



Career longevity: A survey of experienced professional music therapists

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ARTICLE INFO

Keywords:

Career longevity
Personality traits
Burnout
Job satisfaction
Professional competencies

ABSTRACT

The research cites numerous reasons why music therapists leave the field. Few studies, however, examined reasons why music therapists persist in the field. Therefore, the purpose of the present study was to identify knowledge and skills that experienced professionals perceived as important. Music therapists with a minimum of 5 years of professional experience were selected randomly from the American Music Therapy Association (AMTA) membership. Two hundred thirty-one music therapists with 10–15, 16–20, and 21 or more years of professional experience participated in this study. They were asked to rate the importance of the AMTA Professionals Competencies today as compared with when they entered the profession. Additionally, the respondents were asked to indicate reasons for remaining in the field, and the traits of a good music therapist. The results of the study indicated that taken collectively, there was no significant difference between today and at entry ratings of the competencies. However, individual questions were significant in a number of instances.

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Researchers have attempted to profile music therapists in regards to career longevity since the early days of the profession. Shatin, Douglas-Longmore, and Kotter (1963) studied the personality traits of 30 music therapists and found that the average number of years in the profession was 6. In a sample of 484 respondents, Braswell, Maranto, and Decuir (1979) reported that music therapists remained in the field for 3.98 years. Lathom (1982) surveyed 455 professionals and found that music therapists were staying in the field for 3–5 years. In a study of occupational stress and burnout of 239 music therapists, Oppenheim (1987) found the mean career longevity to be 4.03 years. Taylor (1987), while investigating entry-level competencies of 641 music therapists, found 68.6% of those surveyed had been in the field for less than 5 years. De Freitas (1988) surveyed 133 music therapists who had left the field and reported that 3.91 years was the average they had worked as music therapists. In a survey of 1323 music therapists, Maranto and Bruscia (1988) found that their subjects had an average of 8 years of experience working in the field. In 1989, music therapists remained working clinicians for an average of 5.41 years according to a study of 1344 professionals by Braswell, Jacobs, and Decuir. Cohen, Hadell, and Williams (1997) in investigating applied music requirements of music therapists for their applicability in the music therapy clinic surveyed 220 active music therapists and found the average number of years in the profession to be 5–10 years. Cohen and Behrens (2002), when investigating professional status and

degree type, reported the average longevity of 218 active music therapists was 13 years. Finally, Vega (2007), in her dissertation on personality, burnout, and longevity among 137 professional music therapists, reported an average longevity of 17.85 years. The data appears to indicate a gradual increase in longevity. The research on longevity in the profession of music therapy can be viewed in Table 1.

While these data on longevity are informative, the data does not present an accurate picture of the status of professional longevity, and may in fact be misleading. For example, in the study by Braswell et al. (1989) on job satisfaction, the average years in the profession was 4.08. These researchers also found that 22.2% of the survey respondents had been in the field for less than 1 year. In another study investigating professional status and degree type, Cohen and Behrens (2002) found that while the average years in the profession were 13.04, 28.8% of the subjects had been in the field for less than 6 years. They further stipulated that 44.3% of the subjects worked in the field for >9 years. These facts suggest that music therapists are remaining in the field for relatively short periods of time. There are other factors that may influence longevity of music therapists. Some music therapists may discontinue their professional affiliation while continuing to work in the field, while others will retain their membership but stopped working.

In examining the literature on burnout, a few key issues emerge as reasons why music therapists leave the field. The two most prevalent reasons were lack of support from administration (Knoll, Reuer, & Henry, 1988; McKinney, 1992; Oppenheim, 1987; Vega, 2007) and poor salaries (Bitcom, 1981; Knoll et al., 1988; Oppenheim, 1987; Vega, 2007). Music therapists mention the lack of respect and understanding for the field coupled with unrealistic

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Table 1
Research reporting longevity in the profession of music therapy.

Study	Population	Longevity (years)
Shatin et al. (1963)	30 active MTs	6
Braswell et al. (1979)	261 registered MTs	3.9
Lathom (1982)	455 active MTs	3–5
Oppenheim (1987)	239 registered MTs	4
Taylor (1987)	641 active MTs	5
Maranto and Bruscia (1988)	1323 registered MTs	8
De Freitas (1988)	617 expired/registered MTs	3.91
Braswell, Jacobs, & Decuir (1989)	1344 registered/certified MTs	5.4
Cohen et al. (1997)	220 active MTs	5–10
Cohen and Behrens (2002)	218 active MTs	13
Vega (2007)	137 active MTs	17.8

workloads and schedules as reasons for decreased longevity. Other causes of frustration and burnout for music therapists are lack of autonomy, and the need to constantly adapt (Bitcom, 1981; Knoll et al., 1988).

