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MUSIC THERAPISTS' BURNOUT AND JOB SATISFACTION LEVELS ACROSS WORK SETTINGS

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MUSIC THERAPISTS' BURNOUT AND JOB SATISFACTION LEVELS ACROSS WORK SETTINGS

By

Rebecca West

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ABSTRACT

MUSIC THERAPISTS' BURNOUT AND JOB SATISFACTION LEVELS ACROSS WORK SETTINGS

By

Rebecca West

The purpose of this study was to compare burnout and job satisfaction levels among music therapists across various work settings (i.e., hospital, forensic, private practice) within the United States. Participants for this study included 116 music therapists carrying the credentials of MT-BC, RMT, and CMT, who currently deliver music therapy services through private, public, or government-operated facility/institutions. Each participant completed four testing instruments: *Maslach Burnout Inventory* (MBI), *Utrecht Work Engagement Scale* (UWES), *Minnesota Satisfaction Questionnaire* (MSQ), and a researcher-developed questionnaire. From the results of the data analysis, no significant difference in burnout levels across work settings existed; however, music therapists in school (K-12) work settings reported significantly lower scores in extrinsic and intrinsic job satisfaction compared to those in several other work settings. Music therapists with advanced degrees did not report significantly higher job satisfaction scores than music therapists with only a bachelor's degree. However, music therapists who have worked in the field at least 10 years reported higher overall job satisfaction levels than music therapists working in the field 9 years or less.

DEDICATION

I would like to dedicate my thesis, in light of the moratorium placed on the historic 1944 music therapy program at MSU in February, 2009, to my fellow music therapy colleagues and students, specifically my colleagues and students at MSU. Do not lose hope or encouragement, but keep believing in the power of music and the work we do every day with our clients. Keep pressing forward to build bridges, increase advocacy and awareness for our profession, and keep on keeping on. Stand by what you believe in and never give up without a fight!

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And, to my Savior, Jesus Christ, in whom I can do all things who gives me strength, may I never cease to give You praise and honor for what You have accomplished in and through me, and what You will continue to accomplish in my life.

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CHAPTER ONE

INTRODUCTION

Definition of Music Therapy and Description of Music Therapists

Around the time of WWI and WWII, a new field began to emerge in response to the growing number of soldiers in hospitals receiving care and support for their physical, psychological, and socio-emotional rehabilitation and recovery. This field was music therapy. According to the American Music Therapy Association (AMTA) website, the definition of music therapy is "... an established healthcare profession that uses music to address physical, emotional, cognitive, and social needs of individuals of all ages. Music therapy improves the quality of life for persons who are well and meets the needs of children and adults with disabilities or illnesses" (http://www.musictherapy.org, 08/04/2009). Currently, according to the Certification Board for Music Therapists (2003), there are over 4,500 music therapists with the credential of Music Therapist-Board Certified (MT-BC). In 1983, the Certification Board for Music Therapists (CBMT) began as a way to promote unity in the field of music therapy and monitor the competent practice and advancement of music therapists. The CBMT currently awards music therapists with the MT-BC credential upon successful completion of all music therapy coursework and internship at an accredited site, and successful completion of the written examination verifying competency in music therapy (Certification Board for Music Therapists, 2003). Prior to 1983, music therapists mainly carried two credentials: Registered Music Therapist (RMT) and Certified Music Therapist (CMT). From 1983 when the CBMT was started, all professionally trained music therapists who qualify are given the unifying MT-BC credential. Because music therapists who carry the credentials

of RMT's and CMT's are typically in their 40's-60's, they have the option to take the CBMT certification exam to change their credential to MT-BC or maintain their original credential until 2020.

Because music therapy is considered an allied health care profession and because music therapists primarily work with individuals with health, cognitive, or psychiatric deficits or needs (Hanser, 1999), the field of music therapy can engender the same risks to the therapists as other careers in health-related professions. Such related professions include nursing, psychiatric ward staff, and speech-language pathologists. One such job-related risk for music therapists is burnout.

Introduction and Definition of Burnout

Although several definitions of burnout exist, the most commonly known and used definition comes from Maslach and Jackson (1986), which posits burnout as "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do 'people work of some kind.' (1986, p. 1)." Burnout refers to feelings of helplessness or hopelessness in a situation that grows over time. Some researchers believe that once an individual reaches a state of burnout, he or she cannot reverse the effects (Espeland, 2006). Burnout may result from role conflict, role ambiguity, unsuccessful work situations, and lack of support (Potter, 1998).

These factors and more will be discussed in greater detail later in this chapter. Consequently, much research literature has examined burnout as an antecedent of job turnover (Albion, Fogarty, Machin, & Patrick, 2008; Griffeth, Hom, & Gaertner, 2000; Wright & Cropanzano, 1998).

Rationale for Exploring Burnout Levels in Field of Music Therapy

Because research surrounding burnout levels has drawn so much attention, the question of whether burnout among music therapists exists needs to be addressed. Specifically, does burnout occur among music therapists? If so, how prevalent is it? Do specific work settings or populations with whom music therapists work have a greater risk for burnout or job dissatisfaction? If specific work settings within the field seem to result in higher levels of burnout or job dissatisfaction, could proactive measures serve to ensure that music therapists receive early, preventative interventions (Maslach & Leiter, 2008)? Would those measures succeed in preventing the exit of music therapists from the profession?

Burnout, Job Satisfaction, and Longevity among Music Therapists

Research surrounding burnout levels and job satisfaction is relatively new to the field of music therapy. Currently, a small number of studies exist that examine job burnout and stress levels among music therapists. In the last 15 years, eleven studies have examined burnout levels in music therapists (Decuir & Vega, 2003; DeFreitas, 1988; Fowler, 2006; Glider, 1987; Hills, Norman, & Forster, 2000; Knoll, Reuer, & Henry, 1988; McKinney, 1992; Oppenheim, 1987; Richardson-Delgado, 2006; Vega, 2007). Bitcon (1981) reported poor salary, decreased autonomy, constant change and adaptation as sources of burnout. Knoll, Reuer, and Henry (1988) reported the same factors as Bitcon (1981) in addition to lack of support from administration as reasons for burnout. McKinney (1992) also reported lack of support from administration as a main source of burnout. In 2003, Decuir and Vega reported the top two sources for burnout were lack of support from administration and poor salary. In another study, Vega (2007) asked music therapists to identify the main sources of burnout. Lack of respect and lack of support,

specifically from fellow staff members and administration, were the two most reported sources.

Seven studies specifically examined job satisfaction levels in music therapists within the last 10 years (Braswell, Decuir, & Jacobs, 1989; Cohen & Behrens, 2002; Decuir & Vega, 2002; Hills, Norman, & Forster, 2000; Knoll, Reuer, & Henry, 1988; Stewart, 2000; Sutton, 2002).

In an unpublished study by Decuir and Vega (2003), 176 music therapists completed a questionnaire asking what music therapy competencies and aspects of their job were important to them. In addition, they were asked if they had ever considered changing professions and rating factors that contributed to staying in the field. While no significant correlations existed between years in the field and important factors, the main factors chosen were mentoring, creative process of music (the art), and new/unexpected experiences. Other reasons mentioned included interaction between the client and music and witnessing the change in their clients.

Although the existing studies have examined burnout and job satisfaction in music therapists, researchers have also included exploring longevity as well as demographic information. This has included an analysis of overall clientele by examining the percentage of each client population with whom music therapists work, range of salary, education level, and in which geographic area they are employed.

In a 1964 study by Shatin, Kotter, and Douglas-Longmore, the average number of years a music therapist remained in the profession was 6.4. Braswell, Maranto, and Decuir (1979) reported that music therapists remained in the profession an average of 3.98 years. Lathom (1982) also reported a lower average retention rate of 3 to 5 years for music therapists.

Other studies have examined longevity and the average number of years music therapists reported working in the field. These studies also reveal inconsistent results. In a 1987 study by Taylor, 68.6% of music therapists surveyed indicated they had been in the field for less than five years. The reported average longevity in Oppenheim's 1987 study was 4.03 years. Maranto and Bruscia's 1988 study (as cited in Vega, 2007) reported that music therapists had been in the profession for an average of 8 years. In 1989, Braswell, Decuir et al. reported that the average number of years working in the field out of the 1,344 music therapists interviewed was 5.41.

Several possibilities may account for the discrepancy of reported number of years worked in the field. As music therapy continues to grow, more schools offer degrees, and larger number of students enroll per year. This may account for the large percentage of music therapists who have been in the field for less than 10 years. Another possibility is that, although music therapists may have earned their degrees, they might not have started out in the field of music therapy upon graduation if a music therapy job was not available or created.

Within the last 15 years, only three studies have examined the average career longevity among music therapists. In 1997, Cohen, Hadsell, and Williams reported an average of 5 to 10 years for music therapists to remain in the field out of 250 music therapists surveyed. Stewart (2000) reported those with 1 to 3 years of experience and those with over 10 years experience constituted 60% of the 126 music therapists surveyed. Finally, in their 2002 study, Cohen and Behrens reported that music therapists spent an average of 13.04 years in the field.

Only one study specifically surveyed music therapists who left the field. DeFreitas' 1988 study (as cited in Vega, 2007) reported that the 133 music therapists who were

were surveyed spent an average of 3.91 years as a therapist before leaving the field. However, because the majority of these studies only gathered information about the average number of years in the field with current practicing music therapists, using the term longevity poses some difficulty in accurately reporting this factor. Maintaining consistency in defining longevity seems to be difficult. Some studies define longevity as the number of years in the field when the study occurred, while others define it as the length a music therapist retains their professional credentials or affiliation with AMTA (Vega, 2007). Measuring the number of years from when a music therapist begins a career to when he or she leaves the profession, either for voluntary or involuntary reasons, would be a more accurate representation of longevity.

Conducting longitudinal studies examining turnover rates or career longevity in music therapy is difficult for several reasons. First, there is an inherent decline in participants available. Participants who were available for the first phase of data collection may not be available for the second phase of data collection.
Second, participants contact information may change depending on the length of time in between the first and second phase of data collection. Locating music therapists who have moved or do not update their contact information without impinging upon their privacy rights remains difficult. Third, participants initially willing to complete the study may change their mind and no longer wish to participate. Consequently, the existing literature examining turnover rates among music therapists remains inconsistent.

Purpose of Current Study

Although several studies have examined factors leading to job satisfaction or burnout, at the present time no research study exists that compares job satisfaction levels or burnout rates in music therapists within or across specific work settings (i.e., hospital,

forensic, private practice). The purpose of this study was to compare burnout and job satisfaction levels among music therapists who work in different settings, including hospitals, forensics, and private practice. This study also sought to gain information about the intent of music therapists who register higher levels of burnout or job dissatisfaction, and whether these therapists intended to change to a different job within music therapy, or leave the profession altogether. The following chapter will discuss specific studies related to the etiology of burnout, job dissatisfaction, and related literature in music therapy on burnout levels and job satisfaction. This study employed existing stress and job satisfaction test instruments, including the *Maslach Burnout Inventory* (MBI) and *Minnesota Satisfaction Questionnaire* (MSQ), and questions discussing intent to leave the profession.

The researcher sought to examine the following hypotheses related to burnout and job satisfaction levels in music therapists:

1. Music therapists will report significant differences in burnout and job satisfaction levels across various work settings.
2. Music therapists who work in educational or school settings will report the highest burnout levels .
3. Music therapists who possess higher levels of education will report higher levels of job satisfaction, with individuals possessing a Ph.D. having the highest job satisfaction scores.
4. Music therapists who have been in the field for at least 10 years will report higher overall levels of job satisfaction than music therapists who have been in the field less than 10 years.
5. Music therapists who report high levels of burnout or job dissatisfaction will be

more likely to actively search for another career.

CHAPTER TWO

JOB BURNOUT, STRESS, AND PREDICTING FACTORS

Emergence of Burnout

Attention to burnout and its initial development began as a response to social problems, rather than from scholarly or academic beginnings (Maslach & Schaufeli, 1993). The first articles specifically about burnout appeared in the 1970's in the US and were published by Freudenberger and Maslach (Maslach & Schaufeli, 1993). Much of the initial research gained attention from occupations including education, medicine, criminal justice, social services, and religion (Maslach & Schaufeli, 1993).

Leiter and Maslach (1998) posed three main sources of burnout: emotional exhaustion, depersonalization, and reduced accomplishment. Emotional exhaustion refers to the depletion of an individual's emotional resources, resulting in fatigue and lack of energy. Depersonalization refers to an individual's emotional detachment from their job, often coupled with feelings of cynicism and negative attitudes. Reduced personal accomplishment refers to an individual's reduced levels of productivity and effectiveness.

Causes of Burnout

Research examining burnout, and its possible causes and effects, has explored the connection to various aspects of the job, including job satisfaction, job stress levels, job expectations, workload, and job withdrawal. Currently, according to the research, it seems that job factors provide a stronger connection or link to burnout than demographic variables. Researchers also seem to agree that job dissatisfaction and job burnout are separate items, although clearly linked together (Maslach & Schaufeli, 1993).

One model of burnout explores the etiology of burnout from the viewpoint of

achieving and maintaining "resources" (Hobfoll, 1989). The conservation of resources (COR) posits that individuals seek to acquire and maintain resources and that stress and burnout occur when those resources are eliminated, threatened, or do not yield results proportional to the original level of investment.

Much debate surrounds approaches to examining burnout and selecting which variables and relationships to study. Isolating and examining stress does not provide a complete picture or representation, as it excludes the influence of social networks and self-cognition (Maslach, 1993). Factors linked to burnout also include work overload, lack of control, lack of reward, lack of community, lack of fairness, or value conflicts (Maslach & Leiter, 1997).

Rather than a uniform result or trigger, another viewpoint recognizes that burnout involves a complex, variegated process that varies in symptoms and intensities within each person. Burnout is a process or progression of these symptoms, which over time manifests itself in physical, emotional, or psychological results (Freudenberger, 1975). Although specific trends and patterns also seem to have emerged from the research, such as a strong connection between emotional exhaustion and stress levels, based on the existing literature and empirical research, burnout seems to be a complex process with multiple antecedents and outcomes (Maslach, 1993).

Job Stress and the Correlation to Burnout

Burnout and job stress are often linked together in the literature research. There are four main responses to job stress: behavioral, emotional, physical, and mental (Dunham, 1992). The way people perceive stress and approach it cognitively affects the impact on a person's behavior. Worrying, constant thinking about the issue, and indecision are some examples (May, 1996).

Worrall and May (1989) propose three types of work-related stress that may relate to music therapists and potential warning signs that stress is present. These three types of work-related stress are anticipatory stress, ambient stress, and core stress. An example of anticipatory stress is feeling dread on Sunday evening of returning to work the next day. Ambient stress refers to 'noise' of pressures and related issues either at school or related to personal issues. Core stress refers to unresolved memories or traumatic experiences that can manifest themselves in different ways.

Another theory related to stress is Seyle's (1976) theory of resistance. Seyle believes that there are three stages of resistance the body undergoes in response to stress. They are the initial alarm reaction, coping, and physical or psychological burnout or exhaustion. In the initial alarm reaction, the body responds to the initial source of stress. During the coping stage, the body continues to respond to the source of stress, but the body begins to experience depletion of resources and energy if the source of stress remains present. Finally, the body begins to exhibit physical or psychological symptoms as a result of constantly responding to the source of stress. Because individuals may perceive stressors different ways, various stressors will appear more significant than others. This may be affected by the individual's level of emotional vulnerability (Ashkanasy, Ashton-James, & Jordan, 2004).

Lazarus and Folkman (1984) argue that cognitive appraisal processes affect the significance of the stressor and the meaning individuals put on it. They identify three forms of stressors: irrelevant, benign-positive, and stressful. Events that have no direct impact on an individual are irrelevant appraisals. Events that will serve to enhance, support, or improve an individual's situation are benign-positive. Events that will cause damage, loss, or harm to an individual or situation are considered stressful appraisals.

The presence or absence of specific job aspects may also contribute to job stress and burnout. Herzberg's motivation-hygiene theory (Herzberg, Mausner, & Synderman, 1959) states that specific elements of job satisfaction (motivators) interact with specific aspects of a job (hygiene factors). When specific hygiene factors are absent, job dissatisfaction may result. One area of the work environment that has changed over time has been the workload. The workload seems to have increased and currently demands more of the individual in three ways: it is more complex, more intense, and requires more time commitment (Maslach & Leiter, 1997). Another approach to studying burnout and job stress include the cultural or social approach. These approaches emphasize the individual needs and elements in the work environment and specifically address issues of community or group cohesion and mutual support (Gold & Roth, 1993). Finally, the personal-psychological reorientation approach argues that stress and burnout result from individuals' perception of the work situation, and cognitive restructuring techniques will prevent or lessen the level of job stress or burnout (Gold & Roth, 1993).

