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Workforce Characteristics, Work Satisfaction, Stress, Burnout and Happiness of Early Career Music Therapists in the United States

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Abstract

As part of a larger, multi-step survey, 507 early career music therapists in the United States completed a series of 26 survey questions that focused on their work lives, stress, burnout and happiness. Descriptive analysis of responses to these questions suggest the majority of these early career professionals were satisfied with their jobs and work conditions, and worked in ways they found fulfilling and meaningful. However, these data also suggest a number of challenges for early career professionals that included low salary satisfaction, high stress and burnout, and overall lower happiness than music therapists with more work experience. In particular, low levels of access to supervision and support for continuing education suggest that some early career music therapists may not be receiving the professional support they need to grow and thrive. Recommendations, along with focus areas for additional research, provide a lens through which these concerns may be addressed.

Keywords: early career music therapists; workforce characteristics; stress; burnout; happiness

Introduction

This survey study examines the work lives of early career music therapists, continuing a line of inquiry focused on the work characteristics, levels of work satisfaction, stress, burnout and happiness of music therapists in the United States (Meadows et al., 2022a,

2022b). In this study, we focus specifically on music therapists with 0-5 years of experience in order to gain an understanding of music therapists' early career experiences. The purpose of doing so is three-fold: 1) to gain an understanding of the overall characteristics of early career professionals, including their work satisfaction, workplace stress, burnout, happiness and future plans, 2) to identify specific challenges early career music therapists experience upon entering the workforce, and 3) to consider how these challenges may be addressed in ways that support occupational wellbeing.

Context

As faculty members who have taught in multiple academic programs in the United States, we have experienced first-hand the different ways graduates of our programs describe their early career experiences. For some graduates, the obvious passion and joy they exude describing their first job is heartening and sustaining, yet for more and more of our graduates, their early professional lives are a mix of positive and negative experiences, often captured in the following sentiments: "I love working with clients and find it very meaningful, but my salary is very low and no one understands what I do. It's really hard sometimes" or "I have to explain what I do to my colleagues all the time, and it's exhausting. I feel really alone."

Findings from two recent studies we have completed (Meadows et al., 2022a, 2022b) provide some insight into the above sentiments. While the average reported salary of a music therapist was \$51,099.69, the average reported salary of a music therapist with less than 1 year of experience was \$34,161.60 and for music therapists with 2-5 years of experience, \$38,452.00. And, of the 104 music therapists with less than one year of experience who reported salary data, only 56.8% reported working full-time (Meadows et al., 2022a). Further, when music therapists reported low work satisfaction, they commonly reported *feeling misunderstood*, having to constantly *advocate* for themselves and the profession, having others question the *value of music therapy*, and having *few opportunities for advancement* (Meadows et al., 2022b). These sentiments have been, not uncommonly, expressed by graduates of our programs when they report challenging early career work experiences. And, while there could be a range of reasons early career music therapists report high levels of part-time work and lower than average salaries, these data may be indicators of systemic challenges for music therapists entering the workforce, and raise additional questions about the extent to which, if at all, early career music therapists report higher levels of stress and burnout, while also reporting lower levels of work satisfaction and happiness. It is from this perspective, and with this understanding, that we seek to investigate, in greater depth, the work lives of early career music therapists.

Background

The experiences of early career music therapists have been explored in a range of ways, with a particular focus on identity formation and identity development. Byers and Meadows (2021) examined the educational, internship and early professional experiences of music therapists in order to identify and describe key characteristics of their professional identity formation. Using Ronnestadt and Skovholt's (2012) theory of counselor identity development as a framework, Byers and Meadows (2021) identified four sub-phases of identity formation, sources of influence, role and working style development, and measures of success and satisfaction as key to identity formation. They also described factors that interfered with identity formation, including feeling isolated professionally, workplace bureaucracy, feeling misunderstood, the need for constant advocacy, low salaries and excessive work hours. Similarly, McIntyre (2018) and Kurowski (2012) examined the identity development of early career music therapists, investigating sources

of influence, key moments, and professional challenges. McIntyre identified significant experiences (clinical experiences and life experiences), identities in music, and intrapersonal skills as key to a journey of growth that characterized music therapists' identity development, while Kurowski focused primarily on the types of challenges music therapists experienced living their professional identities, which included feeling disrespected and misunderstood, difficulty articulating the essence of the work to others, and difficulty translating "the work of music therapy sessions into 'data-focused,' 'evidence-based,' 'Western medicine,' 'objective' and 'measurable worlds'" (p. 79).

In support of early career professional development, Amir (2019) described her approach to supervising music therapists in Israel, including identifying common challenges experienced by newly credentialed professionals. These include the challenges of taking multiple jobs, practical issues associated with managing multiple therapy spaces, getting to know staff members, and clarifying roles within these organizations. In managing supervision of these music therapists' clinical work, Amir tended to focus on supporting the ways music therapists could deepen their understanding of 1) the referral process and "how to choose clients" (p. 199), 2) setting boundaries with clients, 3) managing feelings of boredom and helplessness, and 4) managing the therapy space when more than one clinician works in the same space as the music therapist. In this context, Amir described a range of challenges early career professionals experience, including "feeling scared and confused, lonely and isolated, flooded with feelings, [and] suffering from lack of confidence" (p. 198), while also describing feelings of excitement and motivation as music therapists embark upon their careers.

Reflecting on the profession as a whole, Bybee (2017) examined music therapists' experiences of oppression in the workplace. Of the 634 survey respondents, 23.7% had been working for less than a year and 41% for 1-4 years, providing some indication of early career experiences of music therapists. Findings from this study indicated the majority of respondents (56%) experienced oppression in their workplaces and identified the profession as being oppressed (76.6%). Experiences of oppression included cultural imperialism (Young, 1990), marginalization, exploitation, powerlessness and violence, with Bybee suggesting these experiences may impact professional wellbeing and longevity.

