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Workforce Characteristics, Workplace and Job Satisfaction, Stress, Burnout, and Happiness of Music Therapists in the United States

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Abstract

This survey research examined the work lives of music therapists in the United States. With the inclusion of data on salary, workplace and job satisfaction, stress, burnout, and happiness, a comprehensive picture of the working lives of music therapists emerges. On the whole, music therapists appear to be generally happy with their workplace and job conditions and to experience moderate stress and low burnout. Data regarding salaries reveal a complex economic landscape. Although the average full-time salary of a music therapist was \$51,099.69, salaries varied widely, with newly credentialed music therapists and those with less than six years of experience reporting lower average salaries. Variations in salaries, stress, burnout, and happiness were also evident across workplaces. Implications for the profession, including advocacy efforts, support for early-career professionals, and additional support for career development, invite further discussion.

Keywords: *workforce characteristics, job satisfaction, stress, burnout, happiness, professional development, music therapists*

Workforce Characteristics, Workplace and Job Satisfaction, Stress, Burnout, and Happiness of Music Therapists in the United States

Derived from a comprehensive survey of music therapists in the United States (US), this article describes the workforce characteristics, workplace and job satisfaction, stress, burnout, and happiness of board-certified music therapists. In doing so, it aims to provide a comprehensive picture of the work lives of music therapists in the US, relating these dimensions to their overall health and happiness.

Study Context

The work lives of music therapists have been examined in a broad range of ways (Clements-Cortes, 2013; Eyre & Lee, 2015; Ferrer, 2017; Gooding, 2018a, 2018b) and

in several different countries (Chang, 2014; Oh, 2016). This has included a focus on the influence of job demands and autonomy on burnout (Kim, 2016), the relationship between work–life factors and job satisfaction (Clements-Cortes, 2013; Gooding, 2018b), and the relationship between stress and self-care practices (Moore & Wilhelm, 2019).

In a comprehensive examination of the field, Ferrer (2017) described current workforce trends, including salary and job creation trends, diversity, professional recognition, and challenges to the profession. In particular, Ferrer reported little change in salaries between 2010 and 2016 and significantly lower salaries than those reported by comparable health professions. They also described the ongoing challenges music therapists experience in being recognized professionally. Ferrer identified five strategies for growing the profession: 1) increasing professional advocacy efforts, 2) recruiting diverse music therapists, 3) providing alternate routes to becoming a music therapist, 4) making changes to music therapy curricula to aid recruitment and retention, and 5) helping music therapists practice self-care and prevent burnout.

Gooding (2018a, 2018b, 2019) examined the work lives of music therapists in a broad range of ways. This has included work–life factors and the job satisfaction of music therapy educators (Gooding, 2018a), the occupational health and wellbeing of music therapists (Gooding, 2018b), and burnout among music therapists (Gooding, 2019). According to Gooding, while music therapists are at average risk of burnout, work environment and work demands appear to be most commonly associated with burnout, followed by salary and workload, variables that are also relevant to the working lives and job satisfaction of music therapy educators.

Burnout among music therapists has also been examined in relation to positive change and growth, collective self-esteem, occupational identity, and self-care. Chang (2014) interviewed music therapists about their burnout experiences, concluding that self-awareness was crucial to the recovery process and essential to preventing future occurrences. Kim (2012) examined Korean music therapists' job satisfaction, collective self-esteem, and burnout. Kim found that job satisfaction significantly predicted the emotional exhaustion, depersonalization, and personal achievement subscales of the Maslach Burnout Inventory. They also determined that collective self-esteem was found to have a partial mediating effect between job satisfaction and emotional exhaustion. Further, the relationship between job satisfaction and emotional exhaustion is partially explained by how positively these music therapists perceived their profession and how they think others view them.

Oh (2016) examined the effects of Korean music therapists' burnout and self-resilience on their occupational identity. Oh found that the more burnout experienced by these music therapists, the lower their occupational identity, whereas self-resilience had a positive influence on occupational identity regardless of the level of burnout. Similarly, Vega (2010) examined the relationship between personality, burnout level, and other demographic variables on the longevity of music therapists. Vega found that the personality factor *anxiety* predicted emotional exhaustion, while the factor *dominance* predicted personal accomplishment. While no personality factor significantly predicted the factor *depersonalization*, both social boldness and vigilance strongly contributed to this relationship. Further, Vega also found that the highest degree earned was predictive of longevity. When taken as a whole, Vega suggested that these factors may provide a profile of music therapists who are staying, and thriving, in the field.

Occupational stress and burnout have also been discussed in terms of self-care. Moore and Wilhelm (2019) examined music therapy students' perceived stress levels and self-care practices to inform future research in this area. Music therapy students reported higher perceived stress than did undergraduate students in general and higher perceived stress than previously reported for adults in the United States. Music therapy students also reported lower frequency of self-care engagement, particularly with regards to self-awareness and physical self-care practices. Further, higher levels of perceived stress were associated with less frequent participation in self-care. Trondalen (2016) has taken a broader perspective, addressing self-care practices for music therapists in terms of the interconnection between biology (e.g., physical aspects), psy-

chological issues (e.g., mental state, existential being), and context (e.g., work setting and home/social context). Trondalen identified a range of needs and associated resources for self-care that supported the everyday “wear and tear” of music therapists, and made important distinctions between the self-care needs of music therapists in different contexts and roles, including musicians, teachers and researchers.

Finally, music therapists’ employment and service delivery have been examined during the COVID-19 pandemic (Gaddy et al., 2020). Respondents reported changes in their positions, including a decrease in client contact and an increase in alternate service delivery such as teletherapy. They expressed a range of concerns about their work lives, including being a carrier of COVID-19, being isolated from loved ones, and loss of income. Overall, however, participants reported high levels of hope for the profession and moderate levels of perceived stress, suggesting that these music therapists were adapting to service delivery changes and continuing to provide services, despite the challenges of the pandemic.

While previous research provides insights into aspects of the work lives of music therapists in various countries, a comprehensive evaluation of the work lives of music therapists in the United States has yet to be undertaken—particularly research that seeks to understand the relationships between salaries, workplace and job satisfaction, and professional development opportunities, along with detailed description of music therapists’ stress, burnout, and happiness. Insights into these work life factors deepens our understanding of the overall health of the profession, while also identifying areas of strength and concern that support continued growth.