Job Satisfaction and the Correlation to Burnout

Studies examining burnout levels and job satisfaction have measured the results through two main methods. The first is through subject ratings, which are viewed as more subjective and can be prone to bias and error. The second method uses objective criteria, such as measuring turnover rates, absenteeism, salary, and job production (Borman, 1991). However, objective criteria do not provide a complete picture of an individual's overall performance or job requirements (Guion, 1965). Several problems or factors result from judging job performance based on attendance, number of absences, salary, and job level. The data usually provide only moderately reliable results, are subject to change, and run the risk of ratee performance affecting the results (Borman, 1991).

If job satisfaction is directly linked to specific factors in the workplace, job satisfaction and various elements of the workplace, including environment, demands, requirements, and stress should be further explored. Even more specifically, how does an individual react or respond to those demands? (Phillips, 2005). Do specific contributors related to job dissatisfaction exist that result in individuals choosing to leave their job? One model by Thibaut and Kelley (1959) posits two concepts under which a person will choose to stay or leave their job. According to their model, an individual will examine and compare the present situation with past or similar experiences, resulting in a comparison level (CL). All of the outcomes that are associated with alternatives available to the individual are considered comparative level alternatives (CLalt).

When the alternatives outweigh or are more positive than the current role or situation, dissatisfaction and a desire to leave will follow. Subsequently, when the alternatives are more negative or below the current role or situation, the individual will choose to stay or remain in their present role. The Cornell model of job satisfaction (Smith, Kendall, & Hulin, 1969), a similar model of job satisfaction to that of Thibaut and Kelley (1959), views job satisfaction as a result of what individuals receive from their work, based on their expectations, frame of reference, skill, education, and other contributions.

Lee and Mitchell (1994) give a different perspective on job satisfaction and job burnout. They believe that individuals' decisions to withdraw from their job stem from various events that occur, known as shocks. Shocks are events that prompt individuals to engage in thought processes and make decisions, sometimes to leave their job. In order for a shock to lead to action, it must first attach meaning about the job to the individual and integrate into the individuals' belief or value system. Shocks come in three forms: positive, neutral, or negative. Depending on the type of shock and its integration into the

individual's belief system, four responses will occur. The first response involves the individual removing him or herself from the situation or job with little thought or processing. The next response results in the individual deliberating and re-assessing his or her level of commitment to the organization, resulting in either leaving the organization or changing their belief system. The third response leads the individual to deliberate and re-assess his or her level of commitment, weighing potential alternatives for job opportunities, resulting in pursuing the alternative opportunity or remaining satisfied with the current situation. Finally, the fourth response differs from the first three in that no shock event occurs. Rather, the individual engages in an ongoing assessment and thought process. Over time, the organization will continue to align itself with the individuals' belief and value system, or will eventually deviate from that system of images. Dissatisfaction emerges as a result and the individual chooses to seek alternative options, leading in withdrawal and turnover.

According to March and Simon's (1958) model, individuals will either seek alternative employment opportunities if dissatisfaction levels or other work-related factors are high enough, or they will re-consider looking for alternative opportunities because of a lack of hopeful possibilities. Individuals who seek alternative employment may not quit if desirable alternatives are not present. On the other hand, individuals not originally looking for alternative job options may consider leaving if a job opportunity presents itself with more attractive or desirable qualities than their current job (Gerhart, 1990).

Other models have presented job dissatisfaction, burnout, and turnover as multi-faceted processes. Mobley's (1977) multistep model views organizational turnover starting with an individual evaluating their current job and, when resulting in dissatisfaction, leads to a series of cognitions about quitting, searching for alternative choices, and eventually

staying or quitting.

A different view of job satisfaction involves two components: intrinsic satisfaction and extrinsic satisfaction. Intrinsic satisfaction results from the individual's level of satisfaction with the job itself, while extrinsic satisfaction results from satisfaction from the various conditions or elements of the job including opportunities to use abilities and skills, amount of work, control over pace and work methods, pay, and working conditions (Locke, 1976). Another view of job satisfaction involves the theory that the higher the level of job satisfaction, the greater the level of productivity, and the lower the intention to turnover or be absent from work (Katzell, Thompson, & Guzzo, 1992).

Job satisfaction may also result from the methods individuals choose to accomplish specific goals or tasks based on their existing abilities and skills.
Conversely, dissatisfaction and stress may result from an individual feeling his or her skills and abilities are not matched well to the specific job requirements or tasks (Phillips, 2005). Individuals dissatisfied with their jobs generally report average internal levels of satisfaction. However, individuals who reported dissatisfaction with their jobs have higher levels of dissatisfaction with their jobs than other areas in their life (Judge, 1993).

More recently, Edwards, Bell, Arthur, and Decuir, (2008) investigated the relationship between job satisfaction and its effect on task and contextual performance. Contextual performance in this study refers to behaviors which support the employers overarching organizational, social, and psychological goals or core mission.
Contextual performance is considered a way for the employee to contribute or give something back to their job. It is implied that the more satisfied an individual is with his/her job, the more likely that employee will engage in contextual performance.
The researchers found that a significant positive relationship existed between overall job

satisfaction and task performance levels as well as between job satisfaction and contextual performance levels. A significant positive relationship also existed between the level of satisfaction with work and task performance and between supervision satisfaction and contextual performance. Promotion also affected task performance levels, but did so negatively. The researchers concluded that individuals seek to obtain a balance between what they give and receive in their social networks in organizations. Additionally, the match between attitudes and behaviors increases when specific areas align themselves with the end target.

In a longitudinal study, Wright and Cropanzano (1998) examined the effect of emotional exhaustion on job satisfaction, job performance, and turnover rates. The researchers reported that emotional exhaustion did not directly affect job satisfaction but rather job performance levels. Emotional exhaustion, however, had a positive relationship to turnover rates. Individuals with higher positive affect levels had lower emotional exhaustion levels.

Spector and Jex (1991) examined the effects of various job characteristics including autonomy, feedback, skill variety, task identity, and task significance on job satisfaction, intention to quit, health symptoms, absence levels, job frustration, anxiety at work, and number of doctor visits. They found that individuals with jobs higher in complexity that possessed several of the job characteristics listed above had fewer doctor visits. No significant results emerged between job characteristics and job satisfaction levels or intention to quit.

Another aspect of burnout and job satisfaction involves individuals' locus of control, or individuals' expectations about their level of ability or power to directly change or control events around them (Rotter, 1966). Internal locus of control refers to an

individual's self-expectations, personally accepting any blame or accomplishment. Individuals with a low locus of control attribute any accomplishment or defeat to outside causes, such as people or specific situations, and have low expectations.

Social networks in the workplace on levels of job satisfaction and burnout levels emerged from the literature as an important topic of study. Forming friendships with co-workers is also known as a blended friendship (Bridge & Baxter, 1992). Relationships within the work place are characterized by balancing accomplishing organizational jobs and tasks with forming personal relationships. Friendships in the workplace also serve as avenues to utilize resources, increase or transfer information to make decisions, and other organizational-related functions (Lincoln & Miller, 1979). Trust, feedback, and work-related productivity also can result from friendships in organizations (Bridge & Baxter, 1992). Although friendships in the workplace can have positive results, tension or conflict of interests, goals, or negative responses may also result. Examples of these tensions and conflicts include balancing the level of disclosure and confidentiality, levels of autonomy and connection with co-workers, and roles or structures.

Bridge and Baxter also investigated the types of relationships formed, and the effect of friendships on the workplace. Based on the data, there exist three ways in which work relationships benefit the friendship: accessibility, commonality, and bonding opportunity. There also exist four ways that blended friendship benefits the work relationship: information access, work-related assistance, psychological support, and improved work relationship. However, six types of strains on the friendship resulted from blended friendships: strained egalitarianism, relationship information management strain, autonomy strain, consensus strain, acceptance strain, and display strain. Strains, within the context of this article, were any problems, difficulties, or challenges that resulted when

close friends are embedded within the same job environment. Blended friendships also negatively affected the workplace through favoritism or loyalty shown (objectivity strain), inequality strain, performance strain, organizational information management strain, and strained work relationship.

Emotional and instrumental supports are the two common areas of workplace support or friendship studied and examined by researchers (Fenlason & Beehr, 1994). Instrumental support is defined as receiving some verbal form of assistance or aid from another in order to complete a task. Their study explored three sets of research, the first examining how different types of social support affected levels of job strain, the second examining Beehr's social support theory (Beehr et al., 1990), and the third comparing emotional conceptualizations of stress on communication. First, they found that a closer relationship exists between communication and emotional support than communication and instrumental support. Additionally, a stronger relationship exists between non-job communication and emotional support than other forms of communication. Supervisor support had the strongest affect on levels of strain, followed by co-worker support and lastly support from friends and family. The researchers also concluded that emotional forms of social support seem to have a greater effect on strain than on stressors.

Lee (2005) examined work relationships and their effect on job satisfaction. In her study, Lee predicted that employees who shared similar perceptions of their job climate with their friends at their place of employment would report higher job satisfaction levels. Perceptions of job climate included factors of interpersonal milieu, organizational structure and procedures, and responsibility. Strength of job satisfaction between job similarity with one co-worker compared to similarity among a group of co-workers was also tested. Lee reported no statistically significant differences between employees with similar perceptions

and job satisfaction. In addition, similarity in affective tone or responsibility did not show a strong or statistically significant relationship with job satisfaction. Demographic variables, including gender and educational level also did not have a significant effect on job satisfaction levels. It appears emotional support may affect levels of burnout and job satisfaction depending on the context (Kahn, Schneider, Jenkins-Henkelman, & Moyle, 2006).

The Relationship of Workplace Environment Factors to Burnout

Several components and factors go into an individual's overall level of job satisfaction including job performance, social networks, and emotional support. Another area that contributes to job satisfaction is workplace environment. Factors that comprise workplace environment include supervision, amount of pay, and role clarity (Griffeth, Hom, & Gaertner, 2000).

Maslach and Leiter (2008) conducted a longitudinal study to examine whether their proposed six key factors of workplace environment—workload, control, reward, community, fairness, and values—predicted burnout levels. Other possible predictors of increased burnout levels included inconsistent scores and job-person incongruence. They found that the main essential workplace factor that affected burnout or engagement levels was the perception of fairness.

One approach examining reward as a factor of workplace engagement explored levels of contingent rewards and levels of satisfaction and the relationship to turnover rates. When individuals possess high levels of performance, the rewards and outcomes are greater, thus reducing the desire to seek alternative job options (Harrison, Virick, & William, 1996). In their study, Harrison et al. sought to examine the effect of contingent reward levels on performance levels and turnover rates. The degree or level of reward

contingency affected performance-turnover rates. Performance-turnover within this context refers to employees who are rewarded for their job performance (e.g., commission-based pay) and the number of employees who leave when moderate to maximum levels of reward exist. Levels of turnover depended on the current performance level as well, as performance velocity, more than on other factors.

Albion et al. (2008) explored various psychological responses on work characteristics and the relationship between the organizational climate and job withdrawal behaviors, including absenteeism and intention to leave. Individual morale and quality of work life had a significant positive relationship with job satisfaction at the group level, while individual distress had a significant negative relationship with job satisfaction at the group level. Only individual morale had a significant negative relationship with levels of absenteeism. The researchers concluded quality of work life and job satisfaction both mediate the relationship between role clarity and the intention to quit.

Individuals may choose specific jobs or careers based on the fit of their personalities and values with an organization's aspects or attributes (Bretz & Judge, 1993). Does the person-organization (P-O) fit occur before the individual begins the job, during, or a combination of both (Cable & Judge, 1996)? Research seems to indicate that individuals with higher levels of congruence with their organization's values have higher job satisfaction levels and have lower turnover rates (Bretz & Judge, 1993). Individual's subjective P-O fit seems to result from a combination of the perceived views of the organization and the individual's value system. Subsequently, the subjective P-O fit affects an individual's job selection or intention (Cable & Judge, 1996).

Unrealistic expectations and goals may also be a factor in job or career burnout. Pines and Aronson (1988) suggested individuals who enter their career with high ideals

and motivation, expecting to find meaning through their job, are more susceptible to burnout. Likewise, Greenberg (1984) concluded that individuals are more at risk for burnout in the helping professions when they contribute or give more to their job than what they receive back from it. Similarly, stressful experiences can hinder or prevent an individual from feeling successful or competent, which may result in feeling a sense of failure (Pines, 1993). However, objective failure may not be the ultimate cause of burnout, but rather a sense of never accomplishing anything significant or having a meaningful impact on another person (Pines, 1993).

Job Commitment and Embeddedness and the Relationship to Job Turnover and Intent to Quit

Most studies involving job turnover distinguish between two types: voluntary and involuntary. Voluntary turnover involves termination from the employer by the employee through resignation. Involuntary turnover involves initiation to terminate by the employer through firing of the employee, retirement, disability leave, or death (McEvoy & Cascio, 1985). In the 20th century alone, over 1,000 studies related to turnover were published (McEvoy & Cascio, 1985).

Turnover intentions and self-monitoring had significant positive correlations with turnover rates, while satisfaction had a significant negative correlation with turnover rates, according to a 2005 study by Allen, Weeks, and Moffitt. The researchers also reported no statistically significant correlation between levels of commitment, ease of movement, locus of control, and proactive personality with turnover rates. In a second sample, turnover intentions, satisfaction, and levels of commitment had significant correlations with turnover rates and ease of movements, while locus of control and risk aversion did not.

Tett & Meyer (1993) reported in their meta-analysis, that commitment to an

existing job does not result in a stronger correlation than satisfaction does with levels of intention to quit. Like previous researchers, they concluded that turnover intention or withdrawal cognitions strongly predicts actual turnover, followed by the level of organizational commitment. They concluded that satisfaction and commitment levels both contribute to turnover rates.

Irving et al. (1997) explored Meyer and Allen's 1991 three-component model of organizational commitment in a variety of occupations of individuals within a single organization, specifically exploring the relationship between the three-component model and variables including age, gender, job satisfaction, locus of control, and turnover intentions. The researchers reported no significant relationship existed between age, education level and occupational commitment. A positive relationship did exist between job satisfaction and affective and normative occupational commitment. In addition, a negative relationship existed between gender and continuance commitment, with men more likely to express a need to remain with the organization. The researchers also reported a negative relationship between turnover intentions and continuance occupational commitment levels, although these levels had no significant relationship to affective or normative commitment levels.

Mitchell, Holtom, Lee, Sablynski, and Erez (2001) proposed a new way of looking at job commitment and levels of employee retention. Their construct, job embeddedness, explored the level to which an individual feels trapped within their social networks or responsibilities. Those with higher levels of embeddedness have closer knit links, making it more difficult to leave. In addition, links that are more difficult to break also affect an individual's ability to leave. The authors also proposed that embeddedness may have many levels or specific elements that also make up the holistic picture of embeddedness.

They explored the relationship between job embeddedness and intent to leave, predicting voluntary turnover rates, and the strength of the relationship compared to other variables including desirability of movement, job satisfaction, and organizational commitment. A negative relationship existed between embeddedness and intentions to leave and embeddedness and levels of voluntary turnover. The researchers concluded that levels of embeddedness affect an individual's decision to leave—those with higher levels are less likely to leave. They also concluded that job embeddedness better predicts turnover rates than combining ease of movement, job satisfaction, and organizational commitment.

Jenkins (1993) examined self-monitoring, exploring the effect of self-monitoring on turnover intentions on levels of job satisfaction and organizational commitment. Self-monitoring is a personality trait in which individuals will monitor their expressive behavior and self-expression. Individuals with high levels of self-monitoring are more likely to base relationships on immediate outcomes, whereas individuals with low levels of self-monitoring are more likely to base relationships based on shared values.

From the data, the level of affective commitment had a significant positive correlation with levels of job satisfaction, but a negative relationship to intention to quit. The researcher also reported a significant correlation between self-monitoring levels and turnover intentions. A negative correlation between age and intention to quit also existed. The researcher concluded that self-monitoring effectively predicted turnover intention and moderated the relationship between levels of job satisfaction and intention to quit.

Motivation also seems to influence levels of burnout. Highly motivated individuals seem to experience feelings of either success or failure based on their perceptions of the work environment. Perceptions of the work environment seem to affect individual's feelings of success or failure, which may result in burnout (Pines, 1993).