Echoing Bybee (2017), Branson (2023) explored music therapists' decisions to leave the profession, including factors that influenced their decision and unmet needs in training and supervision that may have contributed to their decision. Among the study participants were early career music therapists, who reported 1) low job satisfaction, 2) feelings of isolation, and 3) the bureaucracy of advocacy as the primary reasons for leaving. Within these three themes, music therapists described job sustainability as a key concern, including factors such as insufficient salaries, unmanageable workloads, and access to benefits. And while describing salaries in the range of \$40,000.00-\$60,000.00 as sustainable, all reported salaries in the \$20,000.00-\$32,000.00 range.¹ Participants entering the profession also frequently reported feeling unprepared or unformed about the job market, and frustration that they did not have a clearer sense of the challenges they would experience starting out. They sought to cope with these challenges by changing jobs in search of better salaries and work conditions, eventually going back to graduate school and then leaving the profession. While some music therapists completed a graduate degree in music therapy, many chose other fields (e.g., social work, law or education), using graduate study to transition into a different profession.

Oden (2021) provides additional insight into attrition, reflected in MT-BC credentialing and renewal levels. Reporting data provided by the Certification Board for Music Therapists (CBMT), the number of MT-BCs increased 6.8% annually between 2013-2019, with a large percentage of MT-BCs (43%) in the first five-year certification cycle. However, this number decreased to 21% of certificants in the second credentialing cycle (6-10 years) and decreased again to 12% of certificants in the third cycle (11-15 years). This suggests

a large number of music therapists are not renewing their MT-BC credential, and may be leaving the field, although the reasons for non-renewal for this time period are not known.

Findings from Branson (2023) and Oden (2021) align with research we recently completed that focused on the future plans of music therapists and their perceptions about the direction of the field (Eyre et al., 2023). While 73% of music therapists who completed the survey reported plans to stay in the field and *grow* professionally, 10.6% intended to *leave* the field, while a further 11.8% were *undecided* about their future. Further, when music therapists reported low work satisfaction, expressing similar sentiments to those reported by Branson (2023), they also reported higher levels of uncertainty about their futures (12.6%) and much higher levels of intention to *leave* the field (24.4%). Consistent with Branson's findings, for many music therapists, their intentions to grow professionally were characterized by *expanding their knowledge and work beyond music therapy* (17.9%), which could also be viewed as an opportunity to pivot into another profession.

Given our experiences interacting with early career professionals, and what appears to be incremental increases in mixed or negative experiences of early professional life, combined with findings from recent research (Branson, 2023; Eyre et al., 2023; Meadows et al., 2022a, 2022b), we seek to investigate and reflect upon workforce data provided by early career music therapists in order to gain a more in-depth understanding of their first five years as professionals. Three research questions guide this undertaking:

1. What are the overall characteristics of early career music therapists (0-5 years), including their salaries, work conditions, levels of work satisfaction, workplace stress, burnout and happiness.
2. What are the challenges early career music therapists experience upon entering the workforce.
3. How might these challenges be addressed in ways that support the wellbeing of early career music therapists.

Method

Participants

Study participants ($n = 507$) reflect a subset of 1154 Board Certified Music Therapists from the United States who completed a comprehensive workforce survey in October-November 2019. This participant cohort reported 0-5 years of work experience, which we defined as early career music therapists. Detailed information on the music therapists who participated in the workforce survey can be found in Meadows et al. (2022a).

Ethics Approval

This study was reviewed by Shenandoah University Institutional Review Board (protocol #752) and was adjudicated exempt from further review.

Survey Design

The survey consisted of 28 Likert-type questions. These Likert-type questions related to: 1) demographic information, including exact salary (18 questions), 2) workplace satisfaction (1 question; 7 items), 3) professional development opportunities (1 question; 6 items), 4) job satisfaction (4 questions; 11 items), 5) stress (1 question; 11 items), 6) burnout (1 question; 16 items), and 7) happiness (1 question; 7 items). Participants were also asked about their perceptions of the American Music Therapy Association (AMTA; 1 question; 13 items). Further details regarding survey construction and question distribution can be

found in Meadows et al. (2022a).

Data Analysis

Data analysis was completed in two phases. In phase 1, descriptive statistics (means, standard deviations, and 95% confidence intervals) were calculated for open-ended reported salary measures. In doing so, respondents who reported hourly salaries were kept separate from annual salary values for consistency, and zero salary values ($n = 4$) for those reporting full-time or part-time employment were omitted owing to implausible values. In phase 2, and in parallel to a previous manuscript (study 2), we categorized continuous scores of stress, burnout, happiness and workplace and job satisfaction in quartiles (low 1st quartile, medium 2nd-3rd quartile, and high 4th quartile) to allow for further internal comparison. Chi-squared tests of independence were used to compare categorical variables (i.e., low, moderate and high levels of stress) by years of work experience whereas *t*-tests were used to compare continuous scores of stress, happiness, burnout and workplace and job satisfaction by years of experience (0-1 years vs. 2-5 years) and several measures of satisfaction with responses to specific questions regarding early career professionals' perceptions of AMTA.

Survey responses for early career music therapists are also presented in table form to illustrate the distribution of these responses across categories. This was undertaken in the following areas: 1) satisfaction with salary, 2) satisfaction with hours worked, 3) salary meets basic financial needs, 4) job title, 5) work conditions, 6) job satisfaction, 7) professional development opportunities, and 8) perceptions of the AMTA.

All statistical analyses were completed using SAS Studio software for Academics (version 9.3; SAS Institute Inc., Cary, NC, USA).