Method

Participants

A total of 7,952 music therapists credentialed by the Certification Board for Music Therapists were invited to participate in the study. Participants were sent an email invitation from an email list provided by the Certification Board for Music Therapists, with a follow-up email sent 14 days later. A total of 1,452 music therapists clicked on the link, and 1,154 of those music therapists participated in the survey, a response rate of 14.51%. A total of 36 invitees opted out of the survey, and 3 emails were returned. Of those music therapists who participated, 982 completed the survey in full. The complete survey template is available in Appendix B.

Ethical Approval

This study was reviewed by the Shenandoah University Ethics Review Board protocol #752 and was deemed exempt from review.

Survey Design

The survey utilized in this study consisted of 26 questions. It included questions related to demographics and including salary data (18 questions), workplace satisfaction (1 question; 7 items), professional development (1 question; 6 items), job satisfaction (4 questions; 20 items), stress (1 question; 11 items), burnout (1 question; 16 items), and happiness (1 question; 7 items).

Participants were sent the survey on October 20th, 2019, and the survey remained open for 25 days. Respondents were permitted to advance through the survey without answering every question.

Survey Construction

The survey was constructed over a 6-month period between April and October 2019. Demographic questions were modeled on the American Music Therapy Association workforce analysis (AMTA, 2018), with adjustments to question language in response to updated language recommendations from the Centers for Disease Control (CDC,

n.d.). Workplace and job satisfaction questions were modeled on Eyre and Lee (2015), with additional questions added in response to a review of recommended resources from van Saane et al. (2003). Questions regarding stress, burnout, and happiness were derived from Coplan et al. (2018), with additional questions added to address the specific professional experiences of music therapists (Eyre & Lee, 2015). Upon initial construction, the survey went through five rounds of revisions and received feedback from two colleagues with knowledge of survey design.

We used the following operational definitions to define stress, burnout, job satisfaction, workplace satisfaction, and happiness:

- Stress: “Job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury” (NIOSH, 2014, p.6).
- Burnout: “Job burnout is a special type of work-related stress — a state of physical or emotional exhaustion that also involves a sense of reduced accomplishment and loss of personal identity” (Mayo Clinic, n.d, paras. 1-2).
- Job Satisfaction: “Job satisfaction is defined as the extent to which an employee feels self-motivated, content and satisfied with [their] job. Job satisfaction happens when an employee feels [they have] job stability, career growth and a comfortable work life balance.” (mba SKOOL, 2021, para. 1).
- Workplace Satisfaction: A constellation of factors related to the individual’s work conditions. Specific to music therapy, this includes an appropriate budget, workspace, and access to needed session materials (e.g., instruments).
- Happiness: “In a fundamental sense, workplace happiness comes when: 1) we enjoy doing the tasks assigned to us, 2) we feel right about the people we are working with, 3) we are happy with the financial benefits we get from the job, 4) We have the scope of improving our existing skills, and 5) we feel respected and acknowledged at work” (Chowdhury, n.d, para. 1).

Data Analysis

Descriptive statistics (means, medians, standard deviations, and 95% confidence intervals) were calculated for open-ended reported salary measures. Respondents who reported hourly salaries were kept separate from annual salary values for consistency. Zero salary values ($n = 44$) for those reporting full-time or part-time employment were omitted owing to implausible values. Composite scores for the domains for happiness, burnout, stress, and workplace and job satisfaction were calculated by summing the reported values for each question in the respective sections. Analysis of variance was used to compare total composite scores by the type of setting with a two-sided test for significance. All statistical analyses were completed using SAS University Edition software (version 9.2; SAS Institute Inc., Cary, NC, USA).

Results

A total of 1,154 music therapists completed part or all of the survey. Detailed information regarding the age, gender identity, and region of these participants can be found in Appendix A. In sum, participants were predominantly female (88.2%), and their age reflected a bimodal distribution, with most between 20–29 years (36.7%) and 30–39 (30.3%). All seven regions of the American Music Therapy Association were represented, with the majority from the mid-Atlantic (27.7%) and Great Lakes (24.7%) regions. Respondents had been working an average of 10.87 years as a music therapist (median = 6 years) and in their current position for an average of 5.79 years (median = 3 years). In terms of their highest level of education, the majority of participants reported completing either a bachelor’s (40.45%) or a master’s degree (35.85%). In addition, 56.83% of respondents were members of the American Music Therapy Association.

Table 1
Average Salary of Respondents

Salary indicator	n	M	SD	95% CI		Mdn
				LL	UL	
Total reported salary	956	\$44,373.64	24,728.22	42,804.13	45,943.14	43,000.00
Total full-time salary	594	\$51,099.69	19,594.66	49,520.70	52,678.68	48,000.00
Total hourly salary	36	\$32.40	19.40	25.80	38.90	–

Table 2
Average Reported Salary and Years of Employment

Years working as a music therapist	n	Annual salary	SD	95% CI	
				M	UL
<1	104	\$34,161.60	15,388.13	31,168.99	37,154.20
2–5	341	\$38,310.49	14,527.77	36,763.04	39,857.95
6–9	160	\$45,193.38	17,520.40	42,457.79	47,928.96
10–19	173	\$49,852.57	33,784.96	44,782.49	54,922.65
20–29	92	\$53,259.91	32,699.62	46,488.01	60,031.81
30–39	63	\$54,555.35	26,752.94	47,817.71	61,292.99
40+	23	\$70,094.78	44,371.77	50,906.99	89,282.57

Table 3
Average Reported Salary and Degree

Degree	n	Annual salary	SD	95% CI	
				M	UL
Bachelor’s	437	\$39,909.85	18,875.60	38,135.19	41,684.51
Equivalency	84	\$44,446.51	41,712.95	35,394.25	53,498.78
Master’s	396	\$45,946.07	20,002.07	43,969.98	47,922.17
Doctorate	37	\$80,579.51	42,682.70	66,348.39	94,810.63

Salary Data

Tables 1 through 3 provide summary data related to participant salaries. The average reported salary¹ was \$44,373.64 (*SD* = 24,728.22; 95% CI = 42,804.13 – 45,943.14), while the average full-time salary was \$51,099.69 (*SD* = 19,594.66; 95% CI = 49,520.70 – 52,678.68). The average reported salary of a newly credentialed music therapist was \$34,161.60 (*SD* = 15,388.13; 95% CI = 31,168.99 – 37,154.20), increasing to \$70,094.78 (*SD* = 44,371.77; 95% CI = 50,906.99 – 89,282.57) after 40 years of work. Concomitantly, the average reported salary of a music therapist with a bachelor’s degree was \$39,909.85 (*SD* = 18,875.60; 95% CI = 38,135.19 – 41,684.51), increasing to \$45,946.07 for participants with a master’s degree (*SD* = 20,002.07; 95% CI = 43,969.98 – 47,922.17) and \$80,579.51 with a doctorate (*SD* = 42,682.70; 95% CI = 66,348.39 – 94,810.63). Of note are the standard deviations within each of these categories, suggesting a wide range of salaries.