In their 2004 study, Maertz & Griffeth posed eight motivational forces for deciding whether or not to stay with an organization. Affective forces refer to positive or negative responses about the organization, resulting in dealing with the situation or avoiding it. Calculative forces involve a process of considering and weighing options and continued commitment to the organization, resulting in positive or negative calculations. Contractual forces involve obligations to the organization based on a feeling or perception of psychological contract or commitment. If an individual feels an obligation or responsibility to remain with an organization, leaving the organization before that obligation or responsibility has been fulfilled would result in a breach of that perceived commitment. Behavioral forces involve psychological and tangible costs based on levels of investment and commitment. If an individual perceives a higher cost in leaving, they are more likely to stay, while perceiving a lower cost will most likely result in the individual leaving. Alternative forces refer to the strength of available and desirable options or alternatives based on the individuals' self-efficacy. Lower self-efficacy levels lead the individual to stay, while higher self-efficacy levels lead the individual to leave. Normative forces deal with the expectations of those outside the organization and the individuals' desire to adhere to those expectations. Moral/ethical forces involve the individuals' belief system regarding behavior towards turnover and leaving. One belief or viewpoint regards turnover as a positive or healthy act, while another belief views perseverance and longevity as such. Finally, constituent forces depend on the individuals' social connections and level of attachment.

In their meta-analysis, McEvoy and Cascio (1985) suggest that job enrichment experiences are two times more effective in reducing turnover rates than realistic job previews, which provide potential employees an overview of the job and any expectations

during the interview process. In 2000, a more recent meta-analysis by Griffeth et al., examined antecedents and correlates of employee turnover rates, highlighting differences from previous meta-analyses. The researchers reported a low correlation between cognitive ability and turnover. Unlike previous meta-analyses, women were no more likely than men in their quit rate. Furthermore, no strong correlation existed between race and turnover rates. However, levels of work satisfaction exhibited a strong negative correlation to turnover rates. The level of organizational commitment better predicts turnover rates than overall job satisfaction. When reward contingencies are present, the performance-turnover rate is negative; subsequently, when reward contingencies are absent, the performance-turnover rate is positive. The researchers concluded that various aspects including job satisfaction, withdrawal cognitions, organizational commitment, and comparison of alternatives were the top predictors of job turnover. Other factors included specific job characteristics such as work group cohesion, autonomy, and job content.

Wright and Bonett (1992) examined levels of work satisfaction in social welfare staff workers in a two-year longitudinal study. They examined and compared levels of work satisfaction and mental health in workers who remained in their same job two years later, those who had intraoccupational turnover, and those who had interoccupational turnover. They found that those who remained in the same job at the posttest had a slight decrease in work satisfaction levels, those in the intraoccupational turnover group had a slight increase in work satisfaction, and those in the interoccupational group had the highest increase in work satisfaction levels. Those in the no turnover group had a slight increase in mental health at the posttest. Those in the intraoccupational group had a moderate increase in mental health, and those in the interoccupational group had the largest increase in mental health, with statistically significant differences between the no turnover

group and the interoccupational group mental health levels.

In their 2001 study, Hom and Kinicki explored the relationship between turnover rates and job dissatisfaction, job avoidance, and interrole conflict. They reported that interrole conflict increases levels of dissatisfaction and withdrawal intent. Increasing levels of dissatisfaction affect levels of job avoidance, which, in turn, affects withdrawal intent. They concluded that withdrawal intent and job comparisons directly affect turnover rates by mediating the impact on other antecedents, including unemployment, interrole conflict, and tardiness.

Leiter and Maslach (2004) reported that burnout is the mediating link between the organizational context and work-related outcomes. Burnout is not only a psychological outcome, but also is related to people's commitment to their job and their evaluation of organizational change.

Individual Factors of Organizational Commitment

Although much of the existing literature has examined organizational commitment based on behaviors exhibited, judging behaviors alone does not provide a complete picture or insight into organizational commitment. While behaviors may indicate either commitment or a lack of choice, the interpretation of the behaviors in addition to the individual's attitudes or cognitive process is equally important (Hulin, 1991). It appears that the presence of two factors, personal competencies and organizational competencies, are largely influential in achieving goals and personal satisfaction (Hallsten, 1993).

One view suggests three forms of organizational commitment (Meyer and Allen, 1991). The first, affective commitment, involves the level of psychological attachment or commitment to the organization. Individuals remain in their jobs because they enjoy their job and want to stay. Continuance commitment involves weighing the risks or possible

losses for leaving the organization and making a decision. When the risk or cost becomes too high, individuals stay because they have no better choice. Normative commitment involves individuals' beliefs or internal perceived commitment to the organization. These individuals remain because they feel they should. Although all three forms affect an individual's decision to either stay with an organization or leave, a myriad of factors may affect each of the three forms (Irving, Coleman, & Cooper, 1997).

Personality and its Effect on Burnout and Job Satisfaction Levels

Although several studies have examined the role of organizational factors, such as workload and social support, studies focusing on more individual variables including personality have emerged (Maslach, 2003). Two of the most common measures of identifying and categorizing personality types are the five-factor model (FFM) posed by Costa and McCrae (1985) and the Myers-Briggs 12 model of personality (Myers-Briggs, McCaulley, Quenk, & Hammer, 2003). Maslach, Schaufeli, & Leiter, (2001) proposed five general personality traits that affect burnout levels: hardiness, locus of control, coping styles, personality type, and attitude.

Based on their Affective Events Theory (AET), Weiss and Cropanzano (1996) suggest that an individual's affect and how he or she interprets the situation affects his or her behavior and how he or she views and responds to the stressor. Other studies have examined emotional intelligence (Jordan, Ashkanasy, & Härtel, 2002; Ashkanasy et al., 2004) as the moderator between affect response and job stress. They propose that individuals with high emotional intelligence will more likely response positively or favorably to stressful situations. Individuals who are able to self-regulate through coping skills will minimize the impact of emotions on affective events and prompt the individual to engage in helpful coping strategies or responses (Ashkanasy et al., 2004).

Other studies have examined one aspect of personality in the level of extraversion in an individual, suggesting that individuals higher in extraversion have larger social networks, better social integration, and more job embeddedness (McCrae & Costa, 1997). Self-efficacy, as posed by Bandura (1997), hypothesizes that expectations of self-efficacy affect how a person thinks, feels, and then acts. This subsequently affects how actions are initiated, how much effort and energy is expended, and how the individual will cope in challenging situations. Individuals with high self-efficacy typically choose tasks or situations that are more challenging and set difficult goals. Highly self-efficacious individuals also invest more into the situation and regroup more quickly from setbacks or difficulties.

In 1984, Diener and Emmons, suggested one way of looking at personality traits, separating individuals into two dimensions: those with positive affect (PA) and those with negative affect (NA). Those with PA typically are excited, enthusiastic, energetic, and joyful. Those with NA typically exhibit apathetic, listless, and lethargic characteristics, are less likely to focus on the positives, and more likely to exhibit signs of anger, fear, and anxiousness. PA also measures the predisposition of an individual towards happiness (Chiu & Francesco, 2003). Individuals with PA are more likely to take a proactive stance in changing their environment or unfavorable conditions.

Likewise, NA measures the predisposition of an individual towards negativity. Individuals with NA are less likely to act in changing their environment and usually adapt instead to the unfavorable conditions.

Cropanzano, James, and Konovsky (1993) conducted two studies to explore the relationship of individuals with PA and NA on turnover intentions, level of organizational commitment, and job performance. In the first sample, PA had a significant positive

relationship to predicting organizational commitment. PA also had a significant negative relationship to intention to quit, while NA had a significant positive relationship to intention to quit. In the second sample, NA did not have a significant relationship to affective commitment. However, PA had a significant positive relationship to job satisfaction while NA had a significant negative relationship to job satisfaction. No significant relationship existed between PA and continuance commitment levels or NA and continuance commitment levels. The researchers concluded dispositional affectivity significantly relates to work attitudes since PA and NA had direct relationships to satisfaction, turnover intentions, commitment levels, and performance.

A more recent study explored PA and NA in mediating the roles between job satisfaction, affective commitment, and turnover intentions (Chiu & Francesco, 2003). A negative relationship exists between PA and turnover intention, while a positive relationship exists between both PA and job satisfaction and PA and organization attachment. Among the PA group, relationships at work, job satisfaction and turnover intention seem to be factors in reducing turnover rates, explaining 36.5 percent of the variance of turnover intention.

Judge (1993) examined the effect of disposition on job dissatisfaction levels and turnover. The researcher found that when individuals possess a positive disposition, a statistically significant negative relationship exists between job satisfaction and turnover rates, and only a slight relationship exists between job satisfaction and turnover rates on those with negative dispositions. The researcher concluded that individuals with positive dispositions who were dissatisfied with their job were more likely to leave than individuals with negative dispositions.

Snyder explored the concept of self-monitoring, which suggests individuals have

different ways in which they express or present themselves and act (Snyder, 1974). Individuals with high self-monitoring levels desire public image and will regulate their behavior when responding to situational and interpersonal circumstances. On the other hand, individuals with low self-monitoring levels are deficit in their motivation or ability to regulate their behavior to promote their public image or self-expression. They display their disposition and attitudes the same way in every situation.

Recently, Zimmerman (2008) conducted a meta-analysis review of personality traits in turnover. Based on their findings, a summary of previous studies and meta-analyses, the highest three correlation's with intent to quit were emotional stability, conscientiousness, and extraversion. Variables with the strongest relationship to actual turnover rates were agreeableness, conscientiousness, emotional stability, and openness. The researcher concluded that an individual's personality largely influences their intent to leave and impulsive behavior affects turnover decisions. In addition, although several factors account for an individual's level of job satisfaction, personality seems to have a larger influence than job complexity.

Workplace Engagement

Schaufeli and Bakker (2004) proposed a new way of looking at burnout, arguing that burnout and engagement are separate constructs. They define engagement as a consistent and present state not specific to one dimension or variable. Schaufeli and Bakker also propose that vigor and dedication are the opposites of exhaustion and cynicism. They proposed a new dimension of absorption, or an individual's content engrossment in his or her work, where detaching or pulling away becomes difficult. Whereas the original burnout model suggests that specific demands coupled with lack of resources leads to burnout and various other negative effects, Schaufeli and Bakker posit

that the job-resource model (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) with variables of engagement are better predictors of burnout and engagement. Their study included participants from four different organizations using the Dutch version of the MBI (Schaufeli & Van Dierendonck, 2000). The researchers concluded that burnout and engagement have no one underlying dimension but are multi-faceted. They also concluded that burnout has a direct relationship with job demands and health problems, but has a negative relationship with job resources.

Summary of General Literature

Based on reviews of the general literature, it seems that burnout is a complex issue, comprised of several contributing factors. Leiter and Maslach's (1998) definition of burnout remains the most widely held definition of burnout, which defines burnout as a combination of three areas: emotional exhaustion, depersonalization, and personal accomplishment. Since the 1970's, when articles surrounding burnout first appeared (Maslach & Schaufeli, 1993), there remains a high interest in investigating the causes and contributors to burnout. Such causes and contributing factors include job satisfaction, and workplace environment aspects.

Job factors provide a stronger connection or link to burnout than demographic variables (Maslach & Schaufeli, 1993). Other factors linked to burnout include work overload, lack of control, lack of reward, lack of community, lack of fairness, and value conflicts (Maslach & Leiter, 1997). Researchers also seem to agree that job dissatisfaction and job burnout are separate items, although clearly linked together (Maslach & Schaufeli, 1993).

Emotional exhaustion does not directly affect job satisfaction but job performance levels. Emotional exhaustion also has a positive relationship to turnover rates (Wright &

Cropanzano, 1998). Leiter and Maslach (2004) report that burnout is the mediating link between the organizational context and work-related outcomes. Burnout is not only a psychological outcome, but also is related to people's commitment to their job and their evaluation of organizational change.

Although external factors including level of pay, amount of supervision, and administrative support affect levels of burnout and job satisfaction, internal factors including personality also seem to affect job satisfaction levels and burnout. Zimmerman (2008) reports an individual's personality largely influences their intent to leave and impulsive behavior affects turnover decisions.

In 2004, Schaufeli and Bakker proposed a new way of looking at burnout, arguing that burnout and engagement are separate constructs. Engagement is seen as a consistent and present state, not specific to one dimension or variable. Work engagement consists of three components: dedication, vigor, and absorption. Based on the job-resource model (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001), Schaufeli and Bakker suggest that variables of engagement are better predictors of burnout and engagement. In summary, it seems that burnout is a complex process, and that several individual and work-related antecedents or factors interact with one another, ultimately affecting whether an individual becomes burned out or remains engaged in his or her present job (Maslach, 1993).

Burnout Levels in the Field of Education

Are individuals who work in specific jobs more susceptible to burnout than others? Do demands, resources, and work environment factors specific to certain jobs affect job satisfaction or burnout levels, and if so, how do they? As of 1999, high school teachers experience the greatest levels of burnout over other health or public professionals, including nurses, personal-care professionals, and mental-health professionals (de Heus &

Diekstra, 1999).

Does burnout result from factors specific to teachers who work in educational settings, or do these factors also extend to other health professionals who work in educational settings? More specifically, do music therapists who work within school settings face challenges or job requirements unique to school settings, which may lead to higher levels of stress, job dissatisfaction and burnout? Music therapists, in addition to working alongside or in conjunction with administration and added paperwork, might also deal with interpersonal conflict with the teachers or staff that is not present in other work settings (May, 1996). Currently, no study has explored burnout levels and job dissatisfaction levels in music therapists who are employed in school settings. Working within a school setting may also increase the likelihood of working with larger, more heterogeneous groups, often with a wider range of needs (Robertston, 1996).

Meeks (1995) conducted a study to examine if any differences existed between job satisfaction levels in speech-language pathologists in school settings versus those in non-school settings. Individuals within the school setting reported that the most positive work setting characteristics were autonomy, facilities and materials, reference group, technical competence, service ideal, and standards of control. However, unfavorable characteristics within the school group included salary, supervision, evaluation, and opportunities for advancement. Individuals within the non-school group reported autonomy as the most positive or favorable work setting characteristic.
Other positive work characteristics reported included standards of control, technical competence, service ideal, duties/responsibilities/workload, reference group, facilities and materials, importance, salary, staff development, and opportunities for advancement.

Out of the 12 work setting characteristics, individuals within the school group

reported lower levels of satisfaction in 9 of the 12 characteristics than those in the non-school group. However, the mean scores of job satisfaction for both groups indicated positive levels. The researcher concluded that speech-language pathologists within school settings appear to have higher levels of job satisfaction when given appropriate workloads and job requirements that are synonymous with their professional ethics or beliefs than those who work outside of school settings (Meeks, 1995).

Klusmann et al. (2008), sought to examine the differences between exhaustion and engagement levels in teachers both individually and at the school level.
They examined the effect that differential demands and amount of resources had on exhaustion and engagement levels. Demographic variables included workload amount and social support. Based on the results, little between-school variance existed in the level of teacher's engagement or emotional exhaustion. The researchers concluded the variances resulted from individual factors, rather than school factors.
Greater administrative support from the school resulted in higher levels of teacher engagement when individual teacher factors were controlled for, suggesting the importance of administrative support from principles. The researchers also reported that male teachers and older teachers had lower levels of engagement.

Kahn et al. (2006) investigated levels of positive affect and negative affect in teachers and its effect on job burnout levels. Based on the results, teachers with high negative affect and low positive affect reported higher job burnout levels. Additionally, teachers with more positive interactions with co-workers reported lower levels of job burnout. Low levels of emotional support had a significant positive relationship to emotional exhaustion levels in teachers. The researchers concluded that, although dispositional affectivity is an important factor to work stress and burnout levels, it cannot

fully explain stress and burnout levels. Schwarzer & Hallum (2008) conducted a study with German and Syrian teachers, examining self-efficacy and its relationship to burnout and job stress levels. They found that levels of job stress mediate the effect of self-efficacy on burnout levels.

Having unrealistic expectations of working with children with special needs may also be a source of stress or burnout. For music therapists who strongly desire to help children with special needs, seeing little or no positive change may be frustrating and discouraging, possibly leading to feelings of diminished self-worth, doubt, and burnout (Freeman, 1989). Seeing potential in students and wanting to see its realization is a challenging task. Working with children with special needs requires more realistic goals and expectations, perhaps even more simplistic or modest in nature (Jones & Sharma, 1996).

Music therapists, like teachers working in school settings, may also feel uncertainty or confusion if they feel the range of students' behaviors or needs lies beyond their current experience, training, or expectations (Dunham, 1992). While unique in its own set of challenges and demands, school settings offer some similarities across schools. Teacher's roles and organizational structures are usually similar in approach and execution (Klusmann et al., 2008).

Burnout and Job Satisfaction Levels Among Related Health Care Professionals

Burnout and Job Satisfaction Levels Among Physical Therapists

Phillips (2005) examined the job satisfaction levels in physical therapists. From the results, a wide range of overall job satisfaction existed, with an average of 80.9 out of 100. Results from the data also revealed that older therapists reported the highest levels of job satisfaction. The highest dissatisfaction levels came from the individuals who

had been in the field for less than 5 years. Phillips also reported no strong relationship between the amount of workload and job satisfaction.