Cohen and Behrens (2002) investigated the relationship between the degree earned by music therapists and the five variables of job satisfaction, job longevity, level of promotion, job responsibilities, and geographical location. Two hundred and eighteen music therapists completed the survey. Results indicated those music therapists with a master's degree in music therapy stayed in the field significantly longer than did those with a bachelor's degree. Increased responsibilities and promotions were positively correlated with career longevity. The researchers also found that the highest percentage of advanced degrees were geographically located in the Mid-Atlantic Region while the highest percentage of bachelor's degrees resided in the Great Lakes Region.

For the purpose of identifying factors affecting longevity, Vega (2003) interviewed nine music therapists from the New Orleans area who had been in the profession for 5 years or longer. The participants reported that working with a supportive, interdisciplinary team was a great source of support and gratification. Mentoring students and entry-level music therapists helped to renew creativity and enthusiasm. Finally, the participants mentioned that beginning a new music therapy program, conducting presentations, witnessing positive client changes, and sharing the enjoyment of music with their clients were also reasons that contributed to their staying in the field.

While the study by Vega provides useful information concerning professional persistence, it was limited by sample size and geographical area. The purpose of the present study was to identify knowledge and skills that a large sample of experienced professionals perceived as important. Specifically, music therapists with 10–15, 16–20, and 21 or more years of professional experience were asked to rate the importance the American Music Therapy Association (AMTA) Professional Competencies today as compared with when they entered the profession. Additionally, the respondents were asked to indicate reasons for remaining in the field, and the traits of a good music therapist. It was hypothesized that there would be no significant difference between today and at entry ratings of the Professional Competencies. It also was hypothesized that there would be no significant differences in the ratings according to years of professional experience.

Method

Participants

This study was an outgrowth of an investigation that originally began in 1996, prior to the unification of the American Association for Music Therapy (AAMT) and the National Association for Music Therapy (NAMT). This investigation was delayed due to the unifi-

cation process. In the spring of 2002, the unified American Music Therapy Association central office was asked to supply the names of members with more than 10 years experience. A list of 1332 names was supplied that fit the criterion of 10 years or more. From that sample, 444 names were randomly selected for our research sample. Questionnaires were mailed using the US postal service and prospective subjects were given 30 days to complete the survey. From the 444 questionnaires mailed, 231 or 52% were returned. Since the response rate was over 50% no reminders were sent to the non-respondents. Excluding the questionnaires from respondents who were no longer in the field, 176 respondents remained. This study was approved by the Loyola University Institutional Review Board for Human Subjects. All participants signed an informed consent and anonymity of respondents was guaranteed.

Instrumentation

The first section of the questionnaire consisted of 20 questions taken from the Professional Competencies of the *NAMT Member Sourcebook* (1996) of the then National Association for Music Therapy. On a scale of 1–5, where 5 indicated very important and 1 least important, professionals were asked to rate the importance of each standard to their practice today and when they entered the profession. In the same manner, respondents were asked to rate the importance of the following additional items: conducting in-service training, strong performance skills, participation in community music or theater, working with preferred clients, promoting your services, pricing your services, teaching interns/students, and tenure.

In the second part of the questionnaire, the participants were asked to answer the following open-ended questions: have you ever changed or considered changing professions; rate the factors (listed) that contributed to your staying in the field of music therapy; rate the following traits (listed) for applicability to being a good music therapists; what makes music therapists different from other therapists; in general, describe how you use music in your session; and how do you classify your facility. The respondents also were asked their gender, primary patient populations with whom they worked, the number of years that they have worked as a therapist, and the percentage of time spent doing therapy. Finally, the respondents were asked to describe how they used music in their sessions, if they participated in musical activities in the community, and whether they were educated in an NAMT, AAMT, or dual affiliated college or university. The survey in its entirety can be viewed in [Appendix A](#).

Results

The data was arranged in a 3 × 3 contingency table. The five-point Likert scale initially used in the study was collapsed to a three-point scale consisting of unimportance, neutral, and important. The collapsing was done to eliminate small or empty response cells. Degree of importance was compared with years as a music therapist: 10–15, 16–20, and 21 or more. The comparison was done twice, once with the responses for today and again at entry into the profession.

From the 444 questionnaires mailed, 231 or 52% were returned. Excluding the questionnaires from respondents who were no longer in the field, 176 respondents remained. The gender of the respondents (question 40) indicated that 90.3% were females (159) and 9.7% were males (17). The respondents were grouped according to the number of years of professional practice. Those data appear as follows: 10–15 years = 70, 16–20 years = 43, and 21 or more years = 63 (question 41). The respondents indicated that 89.3% (158) were trained at NAMT schools and 10.7% (19) were trained at AAMT schools (question 45).

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