Table 4 summarizes average salary data by workplace, with music therapists working in medical settings (\$54,311.81) and those working as educators (\$55,139.15) reporting the highest salaries, whereas those who self-identified as community music

Table 4
Average Reported Salary by Workplace

Work setting	n	Annual salary	SD	95% CI	
		M		LL	UL
Children’s facilities/schools	125	\$44,114.08	20,790.19	40,433.55	47,794.61
Community music therapy	39	\$31,808.64	18,914.87	25,677.15	37,940.13
Older adult/long term care communities	64	\$40,175.86	16,214.20	36,125.67	44,226.05
Hospice	115	\$46,529.02	15,642.96	43,639.32	49,418.72
Medical settings	98	\$54,311.81	37,808.89	46,731.60	61,892.01
Mental health, including addictions	128	\$46,959.84	15,578.46	44,235.09	49,684.58
Other	144	\$48,153.83	27,761.61	43,580.81	52,726.84
Self-employed and private practice	196	\$35,128.58	24,941.93	31,614.97	38,642.19
University/college educator	47	\$55,139.15	24,974.91	47,806.24	62,472.06

Table 5
Average Reported Salary and Employment Status

Employment status	n	Annual salary	SD	95% CI	
		M		LL	UL
Contracted music therapist	140	\$31,340.79	21,229.91	27,793.22	34,888.35
Employed full time as music therapist	594	\$51,099.69	19,594.66	\$49,520.70	52,678.68
Employed part time as music therapist	158	\$30,113.04	33,155.25	\$24,903.10	35,322.98
Employed but not as music therapist	44	\$46,234.39	17,819.13	\$40,816.88	51,651.90
Retired	10	\$60,190.00	43,969.80	28,735.90	91,644.10

therapists (\$31,808.64), self-employed/private practice (\$35,128.58) and older adult/long term care communities (\$40,195.86) reporting the lowest.

Table 5 summarizes average salaries by employment status, with retirees (\$60,190.00) and respondents working full-time as music therapists (\$51,099.69) having the highest salaries, and contracted music therapists (\$31,340.79) the lowest. Of note are the large number of music therapists working part-time, contractually, or not using the title of “music therapist” in their employment status (41.95%).

When asked to respond to the following statement “My music therapy income meets my basic needs,” 23.6% of respondents completely agreed, 34.2% somewhat agreed, 18.7% somewhat disagreed, and 15% completely disagreed. Further, when asked to rate their degree of satisfaction with their salary, 17.5% were completely satisfied, 36.9% somewhat satisfied, 27.7% somewhat dissatisfied, and 8.7% completely dissatisfied.

Workplace Satisfaction

Table 6 provides a summary of responses to a series of questions regarding music therapists’ workplace satisfaction. In general, the majority of music therapists appear to have work conditions that support their clinical work, with 79.15% of music therapists reporting completely or somewhat agreeing with the statement “I am generally happy with my work conditions,” while only 14.87% reported somewhat or completely disagreeing with this statement. When respondents were asked questions about their access to an appropriate space to conduct music therapy sessions, their access to instruments, and their ability to conduct sessions without interruptions, responses varied. A total of 63.64% of respondents reported completely or somewhat agreeing that

Table 6
Music Therapists' Work Conditions

Measure	Completely agree		Somewhat agree		Neither agree nor disagree		Somewhat disagree		Completely disagree		Weighted average
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
I am generally happy with my work conditions.	369	35.62	451	43.53	62	5.89	125	12.07	29	2.80	2.03
I have adequate funds to carry out my duties.	347	33.46	346	33.37	129	12.44	156	15.04	59	5.69	2.26
I am allocated an adequate budget to carry out my duties.	312	30.26	268	25.99	203	19.69	146	14.16	102	9.89	2.47
I have a budget that allows me to incorporate technologies and equipment to practice advanced skills appropriate for my population.	235	22.75	271	26.23	178	17.23	182	17.62	167	16.17	2.78
I have appropriate space allocated to me for my music therapy sessions.	338	32.69	320	30.65	142	13.73	159	15.38	76	7.35	2.34
I have access to the instruments I need for my music therapy sessions.	482	46.62	313	30.27	91	8.80	108	10.44	40	3.87	1.95
I can carry out most sessions with my clients without interruptions.	280	27.11	345	33.40	107	10.36	201	19.46	100	9.68	2.51

they were allocated an appropriate space for sessions (23.15% somewhat or completely disagreed), 76.89% reported access to the instruments they need (14.31% somewhat or completely disagreed), and 60.51% were able to conduct sessions without interruptions from staff members (29.14% somewhat or completely disagreed). Similarly, 67.16% of respondents reported completely or somewhat agreeing with the statement “I have adequate funds to carry out my duties” (20.73% somewhat or completely disagreed), 56.28% reported allocation of an adequate budget to carry out their duties (24.05% somewhat or completely disagreed), and 48.98% of respondents reported having a budget that allowed them to incorporate technologies and equipment to practice advanced skills appropriate for their population (33.79% somewhat or completely disagreed).

Job Satisfaction

Table 7 summarizes responses to a series of questions regarding job satisfaction. In general, the majority of music therapists appear to be satisfied with their jobs, with 67.79% of respondents somewhat or completely agreeing with the statement “I am satisfied with the ratio of group and individual work in my work week” (16.60% somewhat or completely disagreed). Further, 62.56% reported that the number of clients in groups was appropriate for effective therapy (17.42% somewhat or completely disagreed), and 81.05% reported they had opportunities to use the most appropriate music therapy interventions for their population (10.47% somewhat or completely disagreed).

Regarding access to client records, their ability to assess clients, and their ability to document client progress, respondents reported the following: 73.47% of respondents reported somewhat or complete agreement with the statement “I can access client records in a timely manner so that I can assess clients appropriately” (15.78% somewhat or completely disagreed). A total of 84.65% reported opportunities to document client progress (8.46% somewhat or completely disagreed), 67.23% reported adequate time for documentation (22.54% somewhat or completely disagreed), and 61.86% reported that their documentation of client sessions was valued by their employer (21.24% somewhat or completely disagreed).