Burnout and Job Satisfaction Levels Among Multiple Health-related Professionals

Lyons, Lapin, and Young (2003) found that nurses, physical therapists, occupational therapists, and other health-related professionals reported fairly high levels of job satisfaction. The top reasons of job satisfaction were feelings of accomplishment, recognition, personal and professional growth opportunities, and satisfaction with their workloads.

Another study including physical therapists, occupational therapists, and speech-language pathologists reported job satisfaction ranging from somewhat to very satisfied. Randolph and Johnson (2005) reported that working in an environment congruent with the professional's values and professional growth opportunities was among the top reasons for job satisfaction.

Burnout and Job Satisfaction Levels Among Hospital Staff and Nurses

Burnout levels in nurses and staff workers in hospitals has also received much attention and focus in the literature research. "Beehr et al. (1990) found in their sample of 225 registered nurses that perceptions of supervisors support is strongly related to positive job-related communication. Supervisor support also affected employee strains, which was not specifically defined by the researchers. In their study with a sample of 68 nurses, Zellars and Perrewé (2001) found that individuals who engage in more positive interactions reported significantly lower levels in each of the three areas of the MBI. They also reported that individuals who engage in interactions with negative content reported increased levels of emotional exhaustion and depersonalization of the MBI.

In 1995, a longitudinal study among nurses examined relationships between various factors including job variety, level of autonomy and levels of withdrawal within the hospital and the profession of nursing (Krausz, Koslowsky, Shalom, & Elyakim, 1995). Job scope had a direct effect on nurses desire to leave the ward, but not the profession. The only demographic variable to affect intention to leave the hospital was age.

Burnout levels only had a direct effect on the desire to leave the hospital. While the degree of burnout levels strongly affected which individuals would leave the hospital, it did not strongly predict who would leave the ward or the profession of nursing.

Burnout and Job Satisfaction Levels Among Individuals Who Work With the Developmentally Disabled

Only a handful of research exists on burnout levels among people who work with the developmentally disabled. This research has been limited to staff workers (Beck & Garguilo, 1983; Caton, D. J., Edwards & Miltenberger, 1991; Kay, 1993). One hundred forty one supervisors and direct care workers participated in Kay's 1993 study. Between 65% and 72% of the respondents reported low burnout, with between 8% and 13% reporting high burnout levels. The researcher also reported that emotional exhaustion was positively linked with job satisfaction, and that the higher level of depersonalization, the lower level of job satisfaction.

Burnout and Job Satisfaction Levels Among Individuals Who Work With Those With Intellectual Disabilities

There are only three known studies that examine morale and levels of stress in staff working with intellectual disabilities: Harris & Thomson, 1993, Gardner & Rose, 1994, and Lawson & O'Brien, 1994 (Mascha, 2007). The most recent examined burnout levels, levels of support, sources of stress and other variables in staff of adult day services

(Mascha, 2007). The researcher reported variance in emotional exhaustion and depersonalization scores. However, co-worker support and contact seemed to positively affect overall satisfaction levels, with supervision support also being important.

Burnout and Job Satisfaction Levels Among Self-employed Individuals

Self-employment is another area worth considering when discussing burnout and job satisfaction levels. Because individuals who are self-employed have greater freedom and control to choose their schedule and organizational constructs, they have higher levels of self-determination (Benz & Frey, 2008). Self-employed individuals also seem willing to accept lower pay as a balance for more independence and freedom (Hamilton, 2000). Some research studies seem to indicate that individuals who are self-employed have higher job satisfaction levels (Blanchflower, 2000; Hundley, 2001; Kawaguchi, 2002). In their review of three data sets from various European countries, Benz and Frey (2008) reported statistically significant positive differences in job satisfaction levels for self-employed individuals, after work characteristic variables were controlled for.

The researchers concluded that procedural utility, the concept that people possess preferences about how outcomes are generated, largely affects self-employment job satisfaction levels.

Music Therapy Burnout and Job Satisfaction

Given the extensive literature review and various angles presented, what motivates individuals to stay in their jobs or careers? Do specific trends or patterns exist? More specifically, do specific trends or patterns emerge within various professions?

Do specific health-related professions experience an increase in the risk of burnout and job dissatisfaction and how do all these studies relate to burnout levels and job dissatisfaction in the field of music therapy?

Because music therapists are educated and trained in areas including music theory, music performance, psychology, medical terminology, and music therapy techniques and interventions, one source of stress or burnout may result from feeling one has a lot of general knowledge and skills, but feeling inadequate or unskilled in specific areas (Robertson, 1996).

Music therapists work in a variety of settings. According to the 2008 AMTA Sourcebook, 19% of registered music therapists work in mental health. 12% of music therapists work with individuals with developmental disabilities, 9% for the elderly and those with Alzheimer's, 9% work with medical/surgical, 5% work with individuals with neurological disorders, and the remaining 44% fall under the category of "other." Music therapists report that 18% of services occur in children's facilities or schools, 15% occur in geriatric facilities, 13% occur in mental health, 12% occur in private practice/self-employment, 10% occur in medical settings, and the remaining 31% occur in "all others" (AMTA sourcebook, 2008).

Because various organizational constructs, including workload, organizational support, and social bonds, may affect the level of burnout and job satisfaction, these areas need to be explored within the field of music therapy to identify if any differences or discrepancies exist. One study in 1999 reported high school teachers experience the highest levels of burnout over any other health or public professions (de Heus & Diekstra, 1999). Factors including appropriate workloads and job requirements synonymous with individual beliefs or ethics affected job satisfaction levels (Meeks, 1995). Another study (Klusmann et al., 2008) reported emotional exhaustion and engagement levels were affected by individual factors instead of work environment. Kahn et al., (2006) reported similar results in their study, indicating that teachers with high negative affect and low positive affect

reported higher burnout levels. If the general research indicates that individual factors and some work environment factors affect teachers' burnout levels, and teachers seem to report higher burnout levels than nurses or those in other related health or public professions, it is worth exploring whether similar findings exist in music therapists employed in school settings, and whether music therapists report higher burnout levels in school settings than music therapists in other work settings.

Currently, the music therapy literature surrounding burnout and job satisfaction include surveys, commentaries or editorials, theses, and dissertations and other quantitative studies. Included in these studies are factors including demographic variables such as age, number of years in the field, and salary. Factors such as personality and level of administrative support were also examined.

Decuir and Vega (2003) reported that as of 2003, the number one reason music therapists seek to leave the field of music therapy and pursue a different profession stems from burnout. They also reported that 70% of music therapists have either changed or considered changing professions. Of the 70%, 55% considered leaving the profession for a different profession.

In her 1981 guest editorial, Bitcon discussed the need to address the issue of burnout among music therapists. She included her own descriptions of the causes of burnout, including receiving disrespect for the amount of accomplishments achieved, the inability to find supportive sources to channel frustration or dissatisfaction, feelings of disillusionment, and self-doubts about achievements gained. Bitcon discussed possible sources of burnout among music therapists, including the need to continually adapt and adjust to changes, unrealistic workloads, low salaries, and lack of respect from others. Bitcon encouraged music therapists to adapt to their situations by seeking resources or help

through networking with other music therapists to gain encouragement and support, increasing hobbies or interests outside of work, appropriately managing and budgeting time, and maintaining a sense of humor.

While Bitcon discussed burnout in music therapists, Oppenheim (1987) was the first music therapist to specifically investigate occupational stress in music therapists. Through her quantitative study, Oppenheim gathered demographic data including client age range served and population served, as well as age, gender, and employment of music therapists. Two hundred thirty nine music therapists successfully completed the MBI as well as answering demographic questions. Results from the MBI among the music therapists who had been in the field at least five years indicated that 52 of the 68 qualifying music therapists scored a moderate degree of burnout on at least one of the six subscales. Twenty nine of the 68 scored a high level of burnout on at least one of the six subscales. In addition, no strong relationship existed between the demographic variables and the six subscales of the MBI. Oppenheim concluded that individuals tend to report higher levels of burnout the longer they remain in their career.

Although Oppenheim measured burnout levels among music therapists, Hills, Norman, and Forster (2000) examined burnout levels in music therapists who worked as part of a multidisciplinary team. At the time of their study, no other study existed that specifically examined evaluations of music therapists in multidisciplinary teams. The researchers collected the data using the MBI, demographic information, as well as a questionnaire consisting of open-ended and closed questions. From the 151 participants who completed the study, the researchers reported that lack of understanding from non-music therapists was the most frequently reported source of pressure for music therapists who worked independently. The researchers did not define who the non-music therapists

were (i.e., co-worker, employer). A statistically significant positive difference existed between levels of pressure from work colleagues surrounding organizational issues between the group of music therapists who worked individually and the group of music therapists who worked as part of a multidisciplinary team. Music therapists who worked as part of a multidisciplinary team were more likely to report organizational issues or work colleagues as sources of problems. However, music therapists working as part of a team reported greater feelings of personal accomplishment than music therapists working independently. The researchers also reported that music therapists who worked individually were more likely to report team members as sources of reward, rather than music therapists who worked on a team. From the data involving MBI scores, music therapists reported average levels of burnout in the areas of emotional exhaustion and personal accomplishment, and low levels of burnout in the area of depersonalization.

In 1987, Glider wrote a report that reviewed the research on burnout in music therapists, specifically exploring trainee distress in entry-level music therapists. He assessed research existing at the time of the effect of the clinical experience and support or training through supervision of music therapists prior to entering the field and its impact on adequately preparing music therapists. From his research, Glider posed the question of trainee's unpreparedness and unrealistic expectations or goals as a factor in burnout, suggesting that music therapy programs and educators should provide better training to improve student's coping skills, conduct seminars to encourage students to identify potential issues and troubleshoot solutions, and form support groups. Glider also wrote that there was a connection between burnout and specific work settings of music therapists. More specifically, Glider found that individuals working in state supported institutions reported low levels of job satisfaction.

DeFreitas took a different approach in 1988 (as cited in Vega, 2007), surveying 133 music therapists who were former members with the National Association for Music Therapy (NAMT), and asked the reasons music therapists choose to leave the field, and whether they personally would return to the field. In the two-part questionnaire, the researcher included 32 possible reasons for leaving the field. Based on the results, the top five reasons for leaving the field were a limited job market, limited opportunities for advancement, lack of support from administration, low salary, and lack of staff recognition.

More recently, Richardson-Delgado's 2006 dissertation (as cited in Vega, 2007) specifically targeted music therapy faculty's level of burnout and coping strategies. The researcher used both quantitative and qualitative measures through the use of interviews, to collect and analyze the data. Music therapy faculty reported low levels of burnout, indicating they used music to help them from becoming burned out.

Knoll, Reuer, and Henry (1988) discussed stress management through a question and answer discussion. The authors defined stress as pressure stemming from difficult situations either at home or work. The researchers commented that unmanaged stress could lead to burnout or frustration at work. Some factors they believed contributed to such feelings included lack of administrative support, constantly having to adapt or adjust, poor salary, and unreasonable workloads or schedules.

Using a 36-item questionnaire including demographic information and job satisfaction questions, Braswell, Decuir et al. (1989) examined sources of job satisfaction levels among 1,344 music therapists. Salary was among the most significant sources that affected job satisfaction. No significant gender differences existed in the scores between male or female music therapists. However, significant relationships existed between job

satisfaction levels and degree earned, with higher job satisfaction levels occurring in individuals who held doctoral degrees. Similarly, individuals who had been in the field for over six years also reported higher levels of job satisfaction. Music therapists in urban or suburban areas also reported higher job satisfaction levels than music therapists working in rural areas.

Job satisfaction among music therapists is also of concern in other countries. Stewart (2000) investigated the sources of job satisfaction in British music therapists, using a self-created and administered questionnaire to 126 music therapists. Seventy five point two percent of all the responses listed job satisfaction levels as satisfactory or mixed. Twenty point six percent reported they were very satisfied, while 3.3% reported they were not satisfied and .8% were very dissatisfied. The therapists reported three main categories to improve job satisfaction: peer contact, personal or professional development, and organizational context. Levels of support significantly affected job satisfaction levels. The researcher did not report any other significant relationships between job satisfaction and any of the demographic variables.

Cohens and Behrens (2002) explored job satisfaction in relation to level of degree achieved in the field of music therapy. Two hundred eighteen music therapists completed the questionnaire. Twenty eight point eight percent of the participants had been in the field for six years or less, while 44.3% had been in the field for at least nine years.
Forty nine point one percent of the participants had received a bachelor's degree in music therapy, 17.4% earning a master's degree in music therapy, while only 5.5% had earned a doctoral degree. From the results of the 5-point Likert scale examining job satisfaction levels, with a 5 indicating the highest level of satisfaction, 65% reported a score of at least 4, and 95% reported at least a 3.1. Job satisfaction levels were higher among music

therapists who had been in the field a longer period of time, as well as those who held more jobs. Significant relationships did not exist among the other eight examined variables and job satisfaction levels. Although job satisfaction levels were higher among music therapists who had been in the field longer, did the concept of self-fulfilling prophecy affect the results because music therapists who were unsatisfied had already left the profession or were unsatisfied or did not want to complete the study?

Only one study (Bastable, 1996) has specifically explored job satisfaction levels among music therapists in private practice. Among the questions the researcher sought to examine were the reasons music therapists chose private practice and the advantages and disadvantages of private practice. The 132 music therapists who completed the study reported that flexibility of schedule, being your own boss, no available employment, better pay, and diversity of clients were among the reasons they chose private practice. Flexibility of schedule, being your own boss, and diversity of clients were the top three advantages of private practice while uncertainty of continuing year to year, providing own health insurance, and fulfilling dual roles were among the disadvantages of private practice. Music therapists reported overall high levels of job satisfaction with private practice with over 94% indicating very satisfied or somewhat satisfied levels of job satisfaction. Only 4.7% reported somewhat dissatisfied levels, and a mere .8% reported very dissatisfied levels of job satisfaction with private practice music therapy.

Career Longevity and Burnout in Music Therapists

Fowler (2006) used a correlation study to examine the relationship of well-being among music therapists to longevity in the field and demographic variables. Forty nine music therapists completed the MBI, Stress Profile created by Nowack in 1999 as well as demographic questions. From the results of the data, the researcher concluded that a strong

positive relationship existed between longevity and music therapists who exhibited positive attitudes or coping strategies. In addition, a positive relationship existed between longevity and lifestyle habits, including a healthy diet and proper sleep.

Unlike Oppenheim's study that reported moderate to high levels of burnout using the MBI, Fowler reported no significant relationship between burnout levels and years in the field.

Decuir & Vega (2003) sought reasons for remaining in the field of music therapy, as well as examining the importance of AMTA competencies and personality traits of a good music therapist. Two hundred thirty one music therapists with at least 10 years experience as a music therapist completed the study. Each music therapist completed 20 questions comparing the importance of AMTA professional competencies when they entered the field and to their current practice. Additionally, each participant answered questions about whether they had thought about changing professions, factors contributing to their desire to remain in the profession, and personality traits of a good music therapist. Some of the reasons for remaining in the field included receiving mentoring, experiencing new or unexpected experiences, and the creative process of music.

Although in her editorial, Sutton (2002) acknowledges that music therapists need to be cognizant of maintaining our own level of mental or psychological health, she did not explore in great detail any factors that may make us more vulnerable. Rather, the emphasis is on increasing the music therapist's awareness of such vulnerability. Sutton does mention that support networks seem to be important to music therapists' levels of fulfillment.

Personality, Burnout and Job Satisfaction in Music Therapists

Most recently, Vega (2007) examined the role personality plays in burnout levels in music therapists. Specifically, the researcher sought to identify the prevalence and severity of burnout in music therapists using the *Maslach Burnout Inventory* (MBI), which

personality factors may contribute to higher levels of burnout and longevity among music therapists, and if demographic variables also contribute to longevity or burnout among music therapists. One hundred thirty seven music therapists completed MBI as well as a 16 personality factor questionnaire. The majority of music therapists scored in the average range for the emotional exhaustion subscale and low in the depersonalization and personal accomplishment subscales. A total of 11% of the music therapists scored high levels of burnout from combining the 3 subscales. Overall, this sample of music therapists scored slightly lower than the average scores for overall burnout levels.

The researcher reported that 14 of the personality factors combined together had a significant relationship to all three sub-scales of the MBI. More specifically, anxiety seemed have the strongest causal relationship to emotional exhaustion, social boldness and vigilance to depersonalization, and dominance to personal accomplishment. From the demographic results, the longer music therapists remain the field, the lower emotional exhaustion levels they report. In addition, the level of degree earned seemed to predict longevity, with the highest level of degree predictive of longevity.