Results

A total of 507 early career music therapists (0-5 years of experience), credentialed by the Certification Board for Music Therapists, participated in this study. 128 music therapists reported 0-1 years of experience and 379 reported 2-5 years of experience. Participants were predominantly female (88.9%), white (87.4%), and their ages reflected a bimodal distribution, with most participants between 20-29 years (75.2%) and 30-39 years (19.4%) of age. These music therapists worked in a broad range of settings, with self-employed/private practice (23.4%), mental health including addictions (18.8%) and children's facilities and schools (15.6%) being the most commonly reported workplaces. Additionally, 19.5% of respondents reported working in "other" settings, which included non-music therapy positions. All seven regions of the AMTA were represented, with the majority of participants from the mid-Atlantic (25.4%) and Great Lakes (24.7%) regions. In terms of their highest level of education, 57% reported earning a Bachelor's degree, 31.4% earned a Master's degree, and 11.4% earned equivalency certification. 54.4% of respondents were members of AMTA.

Early career music therapists reported an average annual salary² of \$37,442.00 ($SD = \$14,742.00$; 95% CI = \$36,064.00-\$38,820.00), with music therapists who had 0-1 years of experience reporting an average salary of \$34,161.00 ($SD = 15,388.00$; 95% CI = \$31,169.00-\$37,154.00) and those with 2-5 years of experience reporting an average salary of \$38,452.00 ($SD = \$14,412.00$; 95% CI = \$36,910.00-\$39,994.00). Salaries were higher for those reporting full-time salaries ($n = 295$), with the average reported salary being \$43,325.00 ($SD = \$10,903.00$; 95% CI = \$42,076.00-\$44,575.00). Importantly, of the 507 early career music therapists who completed the survey, 65 (12.8%) did not report salary data. Tables 1-3 provide additional salary data by degree earned, workplace, and position type.

Table 1. Reported Salary by Highest Degree Earned.

Highest degree earned	<i>n</i>	Mean annual salary	<i>SD</i>	Median	95% CI
Bachelor’s degree	244	36,377.00	13,848.00	38,000.00	34,631.00 -38,124.00
Equivalency	51	36,768.00	18,817.00	40,000.00	31,475.00 -42,060.00
Master’s degree	147	39,445.00	14,490.00	42,000.00	37,083.00 -41,807.00

Table 2. Annual Reported Salary by Position Type.

Position type	<i>n</i>	Mean annual salary	<i>SD</i>	Median	95% CI
Contracted as a MT	59	25,411.00	16,551.00	25,000.00	21,099.00 -29,725.00
Employed full-time as a MT	295	43,325.00	10,903.00	43,000.00	42,076.00 -44,574.00
Employed part-time as a MT	64	21,896.00	11,069.00	21,000.00	19,131.00 -24,661.00
Employed, but not as a MT	20	38,631.00	8,464.00	40,000.00	34,669.00 -42,592.00
Unemployed and not seeking work as a MT	3	29,000.00	17,691.00	32,000.00	Not calculable

Table 3. Annual Reported Salary by Setting.

Setting	<i>n</i>	Mean annual salary	<i>SD</i>	Median	95% CI
Children’s facilities and schools	60	32,488.00	12,680.00	35,000.00	29,212.00 -35,763.00
Community music therapy	20	29,102.00	14,047.00	33,318.00	22,527.00 -35,676.00
Long term care facilities	38	35,917.00	11,431.00	35,800.00	32,159.00 -39,674.00
Hospice	63	44,254.00	11,672.00	47,500.00	41,314.00 -47,913.00
Medical settings	41	45,232.00	14,176.00	46,200.00	40,758.00 - 49,707.00
Mental health including addictions	67	40,539.00	13,488.00	41,600.00	37,249.00 - 43,829.00
Self-employed and private practice	86	31,571.00	16,256.00	33,000.00	28,085.00 - 35,056.00
Other	91	38,503.00	14,963.00	39,000.00	34,853.00 - 42,153.00

Participants were also asked to report their level of satisfaction with their salary, the number of hours they work, and the extent to which their salary met their financial needs. Tables 4-6 provide a summary of these responses.

Table 4. Satisfaction with Salary by Years of Experience.

Satisfaction with salary	0-1 years of experience	2-5 years of experience	0-5 years of experience
Completely satisfied	15 (11.8%)	48 (12.8%)	63 (12.6%)
Somewhat satisfied	56 (44.1%)	131 (34.9%)	187 (37.3%)
Neither satisfied/dissatisfied	12 (9.5%)	26 (6.9%)	38 (7.6%)
Somewhat dissatisfied	31 (24.4%)	134 (35.7%)	165 (32.9%)
Completely dissatisfied	13 (10.2%)	36 (9.6%)	49 (9.8%)

Table 5. Satisfaction with Hours Worked by Years of Experience.

Satisfaction with hours worked	0-1 years of experience	2-5 years of experience	0-5 years of experience
Completely satisfied	62 (48.8%)	218 (57.8%)	280 (55.6%)
Somewhat satisfied	37 (29.1%)	99 (26.3%)	136 (27.0%)
Neither satisfied/dissatisfied	9 (7.1%)	19 (5.0%)	28 (5.6%)
Somewhat dissatisfied	14 (11.0%)	35 (9.3%)	49 (9.7%)
Completely dissatisfied	5 (3.9%)	6 (1.6%)	11 (2.2%)

Table 6. Salary Meets Basic Financial Needs by Years of Experience.