Regarding their participation in team meetings and their ability to access appropriate supervision, respondents reported the following: 65.81% of respondents somewhat

Table 7
Music Therapists' Job Satisfaction

Measure	Completely agree		Somewhat agree		Neither agree nor disagree		Somewhat disagree		Completely disagree		Weighted average
	n	%	n	%	n	%	n	%	n	%	
I am satisfied with the ratio of group to individual work in my work week.	404	40.16	278	27.63	157	15.61	122	12.13	45	4.47	2.13
The number of clients I have in each group is appropriate for the effective delivery of music therapy.	291	30.19	312	32.37	193	20.02	127	13.17	41	4.25	2.29
In my work setting I have the opportunity to use the most appropriate music therapy interventions for my population.	460	45.41	361	35.64	86	8.49	88	8.69	18	1.78	1.86
I can access client records in a timely manner so that I can assess clients appropriately.	541	53.35	204	20.12	109	10.75	100	9.89	60	5.92	1.95
I have the opportunity to document my clients' progress.	622	61.22	238	23.43	70	6.89	56	5.51	30	2.95	1.66
I have adequate time in my schedule for documentation.	395	38.88	288	28.35	104	10.24	156	15.35	73	7.19	2.24
My documentation of client sessions is valued by my employer.	383	37.85	243	24.01	171	16.90	133	13.14	82	8.10	2.30
I am included in team meetings appropriate to my work duties.	403	39.82	263	25.99	151	14.92	115	11.36	80	7.91	2.22
My perspective on clients is valued in team meetings.	360	35.61	305	30.17	200	19.78	94	9.30	52	5.14	2.18
I have access to music therapy or creative arts supervision at my job.	233	23.05	138	13.65	126	12.46	140	13.85	374	36.99	3.28
I have access to non-music therapy supervision at my job.	312	30.80	256	25.27	129	12.73	135	13.33	181	17.8	2.62

or completely agreed with the statement “I am included in team meetings appropriate to my work duties” (19.27% somewhat or completely disagreed) and 65.78% reported that their perspectives on clients were valued in team meetings (14.44% somewhat or completely disagreed). Further, 36.70% of respondents reported access to music therapy or creative arts therapy supervision (50.84% somewhat or completely disagreed), while 56.07% of respondents reported access to non-music therapy supervision (31.03% somewhat or completely disagreed).

Professional Development Opportunities

Table 8 provides a summary of responses to a series of questions regarding music therapists' professional development opportunities, with responses to questions regarding access to learning opportunities, conferences, and research varying considerably. When asked whether they had “the same number of learning opportunities (in-services, meetings, lectures, etc.) in [their] workplace that [their] colleagues do,” 56.26% somewhat or completely agreed, whereas 28.77% somewhat or completely disagreed. A total of 40.43% reported financial support from their employer to attend a conference, whereas 45.54% somewhat or completely disagreed when asked if they received this type of financial support. A similar distribution of responses was evident when respondents were asked about financial support for continuing education: 41.68% somewhat or completely agreed with the statement “my employer provides financial support for continuing education,” whereas 44.92% somewhat or completely disagreed.

When asked if they received paid time off to attend conferences or continuing education opportunities, 47.73% somewhat or completely agreed that their employer provided paid time off for at least one conference a year, and 40.83% responded similarly for continuing education. In contrast, 40.43% somewhat or completely disagreed that

Table 8
Music Therapists' Professional Development Opportunities

Measure	Completely agree		Somewhat agree		Neither agree nor disagree		Somewhat disagree		Completely disagree		Weighted average
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Should I choose, I have opportunities for research at my job and the support to do so.	179	17.65	193	19.03	244	24.06	166	16.37	232	22.88	3.08
I have the same number of learning opportunities (services, meetings, lectures, etc.) in my job as my colleagues do.	348	34.29	233	21.97	152	14.98	163	16.06	129	12.71	2.51
My employer provides financial support to attend at least one conference a year.	258	25.44	152	14.99	122	12.03	109	10.75	373	36.79	3.18
My employer provides paid time off to attend at least one conference a year.	339	33.43	145	14.30	120	11.83	78	7.69	332	32.74	2.92
My employer provides financial support for continuing education.	251	24.73	172	16.95	137	13.50	86	8.47	370	36.45	3.15
My employer provides paid time off for continuing education.	259	25.54	155	15.29	150	14.79	90	8.88	361	35.60	3.14

their “employer provides paid time off to attend at least one conference a year,” and 44.48% responded similarly when asked about continuing education.

Finally, when asked “should I choose, I have opportunities for research at my job and the support to do so” 36.68% of respondents somewhat or completely agreed, whereas 39.25% somewhat or completely disagreed.

Workplace Stress

Table 9 provides a summary of responses to a series of questions regarding workplace stress. When asked if they felt like a “cog in the wheel” in their workplace, 36.47% of respondents indicated this was somewhat or completely untrue, whereas 38.68% indicated it was somewhat or completely true. Additionally, 53.5% indicated the statement “I feel a lack of professional fulfillment” was either somewhat or completely untrue, whereas 36.62% indicated this was somewhat or completely true. Further, while 51.6% of respondents indicated that the statement “I feel that I am not able to provide clients with the quality of care that they need” was somewhat or completely untrue, 35.82% indicated it was somewhat or completely true.

When asked about their workloads, 27.41% of respondents indicated that “I feel that I spend too much time working” is somewhat or completely true, whereas 53.52% indicated that this was somewhat or completely untrue. Further, when asked to respond to the statement “I feel that I have too many administrative tasks,” 29.34% of respondents reported this to be somewhat or completely true, whereas 53.52% indicated it was somewhat or completely untrue.

Respondents were also asked two questions about the relationship between their training and their job. When asked to respond to the question “I feel that my training has prepared me adequately to fulfill the demands of my job,” 76.21% of respondents indicated this was somewhat or completely true, whereas 14.31% of respondents indicated this was somewhat or completely untrue. Further, when asked if their training was far beyond their job, 27.03% of respondents indicated this was somewhat or completely true, whereas 48.32% indicated this was somewhat or completely untrue.