Summary of Music Therapy Literature

In summary, lack of administrative or organization support seems to be one of the most cited responses for burnout or job dissatisfaction in music therapists (Knoll, Reuer, & Henry, 1988; McKinney, 1992; Oppenheim, 1987). Inadequate salary also has been largely mentioned as a source of burnout or job dissatisfaction (Bitcon, 1981; Decuir & Vega, 2003; Knoll, Reuer, & Henry, 1988; Oppenheim, 1987). Other reasons most often noted include unrealistic or demanding work schedules and workloads, lack of autonomy, and constantly adapting or frequent flexibility (Biton, 1981; Knoll, Reuer, & Henry, 1988). Additionally, lack of available jobs or lack of advancement within the job was also reason

for job dissatisfaction (Decuir & Vega, 2003).

The literature also seems to indicate several factors that increase music therapists' levels of job satisfaction. Sharing in the music experiences with their clients and watching the progress in their clients seems to be among the most frequently reported factors (Hills, Norman, and Forster, 2000; Decuir & Vega, 2003; Vega, 2003). Additionally, beginning a music therapy program also seems to contribute to a desire to remain in the profession (Vega, 2003). Support from fellow music therapists or other professionals also seems to be a factor related to job satisfaction among music therapists (Knoll, Reuer, & Henry, 1988; Stewart, 2000; Sutton, 2002). Other noteworthy reasons reported by music therapists that contributed to higher job satisfaction levels included receiving higher levels of education and length of time in the field (Braswell, Decuir et al., 1989; Cohens & Behrens, 2002; Vega, 2007).

Perhaps because music therapists, like several other health-related services, have the option and freedom to choose and adapt their treatment depending on the work setting, population served, and size of group, this may account for higher levels of job satisfaction (Phillips, 2005).

Another possible explanation for higher job satisfaction in music therapists who remain in the field longer may be the process of refining one's techniques, strategies, and skill in administering music therapy. In addition to possible lifestyle, values and preference changes, these might contribute to higher levels of reported job satisfaction in older music therapists or music therapists who have been in the profession over 10 years (Phillips, 2005).

Although Oppenheim (1987) concluded that burnout levels seem to increase the longer music therapists stay in the field, and Fowler (2006) reported no significant

relationship to burnout levels and length of time in the field, Braswell, Decuir et al. (1989), Cohens and Behrens (2002), and Vega (1993) all reported higher levels of satisfaction in music therapists who had been in the field longer. Other factors contributing to longevity in the field include higher levels of education and music therapists who are able to employ positive coping strategies (Braswell, Decuir et al., 1989; Cohens & Behrens, 2002; Fowler, 2006; Vega, 2007).

Several studies have used the MBI to measure burnout among music therapists: Oppenheim (1987), Hills, Norman, and Forster (2000), Fowler (2006), Vega (2007). The majority of music therapists seem to score in the average range for burnout, but with some scoring in the high range. Currently, no music therapy study has used a standardized job satisfaction questionnaire outside of researcher-developed questions.

Perhaps the future of music therapy includes more specific training for students and music therapists within each subfield of music therapy, in the hopes that those who receive more specialized training or education will feel a larger personal investment, more confidence, and possess a larger desire to remain in the field (Irving et al., 1997).The current literature seems to indicate inconsistent results about the number of music therapists who report moderate to high levels of burnout. The literature also provides conflicting results about whether music therapists report higher levels of burnout and job satisfaction earlier or later in their careers. Currently, no study has specifically examined burnout levels among music therapists who work in different settings, such as hospitals, education, and psychiatric facilities. No study has employed existing job satisfaction questionnaires and only a few studies have sought to examine the percentage of music therapists who are leaving the field to pursue another career (DeFreitas, 1988; Decuir & Vega, 2003).

CHAPTER THREE

METHOD

Participants

Current practicing music therapists with the credentials of MT-BC, RMT, and CMT were asked to complete this study. The researcher used the 2008 AMTA Sourcebook to randomly select music therapists within the work settings section. Although the AMTA Sourcebook lists 37 work settings, the researcher only selected these 18 work settings to provide a diverse enough sample. This resulted in a potential 900 participants. The work settings chosen by the researcher were adult day care, child/adolescent treatment center, children's hospital/unit, community based service, correctional facility, drug/alcohol program, forensic facility, general hospital, geriatric facility-not nursing, hospice/bereavement services, inpatient psychiatric unit, nursing home/assisted living, oncology, outpatient clinic, school (K-12), self-employed/private practice, state institution, and university/college. To help ensure the random selection of the participants, the researcher assigned each therapist within each work setting a different number in ascending order, and through Microsoft Excel, mixed the numbers out of numerical order, then selected the first 50 names for each work setting.

The following factors lowered the total number of initial number of participants invited:

1. Because certain work settings had fewer than 50 music therapists listed (e.g., Correctional Facility), all music therapists within that work setting listed were invited to complete the study.
2. Some potential participants had no postal mail or e-mail address listed, but only

their name.

3. Not all members of AMTA are music therapists, but may be other professionals or organizations that support music therapy. Any potential participants that did not have the music therapy credentials of MT-BC, RMT, or CMT following their name were eliminated.
4. A few participants were listed under the work settings section, but not in the alphabetical directory section that contains the contact information.
5. This study only targeted music therapists working in the United States. Any potential participants from Canada or other countries outside the United States were also excluded.
6. Because some music therapists listed working in multiple settings, there were duplicates across work settings.

As a result, a total of 471 music therapists remained as possible participants. Four hundred forty-three were sent an invitation to participate in the study through their e-mail address listed in the AMTA sourcebook (see Appendix A), and the remaining twenty-eight through postal mail (see Appendix B). Each participant received a postal letter or e-mail of invitation, information regarding the study, and the procedure for completing the study either online through a web-generated test, or for filling out the paper version of the study. Those filling out the postal mail version of the study also were asked to sign a consent form at the end of the letter of invitation and return it with their completed study, while those completing the study online were instructed clicking on the link indicated their consent to participate.

Procedure

After signing the consent form or clicking on the web link, each participant

completed four test instruments: the *Maslach Burnout Inventory (MBI)*, the *Utrecht Work Engagement Scale (UWES)*, the *Minnesota Satisfaction Questionnaire (MSQ)*, a researcher-developed questionnaire (see Appendix C) containing questions about turnover intent, and demographic questions including gender, age, number of years in the field, and education level. Fourteen of the e-mail invitations returned as undeliverable, so a postal invitation was then sent. Of the 42 total postal mail responses, the researcher received 16 surveys back, but only eight music therapists completed the survey. The remaining eight indicated they were not working as a music therapist anymore or returned the survey blank and uncompleted. From the 429 e-mail invitations, 108 completed the study, for a combined e-mail and postal mail total response rate of 24.6%.

Of the 116 completed surveys, 109 of the participants or 94% were females and the remaining 7 participants or 6% were male. Each participant was asked to select the work setting where they spent the most hours per week employed. A total of four or 3.4% of the participants indicated they worked in adult day care, eight or 6.9% in child/adolescent treatment centers, nine or 7.8% in children's hospital/unit, eight or 6.9% in community based service, one or .8% in drug/alcohol program, two or 1.7% in forensic facility, eleven or 9.5% in general hospital, three or 2.6% in geriatric facility-not nursing, eight or 6.9% in hospice/bereavement, six or 5.2% in inpatient psychiatric unit, six or 5.2% in nursing home/assisted living, five or 4.3% in outpatient clinic, nine or 7.8% in school (K-12), nineteen or 16.4% in self-employed/private practice, eight or 6.9% in state institution, and eight or 6.9% in university/college. The two work settings not chosen as the primary work setting were correctional facility and oncology.

Fifty-seven or 49.1% reported the highest degree earned was a bachelor's or bachelor equivalency in music therapy. Twenty-seven or 23.3% reported a master's in

music therapy, twelve or 10.3% reported a Ph.D. in music therapy. The remaining twenty or 17.2% listed a masters or Ph.D. degree other than music therapy as their highest degree. The mean number of hours employed was 34 with range from 5-60. Because each employer is responsible for determining how many hours is considered full time, (http://www.dol.gov/dol/topic/workhours/full-time.htm, 08/04/09) no pre-existing division of categorizing the number of hours for part and full time exists. However, fifty-four or 46.6% of the 116 total participants indicated they worked 40 hours per week. Nine or 7.8% indicated they worked over 40 hours a week and the remaining 53 or 45.7% indicated they worked less than 40 hours a week.

Test Instruments

Each participant answered questions from four test instruments: the Maslach *Burnout Inventory (MBI)*, the *Utrecht Work Engagement Scale (UWES)*, the *Minnesota Satisfaction Questionnaire*, and a researcher-developed questionnaire including demographic questions.

The *Maslach Burnout Inventory (MBI)* consists of 22 items that examine three areas: emotional exhaustion, depersonalization, and personal accomplishment. Nine questions target emotional exhaustion, five examine depersonalization, and the remaining eight look at personal accomplishment. An example of emotional exhaustion refers to feeling physically and/or emotionally tired or depleted. Depersonalization signifies feelings of indifference towards your job or the people with whom you work, and an example of personal accomplishment refers to feelings of energy or that you have influenced another person's life and have made a positive difference in your job. Each item uses a 7-point Likert scale, 0 indicating "never" up to 6 indicating "always." The scores are then tallied into low, average, or high divisions. These divisions will be

discussed in detail in the next chapter. High overall scores in emotional exhaustion or depersonalization indicate a high level of burnout, whereas high overall scores in personal accomplishment indicate a lower level of burnout. Consequently, low overall scores in emotional exhaustion and depersonalization indicate a low level of burnout, whereas low overall scores in personal accomplishment indicate a higher level of burnout.

Using Cronbach's coefficient alpha (n=1,316), the MBI reliability coefficient for emotional exhaustion is .90, .79 for depersonalization, and .71 for personal accomplishment. Other peer ratings support its validity through three-factor structures (Maslach & Jackson, 1986; Maslach, Jackson, & Leiter, 1996).

The *Utrecht Work Engagement Scale* (*UWES*) uses 17 questions separated into three categories to measure levels of work vigor, dedication, and absorption. UWES also uses a 7-point Likert scale, with 0 indicating you have never had that feeling up to 6, indicating the feeling occurs everyday. Recently, researchers exploring the construct validity of UWES reported the 9-question version of UWES reported more structure stability than the original 17-question version (Seppala, et al., 2008). Stability of the coefficients ranged from .82 for absorption, .85 for vigor, to .86 for dedication.
No information regarding reliability was provided in the study. This study employed the 9-question version. The 9-question version of the UWES evenly divides three questions for each of the three subcategories: vigor, dedication, and absorption. Vigor asks questions related to physical feelings of energy and endurance, dedication questions ask about the level of feelings of pride you have in your work, and absorption asks questions about the extent of immersion you feel while working.

The *Minnesota Satisfaction Questionnaire* (MSQ) comes in two versions, the long form and the short form. The long form consists of 100 questions and the short form

consists of 20 questions, exploring levels of job satisfaction within the workplace. In addition, the short version of the MSQ specifically divides job satisfaction into two subcategories: extrinsic satisfaction and intrinsic satisfaction, with 10 questions for each subcategory. Extrinsic satisfaction refers to aspects of your job including salary, supervision, and job security. Intrinsic satisfaction refers to aspects of your feelings of accomplishment and achievement and sense of responsibility. The MSQ employs a 5-point Likert scale, with 1 indicating "not satisfied" with that aspect of your job up to a 5, indicating you are "extremely satisfied" with that aspect of your job. Questions range from managerial or supervision topics to salary, working condition, and harmony with co-workers. Coefficient alpha in a 1997 occupational commitment study (Irving et al.) reported .92 reliability. This study used the short form as the long form had a total of 100 questions and the short form divided job satisfaction into two categories: extrinsic satisfaction and intrinsic satisfaction.

Each participant also completed a researcher-developed questionnaire comprised of fifteen questions that investigated positive and negative aspects about each participant's current work setting, the strength of influence that attending music therapy conferences, retreats, seminars, and communicating with other music therapists and professionals has on his/her desire to remain in the profession, and the likelihood of whether each participant has or will actively search for another music therapy or non-music therapy job. The questions varied in response methods, from simple yes/no responses to selecting multiple choice items or short answer responses for specific questions. Finally, each participant answered seven demographic questions that asked gender, age, highest level of education received, number of years as a music therapist, state in which he/she works, work setting where he/she spends the most hours employed, and number of hours employed per week.

CHAPTER FOUR

RESULTS

The purpose of this study was to compare burnout and job satisfaction levels among music therapists across various work settings (e.g., hospital, forensic, private practice) within the United States. Data collected by the researcher included responses to four questionnaires: the MBI, the MSQ, the UWES, a music therapy questionnaire, and demographic information. Data were analyzed using one-way analysis of variance (ANOVA) procedures and LSD *post-hoc* tests to determine any differences between work settings and other factors. Bivariate correlations were used to ascertain whether or not test subscores were related to each other. This chapter includes both quantitative results presented in order of the stated hypotheses and descriptive data where necessary to provide further clarification to definitions or further information about the questionnaires used.

Quantitative Results

Research Hypothesis #1: Music therapists will report significant differences in burnout and job satisfaction levels across various work settings

Because of the low return in the number of participants in some of the work settings (e.g., one response under drug/alcohol), the sixteen work settings that had at least one participant select it as their primary work setting were combined under eight headings, taking into account similarity in age, population, or focus of treatment.

This provided a larger number of participants in each category of the sample. Table 1 shows the original 18 work settings and Table 2 shows the final eight categories.

Any results reporting data on work setting findings reflect this change.

Table 1

Original Eighteen Work Setting Categories

Work Setting
1. Adult Day Care
2. Child/Adolescent Treatment Center
3. Children's Hospital/Unit
4. Community Based Service
5. Correctional Facility*
6. Drug/Alcohol Program
7. Forensic Facility
8. General Hospital
9. Geriatric Facility-not nursing
10. Hospice/Bereavement Services
11. Inpatient Psych Unit
12. Nursing Home/Assisted Living
13. Oncology*
14. Outpatient Clinic
15. School (K-12)
16. Self-Employed/Private Practice
17. State Institution
18. University/College

*No participants chose correctional facility or oncology as the work setting where they work the most hours per week.

Table 2

Final Eight Work Setting Categories

Combined Work Setting
1. Adult Health: Adult Day Care, Nursing Home/Assisted Living, Geriatric Facility-not Nursing
2. Hospital/Medical Health: Children's Hospital, General Hospital
3. Community Based Service
4. Behavioral Health: Drug/Alcohol Program, Forensic Facility, Inpatient Psych,

Table 2 cont.

Outpatient Psych, State Institution, Child/Adolescent Treatment Center

5. Hospice/Bereavement
6. School (K-12)
7. Self-Employed/Private Practice
8. University/College

Because the first research hypothesis sought to examine burnout levels and job satisfaction scores which required two separate questionnaires, the results for the first research hypothesis were broken down into two sections: the first addressed burnout level results, and the second addressed job satisfaction results. Using SPSS, a one-way ANOVA was conducted to see if any significant differences existed between each subscale of the MBI and each work setting; however, no statistically significant difference existed between each subcategory of the MBI and the eight combined work settings, as shown in Table 3.

Table 3
MBI and Work Setting ANOVA

Source	SS	df	MS	f	p
EE*					
Between Groups	753.701	7	107.672	.782	.603
Within Groups	14862.437	108	137.615		
Total	15616.138	115			
DE*					
Between Groups	137.474	7	19.639	1.287	.264
Within Groups	1648.353	108	15.263		
Total	1785.828	115			
PA*					
Between Groups	189.877	7	27.125	.892	.515
Within Groups	3282.563	108	30.394		
Total	3472.440	115			

*EE signifies emotional exhaustion, DE signifies depersonalization, and PA signifies personal accomplishment.

According to the results, no significant burnout level differences exist among music therapists across various work settings, indicating music therapists in one work setting are not significantly more burned out than music therapists in a different work setting.

Regarding results for the second part of the first research hypothesis, Table 4 represents the MSQ mean scores of both extrinsic and intrinsic satisfaction for each work setting in this study. Higher scores for both subcategories indicate higher levels of job satisfaction.

Table 4
MSQ Mean Job Satisfaction Levels Across Work Settings

Work Setting	Extrinsic Satisfaction	Intrinsic Satisfaction
1. Adult Health	30.54	36.54
2. Hospital/Medical Health	33.63	42.53
3. Community Based Service	32.89	39.22
4. Behavioral Health	30.73	38.53
5. Hospice/Bereavement	32.00	41.38
6. School (K-12)	25.00	32.22
7. Self-employed/Private Practice	34.85	42.80
8. University/College	34.75	42.38

An ANOVA was performed to determine if any significant differences existed between work settings groups in either extrinsic or intrinsic satisfaction levels. Table 5 shows the results from this ANOVA.