Salary meets basic financial needs	0-1 years of experience	2-5 years of experience	0-5 years of experience
Completely agree	30 (23.4%)	69 (18.2%)	99 (19.5%)
Somewhat agree	42 (32.8%)	145 (38.3%)	187 (36.9%)
Neither agree/disagree	14 (10.9%)	21 (5.5%)	35 (6.9%)
Somewhat disagree	21 (16.4%)	74 (19.5%)	95 (18.7%)
Completely disagree	19 (14.8%)	67 (17.7%)	86 (17.0%)

Early career music therapists were also asked to report their job titles, summarized in Table 7. The most common job title was music therapist, followed by activities/recreation therapist and creative arts/expressive therapist. Of note were the wide variety of job titles reported by music therapists. Excluding those titles that included “music therapist,” 80 different job titles were reported.

Table 7. Early Career Music Therapists’ Job Titles.

Job title	0-1 years (n = 128)	2-5 years (n = 379)
Music therapist	86 (67.1%)	281 (74.1%)
Activity/Recreation therapist	7 (5.4%)	14 (3.6%)
Creative arts/Expressive therapist	5 (3.9%)	13 (3.4%)
Other	30 (23.4%)	71 (18.7%)

Work Conditions

Table 8 provides a summary of responses to a series of questions regarding early career music therapists’ satisfaction with their work conditions. In general, the majority of music therapists appear to have work conditions that support their clinical work, with 75% of music therapists reporting somewhat or completely agreeing with the statement “I am generally happy with my work conditions,” while 19% reported somewhat or completely disagreed 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 64% of respondents reported completely or somewhat agreeing that they were allocated an appropriate space for sessions (24% somewhat or completely disagreed), 74% reported access to the instruments they need (18% somewhat or completely disagreed), and 57% were able to conduct sessions without interruptions from staff members (34% somewhat or completely disagreed). Similarly, 65% of respondents reported completely or somewhat agreeing with the statement “I have adequate funds to carry out my duties” (23% somewhat or completely disagreed), 57% reported allocation of an adequate budget to carry out their duties (23% somewhat or completely disagreed), and 48% of respondents reported having a budget that allowed them to incorporate technologies and equipment to practice advanced skills appropriate for their population (37% somewhat or completely disagreed).

Table 8. Early Career Music Therapists’ Work Conditions.

	Completely agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Completely disagree
I am generally happy with my work conditions.	147 (32%)	199 (43%)	29 (6%)	73 (16%)	14 (3%)
I have adequate funds to carry out my duties.	148 (32%)	151 (33%)	58 (13%)	73 (16%)	32 (7%)
I am allocated an adequate budget to carry out my duties.	141 (31%)	119 (26%)	82 (18%)	66 (14%)	53 (11%)
I have a budget that allows me to incorporate technologies and equipment to practice advanced skills appropriate for my population.	96 (21%)	123 (27%)	70 (15%)	90 (19%)	83 (18%)

I have appropriate space allocated to me for my music therapy sessions.	151 (33%)	142 (31%)	58 (13%)	79 (17%)	32 (7%)
I have access to the instruments I need for my music therapy sessions.	193 (42%)	146 (32%)	42 (9%)	60 (13%)	21 (5%)
I can carry out most sessions with my clients without interruptions.	99 (21%)	167 (36%)	41 (9%)	95 (21%)	60 (13%)

Job Satisfaction

Table 9 summarizes responses to a series of questions regarding job satisfaction. The majority of early career music therapists appear to be satisfied with their jobs, with 63% of respondents somewhat or completely agreeing with the statement “I am satisfied with the ratio of group and individual work in my work week” (21% somewhat or completely disagreed). Further, 60% reported that the number of clients in groups was appropriate for effective therapy (19% somewhat or completely disagreed), and 81% reported they had opportunities to use the most appropriate music therapy interventions for their population (10% 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: 75% 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” (16% somewhat or completely disagreed). A total of 85% reported opportunities to document client progress (9% somewhat or completely disagreed), 66% reported adequate time for documentation (24% somewhat or completely disagreed), and 62% reported that their documentation of client sessions was valued by their employer (25% somewhat or completely disagreed).

Table 9. Early Career Music Therapists’ Job Satisfaction.

	Completely agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Completely disagree
I am satisfied with the ratio of group to individual work in my work week.	158 (35%)	128 (28%)	70 (15%)	67 (15%)	29 (6%)
The number of clients I have in each group is appropriate for the effective delivery of music therapy.	114 (26%)	148 (34%)	89 (21%)	61 (14%)	21 (5%)
In my work setting I have the opportunity to use the most appropriate music therapy interventions for my population.	190 (42%)	176 (39%)	38 (8%)	42 (9%)	6 (1%)
I can access client records in a timely manner so that I can assess clients appropriately.	230 (51%)	110 (24%)	41 (9%)	45 (10%)	26 (6%)

I have opportunities to document my clients' progress.	270 (60%)	115 (25%)	25 (6%)	29 (6%)	13 (3%)
I have adequate time in my schedule for documentation.	168 (37%)	131 (29%)	45 (10%)	69 (15%)	39 (9%)
My documentation of client sessions is valued by my employer.	165 (37%)	113 (25%)	62 (14%)	67 (15%)	45 (10%)
I am included in team meetings appropriate to my work duties.	185 (41%)	120 (27%)	52 (12%)	57 (13%)	37 (8%)
My perspective on clients is valued in team meetings.	156 (35%)	150 (33%)	69 (15%)	51 (11%)	26 (6%)
I have access to music therapy or creative arts supervision at my job.	122 (27%)	77 (17%)	37 (8%)	65 (14%)	151 (33%)
I have access to non music therapy supervision at my job.	126 (28%)	114 (25%)	55 (12%)	74 (16%)	83 (18%)

Regarding their participation in team meetings and their ability to access appropriate supervision, respondents reported the following: 68% of respondents somewhat or completely agreed with the statement “I am included in team meetings appropriate to my work duties” (21% 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, 44% of respondents reported access to music therapy or creative arts therapy supervision (47% somewhat or completely disagreed), while 53% of respondents reported access to non-music therapy supervision (34% somewhat or completely disagreed).