Table 9
Workplace Stress

Measure	Completely true		Somewhat true		Neither true nor untrue		Somewhat untrue		Completely untrue		Weighted average
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
I feel like I am a “cog in the wheel” in my workplace.	87	8.72	299	29.96	248	24.85	157	15.73	207	20.74	3.10
I feel a lack of professional fulfillment.	99	9.77	272	26.85	100	9.87	238	23.49	304	30.01	3.37
I feel that I have too many administrative tasks.	91	9.02	205	20.32	173	17.15	271	26.86	269	26.66	3.42
I feel that I spend too much time working.	147	14.51	232	22.90	169	16.68	244	24.09	221	21.82	3.16
I feel that I am not able to provide clients with the quality of care that they need.	83	8.28	276	27.54	126	12.57	259	25.85	258	25.75	3.33
I feel that I have too many difficult patients.	35	3.48	112	11.14	167	16.62	287	28.56	404	40.20	3.91
I feel that I have too many dangerous patients (aggressive or prone to violence towards me).	22	2.18	78	7.75	104	10.33	190	18.87	613	60.87	4.29
I feel that I have to work with difficult colleagues or staff.	67	6.63	214	21.17	160	15.83	239	23.64	331	32.74	3.55
I feel that I have a difficult employer.	79	7.85	151	15.00	155	15.39	192	19.07	430	42.70	3.74
I feel that my training has prepared me adequately to fulfill the demands of my job.	380	37.51	392	38.70	96	9.48	101	9.97	44	4.34	2.05
I feel that my training is far beyond the requirements of my job.	124	12.28	149	14.75	249	24.65	236	23.37	252	24.95	3.34

Burnout

Table 10 provides a summary of participant responses regarding burnout. In the first series of questions, participants were asked about their enthusiasm for work, their level of personal accomplishment, and their thoughts about the future. A total of 80.4% of respondents somewhat or completely agreed with the statement “I feel enthusiastic about my work,” whereas only 10.6% somewhat or completely disagreed. Additionally, 31.93% of participants reported somewhat or completely agreeing with the statement “I feel cynical about my work,” whereas 53.52% somewhat or completely disagreed. Further, 29.6% of respondents somewhat or completely agreed with the statement “I feel a low level of personal accomplishment,” whereas 59.2% somewhat or completely disagreed with this statement. When asked two questions about their future, 64.07% of respondents somewhat or completely agreed with the statement “I feel positive about my future career path,” and 62.01% somewhat or completely agreed with the statement “I am excited about the next five years of work as a music therapist.”

The next series of questions addressing burnout focused on clients/patients, colleagues, and administrators. When asked if their work is “greeted with enthusiasm by [their] clients/patients,” 92.84% somewhat or completely agreed, whereas 3.02% somewhat or completely disagreed. Similarly, when asked about the extent to which their work is valued by their patients, 94.45% somewhat or completely agreed, while 1.21% somewhat or completely disagreed. When asked about the extent to which their work is understood by their colleagues, 58.84% somewhat or completely agreed, while 28.21% somewhat or completely disagreed. Further, when asked to respond to the statement “my work is valued by my colleagues,” 80.99% somewhat or completely agreed, while 8.65% somewhat or completely disagreed. Finally, when asked to respond to the statement “my work is understood by my administrators,” 51.96% somewhat or completely agreed, while 33.43% somewhat or completely disagreed. When asked to respond to the question “my work is valued by my administrators,” 64.85% somewhat or completely agreed, while 19.8% somewhat or completely disagreed.

Table 10
Burnout

Measure	Completely agree		Somewhat agree		Neither agree nor disagree		Somewhat disagree		Completely disagree		Weighted average
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
I feel enthusiastic about my work.	396	39.60	428	42.80	70	7.00	84	8.40	22	2.20	1.91
I feel cynical about my work.	46	4.62	272	27.31	145	14.56	264	26.51	269	27.01	3.44
I feel a low level of personal accomplishment.	64	6.40	232	23.20	112	11.20	269	26.90	323	32.30	3.56
I feel positive about my future career path.	275	27.53	365	36.53	122	12.21	176	17.62	61	6.11	2.38
I am excited about the next five years of work as a music therapist.	313	31.46	304	30.55	169	16.98	143	14.37	66	6.63	2.34
My work is greeted with enthusiasm by my clients/patients.	569	57.36	352	35.48	41	4.13	24	2.42	6	0.60	1.53
My work is understood by my colleagues.	171	17.17	415	41.67	137	13.76	210	21.08	63	6.33	2.58
My work is understood by my administrators.	158	15.91	358	36.05	145	14.60	217	21.85	115	11.58	2.77
My work is valued by my patients.	640	64.65	295	29.80	43	4.34	10	1.01	2	0.20	1.42
My work is valued by my colleagues.	363	36.52	442	44.47	103	10.36	73	7.34	13	1.31	1.92
My work is valued by my administrators.	268	27.07	374	37.78	152	15.35	138	13.94	58	5.86	2.34
My work duties are appropriate for my qualifications.	456	45.74	363	36.41	67	6.72	91	9.13	20	2.01	1.85
I can save for my retirement.	221	22.21	222	22.31	98	9.85	176	17.69	278	27.94	3.07
I have access to adequate medical insurance through my work.	360	36.25	200	20.14	88	8.86	62	6.24	283	28.50	2.71
My workplace provides me with opportunities for advancement.	121	12.21	192	19.37	193	19.48	213	21.49	272	27.45	3.33
My workplace supports the furthering of my career.	208	20.99	257	25.93	194	19.58	162	16.35	170	17.15	2.83

The final series of questions associated with burnout focused on the job conditions and work life of music therapists. When asked to respond to the question “my work duties are appropriate for my qualifications,” 82.15% somewhat or completely agreed, while 11.14% somewhat or completely disagreed. Additionally, 44.52% of respondents somewhat or completely agreed with the statement “I can save for my retirement,” whereas a slightly higher number, 45.63% somewhat or completely disagreed. Further, 56.39% somewhat or completely agreed with the statement “I have adequate medical insurance through my work,” while 34.74% somewhat or completely disagreed. Finally, when asked two questions about career advancement, 31.38% of respondents somewhat or completely agreed with the statement “my workplace provides me with opportunities for advancement,” and 46.92% of respondents somewhat or completely agreed with the statement “my workplace supports the furthering of my career.”

