all that apply:

- Burnout
- Stress
- Compromised Vocal Health
- Compromised Physical Health Related to Playing Instruments
- Potential for Personal Injury
- Mental Health
- Low Salary
- Minimal or Limited Job Opportunities
- Few or No Benefits (Medical, Retirement, etc.)

- Lack of Professional Support
- Lack of Personal Support
- Other, please explain:

Have you participated in training Interns, Fieldwork, or practicum students?

- Yes
- No

If yes, how often?

- Once a semester
- Once a year
- Once every other year
- Other, please explain:

Do you currently supervise a music therapy student?

- Yes
- No

Please rank the following as most to least beneficial for your own self-care.

Please ONLY rank groups that you actively or have actively participated in.

You can rank multiple groups as number 1 if applicable.

- Exercise: Stretching, Yoga, Running, Walking, Group Sports, Going to the Gym, Other.
- Music (In a group or solo): Creating, Performing, Rehearsing, Listening, Other.
- Nutrition: Diet, Other.
- Education: Taking Classes (MT or other), Conferences, Supervising MT students, Other.
- Time Off: Vacation, Holiday, Mental Health Break, Other.
- Professional Therapy: Art, Music, Movement, Talk, Other.

If therapy is ranked first in the previous question, what is your preferred method of Professional Therapy?

- Art Therapy
- Music Therapy

- Dance and Movement Therapy
- Talk Therapy
- Other

If taking time off was ranked first, when do you take time off

- Vacation (two week or less)
- Holiday (two weeks or more)
- Mental health break
- Other

If continuing education is ranked first, what is your preferred method of continued education

- Classes on music therapy
- Classes in related field (psychology, music, or other)
- Attending conferences
- Supervising music therapy students
- Supervising music therapy professionals
- Other

If making music was ranked first, what is your preferred method of music

- Individual music creating (songwriting or playing)
- Individual performing
- Individual music listening
- Individual Other
- Group music creating (songwriting, playing, or rehearsing)
- Group performing
- Group music listening
- Group Other

If exercise is ranked first, what is your preferred method of exercise

- Stretching
- Yoga
- Running
- Walking
- Group Sports: Soccer, Football, Rugby, etc.
- Workout Classes
- Going to the Gym
- Other

Do you generally experience a high level of job satisfaction?

- Strongly agree
- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Strongly disagree

Do you find your work meaningful?

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Do you feel valued for your work?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

Do you feel you are professionally supported?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not
-

Do you feel you are personally supported?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

Appendix C

Initial Invitation Email

Dear Music Therapy Colleagues,

My name is Lauren Doxsee and I am a graduate music therapy student at the State University of New York at New Paltz, under the advisement of Dr. Heather Wagner. I have created this research study to examine the factors that may contribute to longevity in music therapy.

I am conducting this research study as a course requirement for my thesis. The purpose of my study is to examine the factors that contribute to board-certified music therapy professionals having extended careers of 10 or more years. While there are no direct benefits to your participation, a greater understanding of factors that lead to career longevity will be beneficial to the field of music therapy. There are no foreseeable risks or discomfort to your participation.

I am recruiting practicing professionals who have been active in the field of music therapy for 10 or more years, with no more than one gap of one year or less of direct client services that does not count towards the 10 years. Part-time work of 20 hours per week or more counts towards the 10 years requirement. The study will take no longer than 15 minutes. You may skip questions if you wish. If you choose not to participate or withdraw at any time, and there will be no penalty for withdrawing or discontinuing.

Your participation in this study is voluntary and anonymous. If you are willing to participate, please complete the study by March 16, 2020. The results of this study may be used in reports, presentations, or publications but your name will not be known.

If you have any questions or concerns about this survey please contact me at doxseel1@hawkmail.newpaltz.edu or my advisor at wagnerh@newpaltz.edu.

Thank you,

Lauren Doxsee

Music Therapy Graduate Student

SUNY New Paltz

doxseel1@hawkmail.newpaltz.edu

Appendix D**Reminder Email**

Dear Music Therapy Colleagues,

This is a reminder email that the survey is closing in 11 days.

My name is Lauren Doxsee and I am a graduate music therapy student at the State University of New York at New Paltz, under the advisement of Dr. Heather Wagner. I have created this research study to examine the factors that may contribute to longevity in music therapy.

I am conducting this research study as a course requirement for my thesis. The purpose of my study is to examine the factors that contribute to board-certified music therapy professionals having extended careers of 10 or more years. While there are no direct benefits to your participation, a greater understanding of factors that lead to career longevity will be beneficial to the field of music therapy. There are no foreseeable risks or discomfort to your participation.

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If you have any questions or concerns about this survey please contact me at doxseel1@hawkmail.newpaltz.edu or my advisor at wagnerh@newpaltz.edu.

Thank you,

Lauren Doxsee

Music Therapy Graduate Student

SUNY New Paltz

doxseel1@hawkmail.newpaltz.edu