Professional Development Opportunities

Table 10 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% somewhat or completely agreed, whereas 30% somewhat or completely disagreed. A total of 40% reported financial support from their employer to attend a conference, whereas 50% 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, 45% somewhat or completely agreed that their employer provided paid time off for at least one conference a year, with 40% responding similarly for continuing education opportunities. In contrast, 44% somewhat or completely disagreed that their “employer provides paid time off to attend at least one conference a year,” and 47% 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,” 33% of respondents somewhat or completely agreed, whereas 42% somewhat or completely disagreed.

Table 10. Early Career Music Therapists’ Professional Development Opportunities.

	Completely agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Completely disagree
Should I choose, I have opportunities for research at my job and the support to do so.	57 (12%)	97 (21%)	113 (25%)	82 (18%)	110 (24%)
I have the same number of learning opportunities (in-services, meetings, lectures, etc.) in my job that my colleagues do.	147 (32%)	111 (24%)	66 (14%)	76 (17%)	59 (13%)
My employer provides financial support to attend at least one conference a year.	110 (24%)	72 (16%)	52 (11%)	48 (11%)	177 (39%)
My employer provides paid time off to attend at least one conference a year.	135 (29%)	72 (16%)	52 (11%)	44 (10%)	156 (34%)
My employer provides financial support for continuing education.	102 (22%)	83 (18%)	58 (13%)	43 (9%)	173 (38%)
My employer provides paid time off for continuing education.	168 (37%)	131 (29%)	45 (10%)	69 (15%)	39 (9%)

Stress, Burnout and Happiness

Paralleling our approach to understanding work satisfaction levels of music therapists as a whole (Meadows et al., 2022b), early career music therapists were divided into high, medium and low work satisfaction quartiles based upon their composite workplace satisfaction, stress, burnout and happiness scores. In order to understand how these satisfaction levels compared with music therapists who have differing levels of experience, early career music therapists (0-1 years and 2-5 years) composite scores were then compared with music therapists who had 6-9 years, 10-19 years, 20-29 years, 30-39 years and 40+ years of experience.³ These data are presented in Table 11.

Table 11. Workplace Satisfaction, Stress, Burnout and Happiness by Years of Experience.

Workplace satisfaction	0-1 years	2-5 years	6-9 years	10-19 years	20-29 years	30-39 years	40+ years
High	24 (22.4%)	74 (23.7%)	42 (28.6%)	46 (27.1%)	19 (25.6%)	17 (32.7%)	9 (37.5%)
Moderate	54 (50.5%)	144 (46.2%)	65 (44.2%)	84 (49.4%)	36 (48.7%)	28 (53.9%)	12 (50.0%)
Low Stress	29 (27.1%)	94 (30.1%)	40 (27.2%)	40 (123.5%)	19 (25.7%)	7 (13.5%)	3 (12.5%)

Low	30 (26.3%)	63 (19.1%)	36 (22.6%)	52 (29.9%)	25 (30.9%)	20 (37.0%)	11 (44.0%)
Moderate	57 (50.0%)	155 (47.0%)	71 (44.7%)	74 (42.5%)	42 (51.9%)	26 (48.2%)	12 (48.0%)
High Burnout	27 (23.7%)	112 (33.9%)	52 (32.7%)	48 (27.6%)	14 (17.3%)	8 (14.8%)	2 (8.0%)
Low	28 (25.2%)	65 (20.1%)	41 (25.8%)	47 (26.9%)	19 (24.4%)	21 (38.9%)	10 (43.5%)
Moderate	56 (50.5%)	153 (47.4%)	79 (49.7%)	73 (41.7%)	39 (50.0%)	26 (48.2%)	11 (47.8%)
High Happiness	27 (24.3%)	105 (32.5%)	39 (24.5%)	55 (31.4%)	20 (25.6%)	7 (13.0%)	2 (8.7%)
High	37 (33.3%)	84 (25.5%)	50 (31.5%)	57 (32.4%)	35 (42.2%)	24 (42.1%)	14 (51.9%)
Moderate	49 (44.1%)	145 (43.9%)	61 (38.4%)	65 (36.9%)	32 (38.6%)	27 (47.4%)	11 (40.7%)
Low	25 (22.5%)	101 (30.6%)	48 (30.2%)	54 (30.7%)	16 (19.3%)	6 (10.5%)	2 (7.4%)

Figures 1-3 provide a visual representation of these data, highlighting differences in stress, burnout and happiness by years of experience. Early career music therapists were more likely to report significantly higher levels of stress ($\chi^2 = 33.43$ $p = 0.0008$) and burnout ($\chi^2 = 27.58$ $p = 0.0001$) and significantly lower levels of happiness ($\chi^2 = 33.53$ $p = 0.0013$) than music therapists with more work experience. There were, however, no significant differences in work satisfaction by years of experience. Of note is the increase in music therapists reporting higher mean scores for stress ($t = 2.15$, $p = 0.032$) (Figure 1) and burnout (Figure 2) ($t = 1.68$, $p = 0.09$) and lower mean scores of happiness (Figure 3) ($t = 2.2$, $p = 0.028$) at 2-5 years when compared with 0-1 years of experience.

Figure 1. Workplace Stress: A Comparison by Years of Experience.



Figure 2. Burnout: A Comparison by Years of Experience.