Happiness

Table 11 provides a summary of participant responses regarding their happiness. A total of 74.12% of respondents somewhat or completely agreed with the statement “I am happy at work,” 83.08% of respondents somewhat or completely agreed with the statement “I am happy I became a music therapist,” and 70.45% somewhat or completely agreed with the statement “Given the choice, I would choose music therapy as my profession again.” In contrast, 16.04% somewhat or completely disagreed with the

Table 11
Happiness

Measure	Completely agree		Somewhat agree		Neither agree nor disagree		Somewhat disagree		Completely disagree		Weighted average
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
I am happy at work.	299	29.99	440	44.13	98	9.83	113	11.31	47	4.71	2.17
I am happy outside work.	425	42.63	438	43.93	64	6.42	59	5.92	11	1.10	1.79
I am happy I became a music therapist.	571	57.50	254	25.58	79	7.96	74	7.45	15	1.51	1.70
Given the choice, I would choose music therapy as my profession again.	506	50.85	204	20.50	101	10.15	126	12.66	58	5.83	2.02
I am planning on leaving the field.	50	5.04	112	11.29	176	17.74	196	19.76	458	46.17	3.91
I believe I have a future in the profession.	407	40.90	313	31.46	158	15.88	92	9.25	25	2.51	2.01

statement “I am happy at work,” 8.96% somewhat or completely disagreed with the statement “I am happy I became a music therapist,” and 18.49% somewhat or completely disagreed with the statement “Given the choice, I would choose music therapy as my profession again.”

When asked questions about where the field was headed and their own future in the field, 53.71% of respondents somewhat or completely agreed with the statement “I am happy with where the profession is headed,” and 72.36% somewhat or completely agreed that they have a future in the field. In contrast, 21.79% of respondents somewhat or completely disagreed with the statement “I am happy with where the profession is headed,” and 11.76% somewhat or completely disagreed that they have a future in the field. Finally, when asked whether they were planning on leaving the field, 16.33% somewhat or completely agreed, whereas 65.93% somewhat or completely disagreed.

Total Scores by Setting

Composite scores for work satisfaction (comprising workplace satisfaction, job satisfaction, and professional development), stress, burnout, and happiness were then calculated separately for each workplace to examine potential differences in average scores by setting. Music therapists working in medical settings reported the highest average work satisfaction score ($M = 48.11$), significantly different from all other settings (lower scores indicate higher satisfaction). In contrast, music therapists working in older adult/long term care communities reported the lowest job satisfaction ($M = 63.82$), followed closely by mental health settings, including addictions treatment sites ($M = 62.99$). Music therapists working in older adult/long term care communities scored significantly lower scores than music therapists working in medical settings ($p < 0.0001$), children’s facilities ($M = 58.51, p < 0.0001$), and hospice ($M = 58.21, p = 0.04$). Music therapists working in mental health settings scored significantly lower scores than music therapists working in medical settings ($p < 0.0001$), children’s facilities ($p = 0.03$), hospice ($p = 0.04$), and “other” workplaces (a composite of settings not included in the nine major categories; $M = 58.78, p = 0.04$).

When stress scores were examined by workplace, music therapists working in mental health settings ($M = 35.9$) and older adult/long term care communities ($M = 35.81$) reported scores that indicated significantly higher stress than music therapists in other workplace settings; however, they were not significantly different from each other. Music therapists working in private practice/self-employed contexts ($M = 41.32$), hospice ($M = 41.19$), and as community music therapists ($M = 41.02$) reported the lowest stress levels.

When burnout scores were examined by workplace, music therapists working in older adult/long term care communities reported the highest levels of burnout ($M =$

41.71; higher scores indicate higher burnout). This score was significantly higher than those in every other workplace except mental health settings ($M = 39.88$) and “other” workplaces ($M = 39.63$), who reported the second and third highest average scores for burnout. University/college educators reported the lowest levels of burnout ($M = 32.66$), followed by music therapists in hospice ($M = 35.63$) and medical settings ($M = 35.64$).

When happiness scores were examined by workplace, university/college educators reported the highest levels of happiness ($M = 12.67$; lower scores indicate higher happiness), followed by hospice ($M = 13.52$), medical settings ($M = 13.7$), and private practice/self-employed contexts ($M = 13.8$). University/college educators reported significantly higher happiness scores than did those working in community music therapy ($M = 15.16, p = 0.04$), older adult/long term care communities ($M = 15.87, p = 0.003$), mental health settings ($M = 15.26, p = 0.009$), and “other” workplaces ($M = 14.95, p = 0.02$). Music therapists working in older adult/long term care communities reported the lowest happiness, followed by music therapists working in mental health settings.

Discussion

When taken as a whole, participant responses suggest that the majority of music therapists are generally happy at work, happy with their work conditions, and satisfied with their jobs. The majority reported that they had an adequate budget to carry out their duties, an appropriate workspace, and appropriate access to instruments and that they were satisfied with the ratio of individual and group work in their workplace. Mixed responses to a series of questions regarding professional development opportunities suggest an uneven experience of professional growth opportunities, with just over half of respondents indicating they have the same learning opportunities as their colleagues in other professions do. Participant responses regarding stress and burnout were more evenly distributed across the questions, suggesting a broad range of experiences. About one third of respondents felt, to some extent, a lack of professional fulfillment, cynicism, and a low level of personal accomplishment. Conversely, approximately three quarters of respondents felt positive about their future career path, and two thirds of respondents felt excited about their next five years of work as a music therapist. Each of these components, including salary data, are discussed in detail in the following sections.

Salary Data

The average full-time salary of a music therapist was \$51,099.69 ($SD = \$19,594.66$), while the average reported salary was \$44,373.64 ($SD = \$24,728.22$). Significantly, high standard deviations indicate a wide range of salaries, suggesting disparate income levels that may impact these music therapists’ perceived value in the workplace and their capacity to attain financial independence. While 57.8% of respondents somewhat or completely agreed with the statement “my music therapy income meets my basic needs,” 33.7% somewhat or completely disagreed, adding additional insight into the financial utility of these music therapists and the extent to which they are satisfied with their salaries.

Salary data for professionals in their first year of employment add to these concerns. The average reported salary for a music therapist with less than one year of experience was \$34,161.60 ($SD = 15,388.13$), increasing marginally to \$38,310.49 ($SD = 14,527.77$) for those with two to five years of experience. It was only after working six or more years that salaries markedly increased ($> \$45,193.38$), although salary ranges remained wide. Low entry-level salaries may be burdensome for newly credentialed professionals, who seek professional and personal independence as they enter the workforce while simultaneously grappling with student debt and salaries that do not compare favorably with their peers in the health professions (Ferrer, 2017).