Table 5
MSQ and Work Setting ANOVA

Source	SS	df	MS	f	p
Extrinsic					
Between Groups	797.508	7	113.930	1.815	.092
Within Groups	6778.457	108	62.763		
Total	7575.966	115			

Table 5 cont.

Intrinsic	1099.677	7	157.097	2.722	.012*
Between Groups	6233.495	108	57.718		
Within Groups	7333.172	115			
Total					

*=significant difference

The only significant difference among work categories occurred in intrinsic satisfaction. Significant differences existed in seven separate pairs of work settings, as shown in Table 6, along with each pairing where no significant difference existed.

Table 6
Work Setting and Intrinsic Satisfaction Post-Hoc Results

Work Setting	Paired Work Setting	*p* Value
Adult Health	Hospital/Medical Health	.031*
	Community Based Service	.417
	Behavioral Health	.431
	Hospice/Bereavement	.159
	School (K-12)	.193
	Self-Employed/Private Practice	.023*
	University/College	.090
School (K-12)	Hospital/Medical Health	.001*
	Community Based Service	.053
	Behavioral Health	.031*
	Hospice/Bereavement	.015*
	Self-Employed/Private Practice	.001*
	University/College	.007*
Hospital/Medical	Community Based Service	.285
	Behavioral Health	.076
	Hospice/Bereavement	.720
	Self-Employed/Private Practice	.911
	University/College	.962
Community Based Service	Behavioral Health	.812
	Hospice/Bereavement	.561
	Self-Employed/Private Practice	.243
	University/College	.395
Behavioral Health	Hospice/Bereavement	.349
	Self-Employed/Private Practice	.054
	University/College	.207
Hospice/Bereavement	Self-Employed/Private Practice	.655

Table 6 cont.

	University/College	.793
Self-Employed/Private Practice	University/College	.894

*=significant difference

When looking at music therapists' burnout levels, it is helpful to compare their mean MBI scores with mean scores obtained from other areas and related disciplines (Maslach & Leiter, 1986). Higher scores in the subscales of emotional exhaustion and depersonalization indicate higher levels of burnout. However, high scores in personal accomplishment indicate lower levels of burnout. Table 7 shows the mean average of all three subscales of the MBI for each work setting in this study and Table 8 provides the mean average of all three subscales of the MBI for related work professions.
Lower scores in emotional exhaustion and depersonalization indicate lower levels of burnout, while higher scores in personal accomplishment indicate lower levels of burnout. According to Table 7, music therapists who are self-employed reported the lowest mean levels of burnout in all three subcategories. Music therapists who work in school (K-12) settings report the highest emotional exhaustion levels, music therapists who work in behavioral health settings reported the highest depersonalization levels, and music therapists who work in adult health reported the lowest personal accomplishment levels.

Table 7

MBI Mean Burnout Scores Across Work Settings

Work Setting	Emotional Exhaustion	Depersonalization	Personal Accomplishment
1. Adult Health	20.31	2.23	39.77
2.Hospital/Medical Health	17.58	2.58	42.79
3. Community Based Service	18.11	3.00	39.78
4. Behavioral Health	21.37	4.27	41.33
5. Hospice/Bereavement	19.63	2.25	42.63
6. School (K-12)	24.22	3.44	40.67
7. Self-Employed/ Private Practice	15.75	1.05	43.50
8. University/College	22.50	2.88	41.50

Table 8

Comparison of MBI Scores With Other Related Work Professions

Work Professions	Emotional Exhaustion	Depersonalization	Personal Accomplishment
Current study	19.59	2.81	41.70
Teaching	21.25	11.00	33.54
Social Services	21.35	7.46	32.75
Mental Health	16.89	5.72	30.87

In comparison with three related job professions, the mean scores for emotional exhaustion for music therapists are lower than for teachers or those in the social services, but music therapists had higher emotional exhaustion means than those in other mental health professions. However, music therapists had lower mean depersonalization scores than all three other work professions listed, as well as higher personal accomplishment mean scores. Although this table provides information about overall means, it still does not

provide information of what score on the MBI for each subscale is considered either low, average, or high.

For consistency and validity across several studies, Vega's (2007) approach of comparing the range of music therapists' burnout scores to mental health burnout scores as the most appropriate closest occupation was chosen. Table 9 shows the range of scores from the mental health burnout scores of the MBI (Maslach & Jackson, 1996).

Table 9

Mental Health Workers' MBI Subscale Score Range

	Low range	Average range	High range
Emotional Exhaustion	≤ 13	14-20	≥ 21
Depersonalization	≤ 5	6-10	≥ 11
Personal Accomplishment	≥ 40	39-34	≤ 33

According to this burnout score range, the typical music therapist in this study is at the high end of the average range for emotional exhaustion at 19.59, falls in the low range of depersonalization at 2.81, and the high range for personal accomplishment at 41.70. Forty-eight or 41.4% of the total 116 participants in this study scored in the high range for emotional exhaustion, 24 or 20.7% scored in the average range for emotional exhaustion, and the remaining 44 or 37.9% scored in the low range for emotional exhaustion. Results of depersonalization score ranges for music therapists in this study indicate that four or 3.4% scored in the high range, 13 or 11.2% scored in the average range, and the remaining 99 or 85.4% scored in the low range. Finally, 12 or 10.3% of participants scored in the high range of burnout for personal accomplishment, 22 or 19% scored in the average

range, and the remaining 82 or 70.7% of participants scored in the low range of burnout in personal accomplishment. Using a bivariate correlation to determine the relationship of the three subscales to each other, significant correlations existed between all three subscales of the MBI, as shown in Table 10. In summary, music therapists have overall lower mean burnout levels than other related professions, as compared with the most similar category of mental health. Music therapists who score high on emotional exhaustion are more likely to also score high on depersonalization with the reverse also being true. Music therapists who score high in either emotional exhaustion or depersonalization tend to score low in personal accomplishment with the reverse also being true.

Table 10
MBI Correlation

	EE*	DE*	PA*
EE*		r=.572, p=.000**	r=-.357, p=.000**
DE*	r=.572, p=.000**		r=-.391, p=.000**
PA*	r=-.357, p=.000**	r=-.391, p=.000**	

*EE signifies emotional exhaustion, DE signifies depersonalization, and PA signifies personal accomplishment.
**=significant difference

Unlike the MBI, the short version of the MSQ has no similar profession with whom to compare extrinsic or intrinsic satisfaction levels. The MSQ short version collected data from the following professions: assemblers, clerks, engineers, janitors and maintenance men, machinists, and salesmen (Weiss, Dawis, England, & Lofquist, 1969). In addition, unlike the MBI, the MSQ provides no range of scoring, but takes the raw scores and organizes them by percentile rankings; therefore, no scoring range of similar professions was available, and therefore, not included in these results.

In summary, because no significant differences exist among work settings on the

MBI, but significant differences on the MSQ existed in intrinsic satisfaction among work settings, the first hypothesis was rejected for burnout and only accepted for the intrinsic satisfaction subscale for job satisfaction.

Research Hypothesis #2: Music therapists who work in educational or school settings will report the highest burnout levels

From the mean scores shown in Table 7, the combined average score for emotional exhaustion and depersonalization in music therapists' who work in School (K-12) settings is 13.83, which is higher than the combined average emotional exhaustion and depersonalization scores than the other seven work settings, indicating music therapists who work in School (K-12) settings have higher burnout levels. Music therapists who work in School (K-12) settings reported the third lowest personal accomplishment score. Lower personal accomplishment scores indicate higher levels of burnout. Because personal accomplishment scores are tallied the opposite of emotional exhaustion and depersonalization, they were not included in the combined mean score.

Although the mean score for both emotional exhaustion and depersonalization was highest in music therapists who work in School (K-12) settings, the ANOVA procedures found no significant differences among the groups, as shown in Table 11. Thus, the second research hypothesis was rejected.

Table 11
MBI and Work Setting ANOVA

Source	SS	df	MS	f	p
EE*					
Between Groups	753.701	7	107.672	.782	.603
Within Groups	14862.437	108	137.615		
Total	15616.138	115			
DE*					
Between Groups	137.474	7	19.639	1.287	.264
Within Groups	1648.353	108	15.263		
Total	1785.828	115			
PA*					
Between Groups	189.877	7	27.125	.892	.515
Within Groups	3282.563	108	30.394		
Total	3472.440	115			

*EE signifies emotional exhaustion, DE signifies depersonalization, and PA signifies personal accomplishment.

Research Hypothesis #3: Music therapists who possess higher levels of education will report higher levels of job satisfaction, with individuals possessing a Ph.D. having the highest job satisfaction scores

On the music therapy questionnaire, thirteen options for highest degree earned were offered for participants to select which one best applied. However, to increase the *n* size of each degree earned category, the thirteen degree options, as shown in Table 12, were condensed into a total of three final categories: participants with at least a bachelor's degree or equivalency in music therapy, those with a master's degree in music therapy or another area, and those with a doctoral degree in music therapy or another area.

Table 12

Original Thirteen Degree Options of Highest Degree Earned

Music Therapists' Highest Degree Earned
1. Bachelor of Arts, Music Therapy
2. Bachelor of Science, Music Therapy
3. Bachelor of Music, Music Therapy
4. Bachelor Equivalency, Music Therapy
5. Master of Art, Music Therapy
6. Master of Music, Music Therapy
7. Master of Music, Music Education
8. Master of Social Work
9. Master of Education
10. Master of Psychology
11. Master of Counseling
12. Ph.D. in Music Education with cognate/emphasis in Music Therapy
13. Other*

*Responses from participants in the "other" category included those who had earned dual degrees in music therapy and another area, those who had advanced training including Neurologic Music Therapy (NMT) certification, LCAT certification, those who had a Ph.D. in Music Therapy, and those whose degree title was not one of the thirteen choices.

Table 13 shows the mean scores for extrinsic and intrinsic satisfaction and the three highest degree categories.

Table 13

MSQ Extrinsic and Intrinsic Mean Scores Among Highest Degree Earned Categories

Highest Degree Earned	Extrinsic Satisfaction	Intrinsic Satisfaction
Bachelor's Degree	30.96	38.45
Master's Degree	31.87	40.45
Ph.D. Degree	36.77	42.62

Music therapists with advanced degrees have higher numerical job satisfaction scores in both extrinsic and intrinsic satisfaction than those with only a bachelor's degree. However, because results from the ANOVA, as shown in Table 14, indicate no statistically significant differences existed between the groups, hypothesis three was rejected.

Table 14
Job Satisfaction and Degree Earned ANOVA

Source	SS	Df	MS	f	p
Extrinsic					
Between Groups	356.495	2	178.248	2.790	.066
Within Groups	7219.470	113	63.889		
Total	7575.966	115			
Intrinsic					
Between Groups	224.639	2	112.320	1.785	.172
Within Groups	7108.533	113	62.907		
Total	7333.172	115			

Research Hypothesis #4: Music therapists who have been in the field for at least 10 years will report higher overall levels of job satisfaction than music therapists who have been in the field less than 10 years

Participants were instructed to enter the number of years they had worked as a music therapist since entering the field, rounding down to the nearest whole number. Several participants either gave an approximation of how many years they had been in the field (e.g., 25-26), or with a set minimum number followed by a plus sign (e.g., 35+), indicating an unspecified number higher than what was given. In both cases, the researcher always used the first number reported. The researcher categorized all participants into one of four categories: 1. Nine or less years of experience as a MT, 2. 10-19 years of experience as a MT, 3. 20-29 years of experience as a MT, and 4. 30+ years of experience as a MT. Of the total 116 participants, 54 or 46.6% had worked 9 years or less in the field, 19 or 16.4% had worked 10-19 years in the field, 28 or 24.1% had worked 20-29 years in the field, and the remaining 15 or 12.9% had worked 30+ years in the field. The number of years working in the field of MT ranged from 1-36. Extrinsic and intrinsic mean scores for each of the four groups designating a set number of years in the field are shown in Table 15.

Table 15

MSQ Extrinsic and Intrinsic Mean Scores and Number of Years in Field

# of Years in Field	N	Extrinsic Satisfaction	Intrinsic Satisfaction
1-9 years in field	54	29.85	38.70
10-19 years in field	19	31.95	39.32
20-29 years in field	28	33.93	41.93
30+ years in field	15	36.07	39.80

Results from the one-way ANOVA indicated a statistically significant difference existed among the categories of the number of years in the profession and extrinsic satisfaction, but not for intrinsic satisfaction. Table 16 shows the results from the ANOVA.

Table 16

MSQ Extrinsic and Intrinsic Subcategories and Number of Years in Field ANOVA

Source	SS	Df	MS	F	P
Extrinsic					
Between Groups	356.495	3	200.471	3.219	.026*
Within Groups	7219.470	112	62.273		
Total	7575.966	115			
Intrinsic					
Between Groups	224.639	3	65.184	1.023	.385
Within Groups	7108.533	112	63.729		
Total	7333.172	115			

*=significant difference.

A post-hoc analysis indicated significant differences existed in two pairs of extrinsic satisfaction and number of years in the profession, as shown in Table 17. A statistically significant positive difference existed between music therapists who have worked in the field nine years or less and music therapists who have worked 20-29 years, and between music therapists who have worked in the field nine years or less and music therapists who have worked in the field 30 years or more. Subsequently, the fourth research hypothesis was retained for extrinsic satisfaction but rejected for intrinsic satisfaction.

Table 17
Number of Years in Field and Extrinsic Satisfaction Post-Hoc Results

Number of Years in Field	Paired Group	*p* value
1-9	10-19	.322
	20-29	.029*
	30+	.008*
10-19	20-29	.400
	30+	.134
20-29	30+	.399

*=significant difference

Research Hypothesis #5: Music therapists who report high levels of burnout or job dissatisfaction will be more likely to actively search for another career

As previously discussed, 48 or 41.4% of the total 116 participants in this study scored in the high range for emotional exhaustion, 24 or 20.7% scored in the average range for emotional exhaustion, and the remaining 44 or 37.9% scored in the low range for emotional exhaustion. Results of depersonalization score ranges for music therapists in this study indicate that four or 3.4% scored in the high range, 13 or 11.2% scored in the average range, and the remaining 99 or 85.4% scored in the low range. Finally, 12 or 10.3% of participants scored in the high range of burnout in personal accomplishment, 22 or 19% scored in the average range, and the remaining 82 or 70.7% of participants scored in the low range of burnout in personal accomplishment. Table 9 provides the range of what constitutes a low, average, or high score, using the mental health profession's range as a guide.

Because data were not collected for a profession similar to music therapy, nor were any ranges of low, average, or high scores provided for the MSQ, only an ANOVA was run to determine if differences existed in music therapists' satisfaction levels and intent to look for another career. Two participants did not answer the question about their intent to

look for a non-MT job within the next three to six months and were excluded from the following results. Similar to the first research hypothesis, which was broken down into two sections, one that addressed burnout level results and one that addressed job satisfaction results, results for this research hypothesis also were broken down into two sections: the first for burnout level results and the second for job satisfaction results. Table 18 shows the results of the ANOVA for the MBI and music therapists' intent to search for a non-MT job within the next three to six months.

Table 18
MBI and Intent to Look for Another Non-MT Job in the Next Three to Six Months ANOVA

Source	SS	Df	MS	f	p
EE*					
Between Groups	.321	2	.160	.543	.583
Within Groups	33.123	112	.296		
Total	33.442	114			
DE*					
Between Groups	.256	2	.128	.432	.650
Within Groups	33.187	112	.296		
Total	33.443	114			
PA*					
Between Groups	1.131	2	.565	1.960	.146
Within Groups	32.313	112	.289		
Total	33.443	114			

*EE signifies emotional exhaustion, DE signifies depersonalization, and PA signifies personal accomplishment.

The ANOVA revealed no statistically significant differences among the groups, suggesting that music therapists with higher burnout levels are no different than music therapists with average or low burnout levels in their search for a non-MT job in the near future. An ANOVA was also run to determine if significant differences existed between music therapists with low, average, and high burnout scores and their intent to search for a non-MT in the next six to twelve months. Only one participant did not answer this

question, resulting in a total of 115 responses that were included in the results. Table 19 shows the ANOVA of the MBI and music therapists' intent to look for a non-MT job in the next six to twelve months.