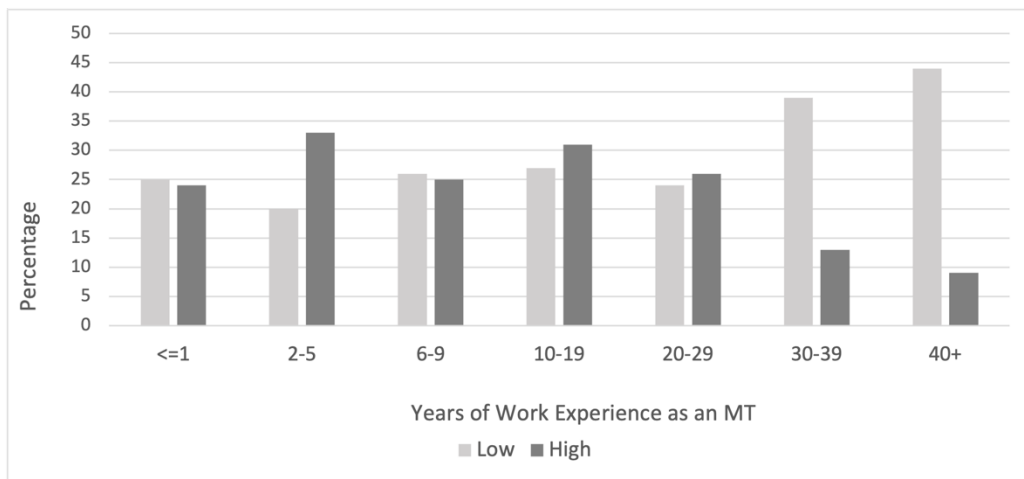


Figure 3. Happiness: A Comparison by Years of Experience.



Finally, early career music therapists were asked to indicate their level of agreement with a series of questions about AMTA, which are presented in Table 12. Just under half of respondents (47.7%) somewhat or completely agreed with the statement “AMTA serves the profession well,” while 19.4% somewhat or completely disagreed. Similarly, 54.9% of respondents somewhat or completely agreed with the statement “I value the work AMTA does to further the music therapy profession in government, health insurance, and other professional organizations,” while 10.1% somewhat or completely disagreed. Of note, though, were generally low levels of agreement with statements regarding the role of the association, leadership, vision, and value for money. Only 37.1% of early career music therapists somewhat or completely agree with the statement “AMTA understands my needs,” whereas 34.3% somewhat or completely disagreed. Similar levels of agreement occurred in response to “AMTA supports me professionally” (36.9% somewhat or completely agree whereas 23.5% somewhat or completely disagree), “AMTA understands the needs of the profession as a whole” (37.9% somewhat or completely agree whereas 25.2% somewhat or completely disagree) and “AMTA has a plan for the future I believe in” (29.4% somewhat or completely agree whereas 23.1% somewhat or completely disagree). When asked to report their intentions regarding renewing their membership, and the extent to which AMTA membership was good value for money, early career music therapists responded as follows: 21.3% somewhat or completely agreed with the statement “AMTA membership is good value for the money,” whereas 45.1% somewhat or

completely disagreed. In response to the statement “I plan on renewing/initiating my AMTA membership next year” 43.2% somewhat or completely agreed, while 26.3% somewhat or completely disagreed.

Table 12. Early career Professionals Perceptions of AMTA.

Survey statement	Completely agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Completely disagree
AMTA serves the profession well.	63 (13.6%)	173 (34.1%)	91 (18%)	87 (17.2%)	11 (2.2%)
AMTA is responsive to changes in the profession.	51 (10.1%)	158 (31.2%)	103 (20.3%)	89 (17.6%)	29 (5.7%)
AMTA understands my needs.	77 (15.2%)	111 (21.9%)	138 (27.2%)	138 (27.2%)	36 (7.1%)
AMTA supports me professionally.	44 (8.7%)	143 (28.2%)	122 (24.1%)	84 (16.6%)	35 (6.9%)
AMTA understands the needs of the profession as a whole.	52 (10.3%)	140 (27.6%)	111 (21.9%)	97 (19.1%)	31 (6.1%)
AMTA has a plan for the future I believe in.	45 (8.9%)	104 (20.5%)	165 (32.5%)	83 (16.4%)	34 (6.7%)
I am proud of AMTA.	73 (14.4%)	119 (23.5%)	151 (29.8%)	61 (12.0%)	24 (4.7%)
I value the work AMTA does in the music therapy community.	108 (21.3%)	167 (32.4%)	107 (21.1%)	38 (7.5%)	10 (2.0%)
I value the work the AMTA does to further the music therapy profession in government, health insurance and other professional organizations.	114 (22.5%)	164 (32.4%)	99 (19.5%)	36 (7.1%)	17 (3.4%)
AMTA leadership is open and engaged.	50 (9.9%)	110 (21.7%)	172 (33.9%)	71 (14.2%)	25 (4.9%)
AMTA membership is good value for the money.	26 (5.1%)	82 (16.2%)	93 (18.3%)	129 (25.4%)	100 (19.7%)
I plan on renewing/initiating my AMTA membership next year.	129 (25.4%)	90 (17.8%)	79 (15.6%)	55 (10.9%)	78 (15.4%)
I would recommend AMTA membership to my colleagues.	89 (17.6%)	96 (18.9%)	123 (24.3%)	66 (13.0%)	55 (10.9%)

Further, when the responses of music therapists with 0-1 years of experience were compared to music therapists with 2-5 years of experience, significant differences in responses were found. Specifically, music therapists with 2-5 years of experience had significantly lower levels of agreement with the following three statements when compared to music therapists with 0-1 years of experience: 1) “AMTA membership is good value for the money” ($\chi^2 = 14.1, p = 0.02$), 2) “I plan on renewing/initiating my AMTA membership next year” ($\chi^2 = 10.99, p = 0.05$), and 3) “I would recommend AMTA

membership to my colleagues” ($\chi^2 = 11.03, p = 0.05$). That is, the more work experience early career music therapists had, the less likely they were to 1) perceive AMTA membership as good value for money, 2) renew their membership, and 3) recommend AMTA to a colleague.