Salary data by degree and setting add further dimensionality to these averages. Respondents with a bachelor's degree reported an average salary of \$39,909.85, increasing 15.1% to \$45,946.07 for music therapists with a master's degree and another 75.4% to \$80,579.51 for music therapists with a doctorate. These data suggest that further education meaningfully increases salaries and may add support to policymakers in favor of moving to master's level entry.

Finally, the setting a music therapist works in also impacts their salary. Music therapists working in medical settings (\$54,311.81) and in universities and colleges (\$55,139.15) had the highest average reported salaries, whereas music therapists who identified as community music therapists (\$31,808.64) and self-employed/private practice music therapists (\$35,128.58) had the lowest. Interestingly, while music therapists who identified as self-employed/private practice music therapists had below average reported salaries, those working full-time in these settings reported an average salary of \$47,250.29. However, only 32% of music therapists who reported working as self-employed/private practice music therapists reported full-time salaries.

When taken as a whole, these data provide a mixed picture of the profession. According to the U.S. Bureau of Labor Statistics² (2020, December 30a), the average full-time salary of a music therapist is on par with that of a recreational therapist (mean annual salary of \$51,130.00), mental health counselor (mean annual salary of \$46,050.00), and social worker (mean annual salary of \$61,750.00), but significantly lower than a speech-language pathologist (mean annual salary of \$82,000.00), occupational therapist (mean annual salary of \$86,210.00), or psychologist (mean annual salary of \$87,450.00). Further, given the lower salary averages for newly credentialed and early-career professionals, efforts to increase salaries appear to be important to therapists' financial independence and the stability of the profession, especially for music therapists with five or fewer years of experience.

Workplace Satisfaction

Workplace satisfaction data provide information about the conditions under which music therapists work. These data suggest that music therapists are, on the whole, satisfied with their working conditions, with 79.15% somewhat or completely agreeing with the statement "I am generally happy with my work conditions," with only 14.87% somewhat or completely disagreeing. Additionally, approximately two thirds of respondents reported an adequate budget to carry out their duties, adequate space and equipment for music therapy sessions, and the ability to carry out sessions without interruptions. Lower levels of agreement were evident in responses to some questions regarding specific budget allocations, with 49% of respondents somewhat or completely agreeing with the statement "I have a budget that allows me to incorporate technologies and equipment to practice advanced skills appropriate for my population," whereas 34% somewhat or completely disagreed with this statement. This suggests that while the majority of music therapists report adequate budget support, this support may not cover all components of their clinical work, specifically those related to technology and related equipment, impeding their ability to practice advanced skills that address client needs.

Job Satisfaction

Two categories of job satisfaction data were collected, addressing both the direct experience of work and opportunities for professional development. In general, music therapists were satisfied with their jobs, but had mixed experiences of support for professional development. More than two thirds of respondents reported satisfaction with various components of their jobs, including the ratio of group to individual sessions, the number of clients in groups, and being able to use the most appropriate music therapy interventions to meet client needs. Approximately three quarters of music therapists reported being able to access client records in a timely manner, and more than four fifths had opportunities to document client progress. Interestingly, while nearly

two thirds of respondents indicated that their documentation of client sessions was valued by their employer, one fifth of respondents indicated that it was not valued, suggesting variations in the perceived value of clinical documentation.

Similarly, while two thirds of respondents reported inclusion in team meetings appropriate to their work duties and that their perspectives on clients were valued by team members, approximately 20% of respondents reported that they were not included in team meetings, and nearly 15% reported that their perspective was not valued when they were included. While these two response levels are relatively low overall, they do warrant further attention regarding the reasons these music therapists were excluded from team meetings and their perspectives of not being valued by their team. Advocacy efforts, including efforts to improve interprofessional communication in academic programs, may be particularly valuable in addressing these music therapists' professional experiences.

Finally, responses regarding supervision warrant further consideration. Only 37% of respondents reported some level of access to music therapy or creative arts therapy supervision, and only 56% of respondents reported access to non-music therapy supervision. This appears to suggest that music therapists need greater access to clinical supervision in their workplaces, as this access is likely to improve the quality of care provided by these clinicians and to support their professional growth. Lack of access to supervision may, in contrast, inhibit professional growth, impede the development of clinical decision-making skills, and hinder identity development (Kennelly et al., 2016; Odell-Miller & Richards, 2009).

Stress and Burnout

Responses to a series of questions regarding workplace stress suggest that about one third of music therapists felt like a "cog in the wheel," felt "a lack of professional fulfillment," and were "not able to provide clients with the quality of care they need." In contrast, when asked a series of questions related to burnout, 80% of respondents felt enthusiastic about their work, and approximately two thirds reported feeling positive about their next five years of work as a music therapist and about their career path in general. This may suggest that while some music therapists are experiencing workplace stress, fewer music therapists are experiencing stress in ways that contribute to burnout.

When these scores are examined by setting, however, a clearer picture emerges, echoing findings reported by Gooding (2019). Music therapists working in mental health and older adult/long term care communities reported the highest levels of stress, and music therapists working in older adult/long term care communities also reported the highest levels of burnout. In tandem, music therapists working in both these settings reported the lowest levels of workplace and job satisfaction, suggesting systemic problems for music therapists in both these workplaces. In contrast, music therapists working in medical settings reported the highest levels of job satisfaction, moderate stress, and low burnout, suggesting a much more positive overall work experience. Carefully examining the workplace experiences of music therapists in each of these settings may further understanding of the factors that enhance or inhibit healthy professional experiences for music therapists and may improve professional advocacy efforts in ways that are tailored to specific settings.

Finally, a series of questions that address music therapists' perceptions of the value of their work to their clients, colleagues, and administrators adds dimensionality to advocacy work and may further reinforce the need for interprofessional education during academic training. When asked two questions about their clients' enthusiasm for and the value associated with music therapy, 93% of respondents somewhat or completely agreed with the statement "my work is greeted with enthusiasm by my clients/patients," and 94% somewhat or completely agreed with the statement "my work is valued by my patients." These levels of agreement decreased for colleagues (59% and 81%) and were lower again for administrators (52% and 65%), with nearly 20% of re-

spondents somewhat or completely disagreeing with the statement “my work is valued by my administrators.” These data suggest high levels of enthusiasm and value associated with music therapy by clients, generally high levels of value associated with music therapy by colleagues, and mixed levels of enthusiasm and value associated with administrators. Providing additional educational opportunities for music therapists to improve their ability to communicate the benefits of music therapy to professionals who do not have direct experiences of clinical work, along with written materials (including electronic resources), may help to improve administrators’ understanding of, and associated value for, music therapy. Further, research publications that address the questions and concerns administrators have about music therapy (e.g., economic value) may further enhance this understanding.