Table 19
MBI and Intent to Look for Another Non-MT Job in the Next Six to Twelve Months ANOVA

Source	SS	Df	MS	f	p
EE*					
Between Groups	1.629	2	.814	2.633	.076
Within Groups	34.949	113	.309		
Total	36.578	115			
DE*					
Between Groups	.191	2	.096	.297	.744
Within Groups	36.386	113	.322		
Total	36.578	115			
PA*					
Between Groups	.038	2	.019	.059	.943
Within Groups	36.540	113	.323		
Total	36.578	115			

*EE signifies emotional exhaustion, DE signifies depersonalization, and PA signifies personal accomplishment.

An ANOVA was then run to determine if significant differences existed suggesting music therapists with lower job satisfaction levels were more likely to search for a non-MT job within the next three to twelve months. Table 20 shows the results of the ANOVA for extrinsic and intrinsic satisfaction and intent to look for a non-MT job in the next three to six months. Table 21 shows the results of the ANOVA for extrinsic and intrinsic satisfaction and intent to look for a non-MT job in the next six-twelve months.

Table 20

MSQ Extrinsic and Intrinsic Job Satisfaction and Intent to Look for Another Non-MT Job in the Next Three-Six Months ANOVA

Source	SS	Df	MS	f	p
Extrinsic					
Between Groups	8.747	32	.273	.908	.611
Within Groups	24.696	82	.301		
Total	33.443	114			
Intrinsic					
Between Groups	8.811	28	.315	1.099	.360
Within Groups	24.632	86	.286		
Total	33.443	114			

Table 21

MSQ Extrinsic and Intrinsic Job Satisfaction and Intent to Look for Another Non-MT Job in the Next Six-Twelve Months ANOVA

Source	SS	Df	MS	F	p
Extrinsic					
Between Groups	11.865	32	.371	1.245	.213
Within Groups	24.713	83	.298		
Total	36.578	115			
Intrinsic					
Between Groups	10.545	28	.377	1.259	.208
Within Groups	26.032	87	.299		
Total	36.578	115			

No statistically significant differences existed among the groups, indicating job satisfaction does not have a strong impact on music therapists' intent to look for a non-MT job within the next twelve months. In addition, because no significant differences existed between music therapists' MBI scores and intent to search for a non-MT job within the next year, the fifth hypothesis stating that music therapists' with high burnout levels or lower job satisfaction scores would be more likely to search for a non-MT job was rejected.

Results from the Music Therapy Questionnaire

In addition to the data results from the five hypotheses, several other results from

the data analysis are worth reporting. Of the 116 participants, when asked if they could go back to choosing their careers, would they still choose music therapy, 82 or 70.7% said yes, nine or 7.8% said no, and the remaining 25 or 21.5% said maybe or they were unsure.

Each participant was asked to choose, from a list of thirteen options, which top five options they seek when dealing with difficult physical, financial, emotional, or psychological aspects of their job. The thirteen options each participant chose from were: 1. Family, 2.Friends, 3.Religious/spiritual beliefs, 4.Meditation/relaxation, 5.Hobbies, 6.Reduced work hours, 7.Reduced responsibilities, 8.Consulting with another MT, 9.Consulting with another co-worker, 10.Consulting with supervisor/employer, 11.Increased salary/benefits, 12.Better time management, 13."Other," requiring an answer not already mentioned. Overall, the top five sources music therapists seek most when dealing with difficult physical, financial, emotional or psychological aspects of their job are: 1. Family, 2. Friends, 3. Hobbies, 4. Consulting with supervisor/employer, and 5. Better time management. Table 22 shows the overall number of responses per option in order from the highest number of respondents to the lowest. Although the top five chosen responses were mentioned above, Table 22 shows the total number of responses overall from all 116 participants. For example, although spirituality was the third overall chosen response, not enough music therapists chose it as one of their top five options they seek for positive job support.

Table 22

Total Response Count of Top Five Factors Music Therapists Seek For Positive Job Support

Family	95
Friends	86
Spirituality	63
Hobbies	61
Consult with co-worker	48
Better time management	45
Consult with MT	44
Consult with employer	40
Meditation	39
Reduced Work	17
Other	14
Increased Salary	10
Reduced Responsibilities	10

Some of the answers in the "other" category included going on vacation, exercise, engaging in outside clinical supervision, and finding online resources. Not all participants responded with five total sources they seek during difficult job situations. In addition, two of the mail surveys checked their five responses instead of numbering them according to significance and were not included in the total percentage.

In addition, each participant answered questions about the top three positive and negative aspects about his/her work setting. Table 23 shows the combined top three positive and negative aspects for all work settings.

Table 23

Top Three Positive and Negative/Challenging Work Setting Aspects for Music Therapists

Positive Work Setting Aspect	Negative/Challenging Work Setting Aspect
1. Flexibility of schedule/ ability to determine own schedule	1. Salary/benefits
2. Amount of direct contact with clients	2. Amount of administrative work (i.e., session notes, documentation, billing, etc.)
3. Co-worker/colleague support/respect	3. Opportunities for advancement

Summary of Quantitative and Descriptive Data

Three of the five research hypotheses set by the researcher were rejected and the remaining two were partially rejected. Overall, because no significant differences exist between the MBI and work setting, it cannot be said that music therapists suffer from burnout in one work setting more than another. Music therapists who work in School (K-12) work settings seem to report the lowest levels of extrinsic and intrinsic satisfaction. No significant differences exist between job satisfaction and obtaining advanced degrees, suggesting music therapists with advanced degrees are not significantly more satisfied with their jobs than music therapists with only a bachelor's degree. Some significant differences existed between extrinsic job satisfaction and number of years in the field as a MT, suggesting one or more variables affect job satisfaction in music therapists the longer they remain in the field. Music therapists with high levels of burnout or job dissatisfaction are not significantly more likely than music therapists with low levels of burnout or job dissatisfaction to search for a non-MT job within the next twelve months. Most of the participants indicated they would choose music therapy as their career if they had the option to go back and choose what career they would pick. The top five sources music therapists choose to deal with difficult job aspects are relationships with family, friends, hobbies, consulting with their supervisor/employer, and better time management. The top three positive work settings aspects for MT are flexibility of schedule, amount of direct contact with clients, and amount of respect from their co-worker or colleagues. The top three negative or challenging work setting aspects for MT are salary, amount of administrative work, and opportunities for advancement.

CHAPTER FIVE

DISCUSSION

This chapter will discuss in more detail the findings from the previous chapter, the connection to the existing research literature, the limitations of the design and findings, other confounding factors/variables, and suggestions for future research.

Data Collection Complications and Modifications

During the data collection process, several modifications or changes to the data were necessary: 1. An unfortunate error occurred that was identified after the data collection process had begun. The original MBI has a total of 22 questions with nine questions in the emotional exhaustion subcategory, five in the depersonalization subcategory and eight in the personal accomplishment subcategory; however, the researcher unintentionally omitted the last question under the depersonalization subcategory when uploading the questions for the online version. Therefore, all data reporting music therapists' burnout scores under the emotional exhaustion and personal accomplishment subcategories reflect responses from the correct number of questions. Results from the depersonalization subcategory only reflect answers from four of the five questions. 2. Not all the participants chose five top factors they seek when dealing with difficult job situations. One reason could be they simply do not have five factors they seek out. Subsequently, the number of responses they did answer were still included in the study. 3. Several participants responded to the number of music therapists and other health professionals they keep in contact with each year in a range format (i.e., 10-15) or with a set minimum number followed by a plus sign (i.e., 35+), indicating an unspecified number

higher than what was given. In both cases, the researcher consistently chose the first number given. 4. Not all participants selected three positive aspects about their job and/or three negative or challenging aspects about their work setting. Music therapists who chose not to select three may not have a total of three positive or negative aspects about their work setting. They also may not have wished to disclose their answers.
The responses they did provide were still included in the study. 5. Three participants entered working in two states. It is likely that they live close to the border between two states, thus providing services for both states. The researcher consistently chose the first state listed. 7. Several music therapists also gave a range of hours they were employed (i.e., 35-40) or a set number followed by a plus sign (i.e., 20+). In both cases, the researcher consistently chose the first number listed.

MBI and Burnout in Music Therapists

Currently, this study is the fifth to use the MBI to measure burnout levels in music therapist. Results from the other four studies using the MBI: Oppenheim (1987), Hills, Norman, and Forster (2000), Fowler (2006), Vega (2007), overall indicate that music therapists demonstrate an average level of burnout. Table 24 compares the current study's results of the MBI with the most recent study using the MBI (Vega, 2007).

Table 24

Comparison of Current Study's MBI scores and Vega's 2007 Study MBI results

Study	Emotional Exhaustion	Depersonalization	Personal Accomplishment
Current study	19.93	2.71	41.50
Vega's 2007 study	18.16	4.45	40.29

In comparison to the other four music therapy studies using the MBI, music

therapists are at the high end of the average range for emotional exhaustion at 19.93, fall in the low range of depersonalization at 2.71, and high in personal accomplishment at 41.50. Results from the one-way ANOVA indicates music therapists who remain in the field longer have lower levels of emotional exhaustion and no significant difference in depersonalization or personal accomplishment, which does not support Oppenheim's study (1987) that concluded burnout levels seem to increase the longer music therapists stay in the field, but supports Fowler's 2006 study that reported no significant relationship to burnout levels and length of time in the field in the depersonalization and personal accomplishment subcategories only.

A possible explanation for significant differences in emotional exhaustion, but not in depersonalization and personal accomplishment, may be better time management in finding or using resources to decrease the amount of emotional and/or physical exhaustion felt at the end of a long work day, which Leiter and Maslach (1998) indicate is one of the sources for burnout. One potential reason why music therapists report no significant differences in depersonalization the longer they work in the profession may relate to their ability to adhere to the code of ethics set by the AMTA , which discusses the responsibility of the music therapist towards the client's well-being.

However, music therapists may not also want to disclose they see their clients as an impersonal object at times, or that they occasionally feel a lack of empathy or support towards them. Music therapists' perceptions of their work environment may have affected the lack of significant difference in personal accomplishment and number of years in field, in accordance with Pines (1993), stating that an individual' perception of his/her work environment is directly related to feelings of success or failure, which may lead to burnout. According to the mean scores for each of the four groups of number of years in the field,

personal accomplishment scores were highest in music therapists who had worked 10-29 years in the field, but declined in music therapists 30+. Future research might explore specific causes or factors that increase/decrease a music therapists' feelings of personal accomplishment over the course of their career.

First Research Hypothesis Discussion

Results from the first research hypothesis indicated no significant differences existed in music therapists' MBI scores and work settings or music therapists' MSQ extrinsic satisfaction and work settings, but significant differences existed in intrinsic job satisfaction in music therapists and their current work setting, partially rejecting the first hypothesis. Because this was the first music therapy study to specifically explore differences in burnout across various work settings, no other studies exist with which to compare/contrast burnout and job satisfaction levels as they relate across various work settings.

One possible explanation may be MBI scores alone are not enough to depict burnout differences across music therapists' work settings, but in combination with other factors, specifically extrinsic job factors such as workload and salary amount, may account for overall differences of burnout levels in music therapists across various work settings. This was also the first music therapy study to use the MBI and a standardized job satisfaction questionnaire. Several examples of factors that contribute to extrinsic satisfaction include amount of pay, job security, and supervision, and working conditions or environment. Examples of factors that contribute to intrinsic satisfaction include feelings of accomplishment, achievement, and the ability to have growth, variety, and responsibility.

Significant differences in intrinsic job satisfaction existed between music therapists

who work in adult health and two other work settings, with music therapists who work in adult health having significantly lower intrinsic satisfaction scores. For the purposes of this study, adult health was a combined work setting of three work settings: adult day care, nursing home/assisted living, geriatric facility-not nursing. Music therapists who work in adult day care work settings may not feel they are seeing enough positive change or growth in their clients because such change or growth is typically more limited or subtle in elderly adults. Music therapists may not feel they are getting enough of a variety in their clientele or may have unrealistic expectations about the change, growth or variety in their work setting, which might affect their overall levels of intrinsic satisfaction, and might make music therapists who work in adult day care work settings more susceptible to higher levels of burnout (Pines & Aronson, 1988). Future studies might examine the roles of music therapists' personalities in adult day care work settings, and how their levels of expectations and motivation changes over time.

Significant differences also existed between music therapists intrinsic job satisfaction scores who work in school (K-12) settings and five other work settings, with lower satisfaction scores in music therapists who work in school settings.

Music therapists' personalities might affect their perceptions and reactions to various extrinsic job factors, affecting their intrinsic job satisfaction (Weiss & Cropanzano, 1996). For example, music therapists in school settings might not emotionally view a stressful situation as a positive challenge or an opportunity for growth, negatively affecting their intrinsic satisfaction of what they are accomplishing or achieving.

Specific personality traits related to intrinsic satisfaction, such as self-efficacy, might also affect music therapists' intrinsic levels of satisfaction in school settings (Bandura, 1997). Kahn et al.'s (2006) study concluded dispositional affectivity is an important factor in job

stress and burnout, but in combination with other factors. Future research might focus on music therapists who work in school settings and compare/contrast extrinsic and intrinsic job satisfaction to see where specific similarities or discrepancies exist.

Because this study was the first to use a standardized job satisfaction questionnaire, future research might also continue to test the validity and reliability of standardized job satisfaction questionnaires in music therapists, or devise a standardized music therapy job satisfaction questionnaire, specific to factors related to the field of music therapy. Future research might also target more specific questions related to each subscale of the MBI and work settings to determine if similarities in each work setting exist that contribute to overall differences across work settings, or if several factors including aspects of job satisfaction (e.g., salary) in combination with the MBI result in differences across work settings.

Second Research Hypothesis Discussion

ANOVA procedures found no significant burnout level differences existed among music therapists who work in school (K-12) settings, which resulted in the rejection of the second hypothesis. One possible explanation, as suggested by several researchers, may be that burnout results from several integrated factors, rather than one specific factor or isolated issue (Freudenberger, 1975; Maslach, 1993). Existing literature indicates that teachers have the highest burnout levels (de Heus & Diekstra, 1999). Future studies may look at whether differences exist in administrative support, which may affect opportunities for advancement, available options, and salary (Klusmann et al., 2008). Another area to explore could include if differences exist in caseload amounts or the degree of control music therapists have over their job requirements (Meeks, 1995). Finally, future research could include more studies that specifically examine the connection or interrelatedness of

various aspects including personality, job satisfaction, and working conditions on a music therapists' burnout level or desire to remain the field of music therapy, specifically in school (K-12) work settings.

Third Research Hypothesis Discussion

Although overall mean extrinsic and intrinsic satisfaction scores were highest in music therapists with advanced degrees, no significant difference among the groups existed from ANOVA procedures, which rejected the third research hypothesis. From the results, it appears that simply pursuing and attaining advanced degrees is not significant enough to change music therapists' overall job satisfaction, which has both positive and negative ramifications on the field of music therapy. One indicator that music therapists are satisfied with their job and want to continue to challenge themselves may be through pursuing an advanced degree in music therapy or another field. However, if significant differences did exist between earning advanced degrees and job satisfaction, music therapists might inadvertently feel more pressure to pursue advanced degrees to achieve or feel they have obtained more job satisfaction. Future research could include a longitudinal study that compares/contrasts music therapists extrinsic and intrinsic job satisfaction scores as they pursue advanced degrees.

Fourth Research Hypothesis Discussion

The fourth research hypothesis posed that music therapists who have worked in the field 20 years or more would report higher job satisfaction levels than music therapists who have worked in the field less than 10 years. Some significant differences existed between extrinsic satisfaction and number of years in the field, but not between intrinsic satisfaction and number of years in the field, which partially rejected the hypothesis. The results partially coincided with previous research (Braswell & Decuir, 1989; Cohens &

Behrens, 2002; Vega, 1997) that all report higher levels of satisfaction in music therapists who have been in the field longer. Although overall mean scores in extrinsic and intrinsic satisfaction were higher for music therapists who have worked at least 10 years, ANOVA procedures indicated only significant differences existed in extrinsic scores in music therapists who have worked 10 years or more and music therapists who have worked less than 10 years.

One explanation may be music therapists' ability to increase or maintain their level of expectations, return for their work, and skills (Thibaut & Kelley, 1959). Perhaps the longer music therapists remain in the field the higher their feelings of accomplishing specific goals or tasks, or perhaps that their skills are better matched or suited to their job requirements (Phillips, 2005). Specific job factors, such as amount of pay, may also positively affect music therapists overall job satisfaction and the number of years they have been in the field (Braswell, Decuir, et al., 1989). Future longitudinal studies might track how music therapists' job satisfaction levels change over the course of their career and what specific factors seem to be contribute to those changes.