Discussion

Overall, early career professionals responded to survey questions in ways that expressed the meaningfulness of the clinical work they undertook, with generally high levels of agreement about satisfaction with work conditions (75%), opportunities to use the most appropriate music therapy interventions for clients (81%), access to client records (75%) and opportunities to document client progress (85%). Taken as a whole, these levels of response suggest that these early career music therapists were able to work clinically in ways that met their clients’ needs, and that in general, they had a work environment that supported them professionally. However, these early career professionals also reported a range of challenges that impacted their overall work lives, expressed in three areas: 1. Salary satisfaction, 2. Work conditions and professional development opportunities, and 3. Levels of stress, burnout, and happiness. When considered together, these factors may contribute negatively to early career music therapists’ overall sense of professional wellbeing.

Salary Satisfaction

While the average reported salary⁴ of a music therapist with less than one year of experience was only \$34,161.00, it could be understood as an indicator of a transition phase in one’s professional life, expressing the natural gap between finishing internship, completing Board Certification requirements, and entering the workforce as a full-time employee. However, the average salary of a music therapist with 2-5 years of experience only increased by an average of \$4,291.00 to \$38,452.00, with only 58% of music therapists with 0-5 years of experience reporting full-time salaries. Further, when these early career professionals were asked to report their satisfaction with their salary, only 49% of music therapists with 0-1 years of experience reported being completely satisfied with their salary (an additional 29% were somewhat satisfied), with this number only increasing to 59% for those with 2-5 years of experience (27% were somewhat satisfied). Further, only 23% of music therapists with 0-1 years of experience reported that they completely agreed with the statement “my salary meets my basic financial needs” (33% somewhat agreed), with this number decreasing to 18% for music therapists with 2-5 years of experience (37% somewhat agreed). These data suggest financial pressures and low levels of salary satisfaction for many early career professionals, and that these financial pressures do not ease in the first five years – and, in fact, may increase. An obvious factor that contributes to this pressure is the ability to secure a full-time job (the average full-time salary was \$43,325.00), with other factors such as geographic location, type of employment (e.g., setting), and job title being potentially impactful.

Work Conditions and Professional Development Opportunities

With 75% of early career professionals reporting overall job satisfaction (43% somewhat and 32% completely), this suggests that, on the whole, these music therapists are generally happy with their work lives. This includes satisfaction with the ratio of group and individual sessions (63% somewhat or completely agree), access to records (75% somewhat or completely agree), opportunities to document sessions (85% somewhat or completely agree), and the value of their perspective(s) in team meetings (68% somewhat

or completely agree). We interpret this as an indication that, for the majority of early career music therapists, their early clinical experiences aligned with their imagined experience as students, and that they were able to provide music therapy meaningfully to the clients they worked with.

However, not all distributions of responses to survey questions aligned with this interpretation, with approximately 20-25% of early career professionals appearing to have an overall negative work experience. For example, only 64% of early career professionals somewhat or completely agreed that they were allocated an appropriate space for music therapy (24% somewhat or completely disagreed), 57% somewhat or completely agreed that they are able to carry out most of their music therapy sessions without disruptions (34% somewhat or completely disagreed), and only 57% somewhat or completely agreed that they had an adequate budget to carry out their duties (23% somewhat or completely disagreed).

These challenges were particularly evident in early career professionals' access to supervision and professional development. Only 34% somewhat or completely agreed that they had access to music therapy or creative arts supervision (47% somewhat or completely disagreed), and only 53% somewhat or completely agree that they have access to non-music therapy supervision (34% somewhat or completely disagreed). Similarly, only 56% somewhat or completely agreed that they had the same number of learning opportunities as their colleagues (30% somewhat or completely disagreed), only 40% somewhat or completely agree that their employer provided financial support to attend at least one conference a year (50% somewhat or completely disagreed), only 40% somewhat or completely agreed that their employer provided financial support for continuing education (47% somewhat or completely disagreed), and only 36% of early career professionals somewhat or completely agree that their employer provided paid time off for continuing education (48% somewhat or completely disagreed). These lower levels of access to supervision and continuing education appear to be of critical importance in understanding the challenges, including negative experiences, reported by some early career music therapists. Having entered the workforce and been assigned a full case load for the first time without the oversight of an internship supervisor, many early career professionals do not appear to receive the necessary supervision support to help them develop the skills needed to address the inevitable challenges of a first job – whether it be processing work with clients or professional challenges such as negotiating a salary and work conditions.

Stress, Burnout and Happiness

Not surprisingly, then, early career music therapists experienced higher levels of stress and burnout than music therapists with more work experience, with these levels of stress and burnout being greater for music therapists with 2-5 years of experience than those with 0-1 years of experience (see Figures 1 and 2). Thus, while the majority of early career music therapists report high levels of work satisfaction, they also experience high levels of stress and burnout, which increase in years 2-5 and only marginally decreases between years 6-20 (see Figure 3). Concomitantly, happiness levels track similarly, with levels of happiness decreasing in years 2-5, and not changing significantly until 20 or more years of experience (see Figure 3). Taken together, these findings present a sobering picture of professional life for early career music therapists, and warrant careful consideration of the institutional changes necessary to address these experiences.

Perceptions of AMTA

Early career music therapists appear to have mixed perceptions of AMTA. While the

majority of respondents valued the work AMTA does to further the profession, including the work AMTA does in the community, they do not appear to see AMTA as a resource that supports them personally. Only 37% of early career music therapist reported that AMTA somewhat or completely understands their needs and supports them professionally, with only 31% perceiving AMTA as open and engaged. Further, when asked about AMTA's responsiveness to change and plans for the future, only 41% somewhat or completely agreed with the statement "AMTA is responsive to changes in the profession," and only 29% somewhat or completely agreed that "AMTA has a plan for the future [they] believe in."