Happiness

In general, music therapists are happy. 74% of respondents somewhat or completely agreed with the statement “I am happy at work,” 83% somewhat or completely agreed with the statement “I am happy I became a music therapist,” and 72% somewhat or completely agreed with the statement “I believe I have a future in the profession.” In contrast, approximately 16% of respondents somewhat or completely agreed with the statement “I am planning on leaving the field,” while just over half (54%) of respondents somewhat or completely agreed with the statement “I am happy with where the profession is headed.” Factors contributing to music therapists leaving the field, along with mixed perceptions regarding the direction of the field, are worthy of further investigation.

Integrating Survey Findings

These survey findings suggest a generally positive picture of music therapists practicing in the United States. At least two thirds of music therapists indicated positive responses to questions regarding their workplace and job conditions, and more than three quarters expressed some level of happiness working as a music therapist. Respondents also reported moderate levels of stress and generally low levels of burnout, with response levels similar to those reported in other health professions (Coplan et al., 2018).

In terms of future considerations for the profession, three areas stand out for further consideration, mirroring recommendations previously made by Ferrer (2017). The first and perhaps most pressing concern revealed by these survey data was the disparate salaries paid to music therapists. While the average full-time salary of a music therapist aligns with health professionals such as recreational therapist and mental health counselors, salaries varied widely, with entry-level salaries and those reported by community music therapists, self-employed/private practice music therapists, and music therapists working in older adult/long term care communities being of particular concern. Further, it appears to take, on average, up to six years for a music therapist to earn a salary above \$40,000.00, creating what may be a challenging economic environment for newly credentialed professionals. Finally, when asked to respond to the question “I can save for my retirement,” only 56% of respondents somewhat or completely agreed, whereas 46% somewhat or completely disagreed, suggesting that a number of music therapists may not feel that they can envision a future in which they are able to retire comfortably after completing their working lives as music therapists.

Second, workplace and job satisfaction vary by setting. Of particular concern are the workplace experiences of music therapists in mental health and older adult/long term care communities, who expressed the lowest levels of workplace and job satisfaction and the highest levels of stress and burnout. A closer investigation of the work experiences of music therapists in both these settings, including systemic efforts to support music therapists in these workplaces, appears to be important for professional wellbeing, especially when one considers that aged care is growing significantly in the United States (Bureau of Labor Statistics, 2020b).

Third, increased advocacy, focused on professional development, and administrator understanding of music therapy may benefit the profession as a whole. Only 56% of respondents somewhat or completely agreed with the statement “I have the same number of learning opportunities in my job that my colleagues do,” with 29% somewhat or completely disagreeing. Similarly, when asked whether their workplace provides opportunities for advancement, only 32% of respondents somewhat or completely agreed, whereas 49% somewhat or completely disagreed. A more positive outlook was provided by participant responses to the statement “my workplace supports the furthering of my career,” with 47% somewhat or completely agreeing and 34% somewhat or completely disagreeing. These responses appear to suggest that music therapists have varied opportunities for professional growth and advancement, and the factors that contribute to, and impede, career development are worthy of further investigation as they may be central to enhancing the longevity and overall health of the profession.

Limitations

This study has several limitations worth noting. First, while the overall sample size allowed us to generalize the findings to the population of music therapists in the United States as whole, the sample of mid and late career music therapists (those music therapists with more than 20 years of experience) was comparatively smaller than the sample of early career music therapists (those music therapists with less than 10 years of experience). We therefore welcome further research with a focus on mid and late career music therapists. Second, because of the scope of our research, we had to make compromises in the content of some constructs in order to reduce participant burden. For example, we incorporated questions on stress and burnout from [Coplan et al. \(2018\)](#), which have been utilized in physician assistant and physical therapy research, but are not validated measures of stress and burnout. We therefore recommend consideration of validated measures of stress and burnout in future workforce studies. Finally, collecting salary data was far more challenging than anticipated because of the different ways music therapists are paid in the United States. We have tried to address this by providing a comprehensive picture of salary data (Tables 1–4), but additional research is needed to more clearly understand the various ways music therapists are paid and how best to record this data for research purposes.

Conclusion

The work lives of music therapists in the United States have been examined, with a focus on their workplace and job satisfaction, stress, burnout, and happiness. Survey responses suggest that the majority of music therapists are generally happy at work, happy with their work conditions, and satisfied with their jobs. However, levels of satisfaction, stress, burnout, and happiness varied by setting, suggesting a range of work experiences. Sustaining and enhancing the health of the workforce may involve one or more of the following considerations: 1) Increasing supervision opportunities for music therapists outside of their workplace, especially those that are offered on a regular basis and at low cost. Such opportunities may be especially valuable for early-career professionals. 2) Improving interprofessional communication in ways that support the integration of music therapists into interdisciplinary teams. This may include an increased focus on interdisciplinary practice in academic programs and increased support at the regional and national levels from AMTA in ways that communicate the value of music therapy to health professions colleagues. 3) Improving administrator understanding of music therapy. Targeted advocacy efforts that improve administrators’ understandings of the role and value of music therapy in the workforce may improve music therapists’ overall work experience, including their perceived value, associated budget support, and integration into interdisciplinary teams. Concomitantly, this may also improve workplace infrastructures that support career development. Finally, when taken as a whole, these findings also suggest that music therapists are resilient, engaged, and generally maintain a positive outlook about their future.

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Appendix

The appendices are available at the following links: Appendix A: <https://voices.no/index.php/voices/article/view/3366/3382>. Appendix B: <https://voices.no/index.php/voices/article/view/3366/3383>.

Notes

1. Average reported salary data includes full-time, part-time, and contractual salary data. It does not include hourly salary data, data from retired music therapists, or data from music therapists not employed as a music therapist.
2. The Bureau of Labor Statistics does not report salary data for music therapy or art therapy. Art therapists are subsumed under 29-1129 "Therapists, All Other," and music therapists appear to be subsumed under the recreational therapist category.

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