Fifth Research Hypothesis Discussion

Because no significant difference existed in music therapists' MBI and MSQ scores and their intent to actively search for another career, the fifth hypothesis was rejected. One factor that possibly affected the results was although the research hypothesis used the word "career," the music therapy questionnaire asked how likely you would be to search for a non-MT job in the next year. Because jobs and careers are not necessarily the same thing, more discussion and research is needed surrounding this topic. For example, music therapists who work part-time might want or financially need a second job, or another music therapy job might not be available, which would affect if music therapists looked for

a non-MT job. However, even though individual answers were confidential, it is also possible that some of the participants may not have wanted to disclose they were looking for a different non-MT job, which would have also affected the results.

Another possible reason is the present condition of the United State's economy. At the time of this study, the entire country was experiencing a significant economic regression, which negatively affected the job market. Music therapists may have considered quitting their job and looking for a different career at the present time too risky, which would support the models by Thibaut and Kelley (1959) and Lee and Mitchell (1994), that argue individuals will base decisions about their job and intent to quit by weighing the positive and negative factors at their current job, and evaluating what other options exist. Music therapists in states like Arizona had recently experienced severe budget cuts, up to 55% of what they had been previously charging and receiving. Another possible explanation is music therapists' overall burnout or job dissatisfaction may not have reached a significant enough level to spur them to want to find a different job, or they may not have had enough motivation or desire to look for a different career, which supports Maertz & Griffeth's (2004) arguments that an individuals' self-efficacy affects whether that individual decides to leave or stay. According to their study, individuals with lower self-efficacy typically remain in the organization. According to March and Simon's (1958) model, individuals will either seek alternative employment opportunities if dissatisfaction levels or other work-related factors are high enough, or they will re-consider looking for alternative opportunities because of a lack of hopeful possibilities. Individuals who seek alternative employment may not quit if desirable alternatives are not present. On the other hand, individuals not originally looking for alternative job options may consider leaving if a job opportunity presents itself with more attractive or desirable qualities than

their current job (Gerhart, 1990). Future research could specifically ask if music therapists are intending on permanently leaving a career in music therapy to pursue a different career or what specific factors go into music therapists deciding to pursue a different non-MT job or career.

Other Quantitative Results Discussion

The top five aspects music therapists seek for support during difficult job situations are 1. Family, 2. Friends, 3. Hobbies, 4. Consulting supervisor/employer, 5. Better time management. Unlike Beehr's social support theory (Beehr et al., 1990) which stated that supervisor support had the strongest affect on levels of strain, followed by co-worker support and lastly support from friends and family, music therapists chose to seek out support from family and then friends first. However, out of the total number of responses for each aspect music therapists seek, family was the first aspect, friends was still second, but consulting a co-worker was the fourth most chosen response, and consulting a supervisor/employer was the eighth most overall selected aspect. Although seeking support from family, friends, and hobbies support's Bitcon's (1981) suggestions in her editorial of how to prevent burnout, how effective are those supports? Continued research in this area might explore music therapists' perceptions of how effective seeking these systems of support are.

This study was also the first in the music therapy literature on burnout and job satisfaction to specifically ask about positive and negative/challenging work setting aspects instead of overall reasons for burnout or job dissatisfaction. The top three positive aspects of all work settings where music therapists are employed were: 1.Flexibility of schedule/ability to determine own schedule, 2. Amount of direct clients, Co-worker/colleague respect. The top three negative/challenging aspects of all work settings

where music therapists are employed were: 1.Salary/benefits, 2. Amount of administrative work, and 3.Lack of opportunities for advancement. Three of these aspects match what Meeks (2005) found in a study with speech-language pathologists, where autonomy was one of the positive aspects, and salary and opportunities for advancement were two negative aspects. As found in previous studies, (Bitcon, 1981; Decuir & Vega, 2003; Knoll, Reuer, & Henry, 1988; Oppenheim, 1987), inadequate salary continues to be a main reason for job dissatisfaction. Future research in this area could continue to identify what the top three positive and negative aspects are for individual work settings and how much that contributes to music therapists' overall level of job satisfaction, engagement, and burnout.

Each participant was asked on the music therapy questionnaire, if you could start your career over again, would you still choose to be a music therapist? Sixty-nine percent said they would, only 7.8% said they would not, and the remaining 23.2% indicated they did not know or were unsure. One possible explanation is music therapists with lower burnout levels and higher job satisfaction and work engagement levels may have had more positive work experiences, or perhaps have found positive and effective ways of coping or managing stress, positively affecting their longevity and desire to remain in the field, which seems to then follow that they would be more likely to choose music therapy again as their career (Decuir & Vega, 2003; Fowler, 2006).

Future of Music Therapy Burnout Research

As of 2003, the number one reason music therapists seek to leave the field of music therapy and pursue a different profession stems from burnout (Decuir & Vega, 2003).

More research in this area needs to continue. Areas for future research and exploration could include: 1.Longitudinal studies examining how music therapists' job

satisfaction, burnout levels, and other factors change over time, 2.Qualitative studies including interviews with music therapists who have remained in the field for over 10 years and what specific resources, strategies, or aspects contributed to their career longevity, and 3.Further investigation into the positive and challenging aspects of various work settings where music therapists are employed. Based on research that seems to indicate individuals with higher levels of congruence with their organization's values have higher job satisfaction levels and have lower turnover rates (Bretz & Judge, 1993), future research could look at specific values within work settings to see if there is any congruence with music therapists' values. If the literature is fairly consistent that music therapists who stay in the field longer than 10 years are more satisfied, what specifically is causing their job satisfaction levels to go up? Is it extrinsic factors, such as pay, opportunities for advancement, intrinsic factors, such as being willing to compromise, feeling you are accomplishing a lot or are successful, or is it a combination of both? Future music therapy studies exploring job satisfaction may want to conduct qualitative studies with interviews as the method of analysis, specifically with music therapists who have been in the field at least 10 years, which may provide helpful and insightful information to what causes job satisfaction levels to increase and specifically what external and/or internal factors contribute to the increase over time. Another potential approach is conducting a longitudinal study that explores how music therapists' values, job satisfaction, and other factors change or remain the same over the first ten years of their career in the field. Because of the low return rate in participants who completed the study, which may have affected some of the results, future studies should also target a higher number of music therapists overall as well as the number of music therapists within each work setting.

This study was the first to compare burnout and job satisfaction levels in music

therapists across various work settings. Based on ANOVA procedures, no significant relationship existed between work settings and burnout, but significant differences existed between work settings and job satisfaction levels in music therapists. This study was also the first music therapy study to use a standardized job satisfaction questionnaire, the UWES to determine burnout levels, and the MBI, MSQ, and UWES in the same study. Music therapists who have been in the field 10 years or more reported significantly higher extrinsic job satisfaction levels than music therapists who have not been in the field over 10 years. Finally, no significant differences existed between music therapists' job satisfaction levels and highest degree earned. Because previous research (Decuir & Vega, 2003) indicates burnout is the number one reason music therapists leave the field, more intensive research needs to occur to discover more specific antecedents for burnout and job dissatisfaction and what factors seem to counteract or prevent burnout from happening before burned out music therapists seek another career.

APPENDIX A

E-mail Invitation To Participate In Research Study

Dear Music Therapy Colleague,

You are being asked to participate in a research study conducted by Rebecca West, MT-BC from Michigan State University. Your name was chosen through random selection and your contact information was obtained through the American Music Therapy Association (AMTA) 2008 sourcebook. The purpose of this study is to investigate and compare burnout and job satisfaction levels in Board-Certified Music Therapists (MT-BC) who work in various settings (i.e. hospital, education, self-employed/private practice). This study will contribute to the researcher's completion of her master's thesis in Music Therapy at Michigan State University.

Should you decide to participate in this research study and once all your questions have been answered to your satisfaction, clicking on the link below will indicate your consent to participate in this study. This study consists of four test instruments: the Maslach Burnout Inventory, the Utrecht Work Engagement Scale, the Minnesota Satisfaction Questionnaire, and a Music Therapy Questionnaire with demographic questions that you will complete through an online survey. The survey provides a series of questions you will answer related to various aspects of your job as a music therapist (i.e. pay, administrative support) and your level of satisfaction about them.

Participation in this study will require approximately 20-25 minutes to complete online through the link provided at the bottom of the document. Once you begin the study, you must answer all questions for your responses to be included in the study. You will not be able to save your answers mid-way through, and complete them at a later time.

The researcher does not expect you to have more than minimal risks from your involvement in this study. Potential benefits from participation in this study include contributing to understanding of burnout in music therapists. It is hoped that the information will suggest preventative or proactive measures to deal with burnout.

The researcher will code the results from the study in such a way that each

respondent's identity will not be attached to the final form of this study. The researcher retains the right to use and publish non-identifiable data. While individual responses are confidential, aggregate data will be presented representing averages or generalizations about the responses as a whole. All data will be stored in a secure location accessible only to the researcher. Upon completion of the study, the researcher will destroy all information that matches individual respondents with their answers.

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you may withdraw at any time without any negative consequences. Please complete the online study by April 30, 2009. You will not be reimbursed in any way for completing this study.

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the results of this study, please contact:

Rebecca West, MT-BC
Teaching Assistant
Michigan State University
westrebe@msu.edu

Frederick Tims, Ph.D., MT-BC
Professor and Chair of Music Therapy
Michigan State University
(517) 353-9856
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Link to survey:
http://www.surveymonkey.com/s.aspx?sm=AL13OHFhSlpsODV9pTsVsQ_3d_3d

APPENDIX B

Postal Mail Invitation To Participate In Research Study

Dear Music Therapy Colleague,

You are being asked to participate in a research study conducted by Rebecca West, MT-BC from Michigan State University. Your name was chosen through random selection and your contact information was obtained through the American Music Therapy Association (AMTA) 2008 sourcebook. The purpose of this study is to investigate and compare burnout and job satisfaction levels in Board-Certified Music Therapists (MT-BC) who work in various settings (i.e. hospital, education, self-employed/private practice). This study will contribute to the researcher's completion of her master's thesis in Music Therapy at Michigan State University.

Should you decide to participate in this research study, you will be asked to sign this consent form once all your questions have been answered to your satisfaction. This study consists of four test instruments: the Maslach Burnout Inventory, the Utrecht Work Engagement Scale, the Minnesota Satisfaction Questionnaire, a *Music Therapy Questionnaire*, and demographic questions that you will complete through a paper survey. The survey provides a series of questions you will answer related to various aspects of your job as a music therapist (i.e. pay, administrative support) and your level of satisfaction about them. Participation in this study will require approximately 20-25 minutes to complete.

The researcher does not expect you to have more than minimal risks from your involvement in this study. Potential benefits from participation in this study include contributing to understanding of burnout in music therapists. It is hoped that the information will suggest preventative or proactive measures to deal with burnout.

The researcher will code the results from the study in such a way that each respondent's identity will not be attached to the final form of this study. The researcher retains the right to use and publish non-identifiable data. While individual responses are confidential, aggregate data will be presented representing averages or generalizations about the responses as a whole. All data will be stored in a secure location accessible

only to the researcher. Upon completion of the study, the researcher will destroy all information that matches individual respondents with their answers.

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you may withdraw at any time without any negative consequences. Please complete the online study by April 30, 2009. You will not be reimbursed in any way for completing this study.

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the results of this study, please contact:

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Frederick Tims, Ph.D., MT-BC
Professor and Chair of Music Therapy
Michigan State University
(517) 353-9856
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Please check one of the following boxes and sign your name underneath the appropriate box to indicate your willingness to participate in the study. Return this signed form with your completed survey. **All questions must be answered in order for your survey to be included in the results.**

☐Yes, I wish to participate in this study. I understand that I am completing this study of my own volition, and that this study may incur physical or psychological risk associated with completing paper surveys.

_____

(signature)

☐No, I do not wish to participate in this study. Please take my contact information off from future mailings.

_____

(signature)

APPENDIX C

Music Therapy Questionnaire

1. If you could start your career over again, would you still choose to be a music therapist? (check one) ☐yes ☐no ☐maybe/don't know
2. When aspects of your job got difficult physically, financially, emotionally, psychologically, what top five factor(s) did you seek out to provide positive support? (number the top five, 1,2,3,4,5)
   ☐Family
   ☐Friends
   ☐Religious/spiritual beliefs
   ☐Meditation/relaxation
   ☐Hobbies
   ☐Reduced work hours
   ☐Reduced responsibilities
   ☐Consulting with another MT
   ☐Consulting with another co-worker
   ☐Consulting with supervisor/employer
   ☐Increased salary/benefits
   ☐Better time management
   ☐Other (please specify)_____
3. From the time you entered the field as a music therapist, how many times have you changed jobs to another music therapy job? (enter number) _____
4. Rate the strength of influence on your desire to remain in the profession of attending Music Therapy conferences, retreats, or seminars (check one)
   ☐Strong positive influence
   ☐Moderate positive influence
   ☐Neither positive nor negative influence
   ☐Moderate negative influence
   ☐Strong negative influence

5. Rate the strength of influence on your desire to remain the in profession of communicating with other MT (check one)
   - ☐ Strong positive influence
   - ☐ Moderate positive influence
   - ☐ Neither positive nor negative influence
   - ☐ Moderate negative influence
   - ☐ Strong negative influence
6. How many other music therapists do you keep in electronic or personal contact with at least two-three times a year apart from your workplace?
   (enter number) _____
7. How many other health or related professionals (i.e. speech-language pathologists, psychologists, social workers, etc.) do you keep in electronic or personal contact with at least two-three times a year apart from your workplace? (enter number) _____
8. What are the top three positive job aspects about your current work setting? (number top three 1, 2, 3)
   - ☐ Salary/benefits
   - ☐ Flexibility of schedule/ability to determine own schedule
   - ☐ Number of hours per week
   - ☐ Opportunities for advancement
   - ☐ Administrative/managerial support/respect
   - ☐ Co-worker/colleague support/respect
   - ☐ Community or client family support/respect
   - ☐ Amount of direct contact with clients
   - ☐ Caseload amount
   - ☐ Variety of caseload or clients
   - ☐ Amount of administrative work (i.e. session notes, documentation, billing, etc.)
   - ☐ Available work and professional resources
   - ☐ Other (please specify) _____

9. What are the top three negative/challenging aspects about your current work setting? (number top three, 1,2,3)

☐Salary/benefits

☐Flexibility of schedule/ability to determine own schedule

☐Number of hours per week

☐Opportunities for advancement

☐Administrative/managerial support/respect

☐Co-worker/colleague support/respect

☐Community or client family support/respect

☐Amount of direct contact with clients

☐Caseload amount

☐Variety of caseload or clients

☐Amount of administrative work (i.e. session notes, documentation, billing, etc.)

☐Available work and professional resources

☐Other (please specify) _____

10. Within the last year have you actively searched to find another Music Therapy job?

(check one) ☐yes ☐no

11. Within the last year have you actively searched to find another job/career not related to Music Therapy?

(check one) ☐yes ☐no

12. Within the next 3-6 months do you expect/intend to actively search for another Music Therapy job?

(check one) ☐yes ☐no ☐unsure/don't know

13. Within the next 3-6 months do you expect/intend to actively search for another job/career not related to music therapy?

(check one) ☐yes ☐no ☐unsure/don't know

14. Within the next 6-12 months do you expect/intend to actively search for another Music Therapy job?

(check one) ☐yes ☐no ☐unsure/don't know

15. Within the next 6-12 months do you expect/intend to actively search for another job/career not related to music therapy?

(check one) ☐yes ☐no ☐unsure/don't know

16. Highest degree achieved

☐Bachelor of Arts, Music Therapy

☐Bachelor of Science, Music Therapy

☐Bachelor of Music, Music Therapy

☐Bachelor equivalency, Music Therapy

☐Master of Arts, Music Therapy

☐Master of Music, Music Therapy

☐Master of Music Education

☐Master of Social Work

☐Master of Education

☐Master of Psychology

☐Master of Counseling

☐Ph.D. in Music Education with an emphasis in Music Therapy

☐Other Ph.D. (please specify) _____

☐Other (please specify) _____

17. What is your age? _____

18. What is your gender?

☐Male

☐Female

19. In which state do you work? _____

20. How many years have you been in the field of Music Therapy? (defined as number of years since beginning your first music therapy job. Round down to the nearest whole number) _____

21. What work setting do you spend the most hours per week? (pick one)

- Adult Day Care
- Child/Adolescent Treatment Center
- Children's Hospital or Unit
- Community Based Service
- Correctional Facility
- Drug/Alcohol Program

- Forensic Facility
- General Hospital
- Geriatric Facility-not nursing
- Hospice/Bereavement Services
- Inpatient Psychiatric Unit
- Nursing Home/Assisted Living
- Oncology
- Outpatient Clinic
- School (K-12)
- Self-employed/private practice
- State Institution
- University/College

How many hours a week are you employed? _____

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