When considering membership in AMTA, these early career music therapists responded in ways that suggested ambivalence at best: only 21% somewhat or completely agree that AMTA membership is good value for money (strikingly, 45% somewhat or completely disagreed that it is), only 43% somewhat or completely agreed that they plan to renew their AMTA membership, and only 37% would recommend AMTA membership to their colleagues. While these levels of response may also be indicators of the financial challenges early career professionals often face, they are hard to see as an endorsement of the organization, and may reflect economic challenges for AMTA in the future – with young professionals reluctant to maintain AMTA membership, especially when they see little benefit in doing so.

Recent data provided by AMTA (J. Simpson, personal communication, October 17, 2023) provide an additional perspective into AMTA membership. While data on early career membership was not available, there were a total of 1946 AMTA members in October 2023, which included 1378 professional members and 421 student (undergraduate and graduate) members. When compared to AMTA's 2021 Workforce Analysis, this reflects a 36% decline in overall membership and a 21% decline in student members. When compared to Board Certification data provided by the Certification Board for Music Therapists (CBMT), professional members of AMTA only reflect approximately 13% of currently credentialed music therapists. While myriad factors may be contributing to this decline in membership, it does suggest that AMTA membership is not currently a priority for Board-Certified Music Therapists in the United States.

Reflections

As educators concerned about the early career experiences of graduates from our academic programs, study findings provide important insight into our informal observations about the professional experiences of some graduates from our programs. While it is heartening to learn that the majority of early career professionals report positive work experiences, approximately one quarter of these music therapists appear to experience significant challenges that impact the quality of their work lives. Challenges reported by these early career music therapists echo previous research by Bybee (2017) and Branson (2023), who reported financial struggles, professional isolation, and marginalization as key factors contributing to workplace oppression and reasons for leaving the field.

Finding a well-paid full-time job seems to be a significant challenge for some music therapists, as does receiving adequate supervision and having access to professional development opportunities. We can imagine how disheartening and isolating it must feel to experience these challenges early in one's career, and we imagine this must contribute to high levels of stress and burnout, and may contribute to leaving the field altogether (Branson, 2023). That music therapists with 2-5 years of experience reported lower overall levels of happiness than music therapists with 0-1 years of experience, while also reporting higher levels of stress and burnout, suggests that the enthusiasm new graduates feel moving into the workforce is dampened by the realities of their work opportunities and experiences. It may also reflect data provided by Oden (2021), who reported a steady

decline in recertification rates among music therapists, with the most significant being in the first recertification cycle.

These workplace stressors may help to explain why music therapists are considering advanced degrees in other fields and then pivoting into new careers outside of music therapy (Eyre, Meadows & Gollenberg, 2023). This was particularly evident for music therapists who reported low work satisfaction. When this group of music therapists were asked about their future plans, 34.8% were either *undecided* or had *plans to leave the field*, while 25.8% reported their desire to *expand beyond music therapy* (p. 10). These music therapists also tended to have negative perceptions about the direction of the profession, with *myriad concerns and disappointments* about the field, along with personal feelings of *stagnation and limitation* (p. 15).

Finally, early career professionals' perceptions of AMTA also give us pause. In particular, low levels of agreement with statements such as "AMTA understands my needs" and "AMTA supports me professionally" suggests a disconnect between the ways AMTA has positioned itself and the actual experiences of newly credentialed professionals. It may also add to the feelings early career music therapists often report – that they feel isolated and misunderstood by their colleagues. They may, in fact, feel the same way about AMTA.

Recommendations

Findings from this study suggest a range of opportunities to better prepare music therapy students for entry into professional life, while also providing systemic support for early career professionals. These are summarized as the following:

- Increase awareness of the challenges new professionals may experience entering the workforce, particularly with regards to salaries and work conditions.
 - Create targeted communication systems in AMTA to support the experiences of early career professionals.
- During academic coursework, provide students with tools to navigate these challenges, as part of orienting students to professional life.

At an organizational level, AMTA (nationally and regionally) should consider:

- Creating a membership fee structure that supports early career music therapists. For example, significantly reduce the professional membership costs during years 0-5.⁵
- Creating an early career professional advisory board that provides direct lines of communication with AMTA leadership in order to increase understanding of the everyday experiences of early career professionals.
- Developing early career support systems, including regular mentoring. While free or low-cost supervision and early career workshops may be beneficial during regional and national conferences, access might not be feasible for early career professionals given their low salaries and lack of support to attend conferences. Any structural supports should be accessible remotely and should be regular and targeted over a multi-year period.

Research Priorities

Findings from this study suggest a range of additional research focus areas. These include:

- Examining the work lives of young professions who work in multiple clinical settings – for example, school contracts and private practice – that require constant travel, multiple professional relationships, and high caseloads. Young

professionals who are required to complete 5-7 group sessions a day, in multiple settings, with related travel, may be working in a way that is unsustainable.

- Examining the impact of job title on work satisfaction. Music therapists with non-music therapy job titles may be undertaking job tasks that do not reflect their scope of practice and professional status.
- Continuing investigating the reasons music therapists leave the profession (e.g., Branson, 2022), particularly early career music therapists.
- Examining the ways in which education and training programs – including internship programs – prepare students for professional life, and how this preparation may be enhanced, if indicated, given the findings from this study.

Limitations

The primary study limitation is the time period in which data were collected – October-November 2019. While we have no reason to believe that responses of early career professionals would change if invited to complete this survey now, there is also no reason to assume that the experiences of early career professionals are the same today as four years ago. Specially, the COVID-19 pandemic and recent collapse of AMTA may have changed work conditions and early career professionals' perceptions of AMTA. Thus, the findings, while clear, should also be considered temporally.

Second, the way survey data were reported should also be critically considered. When reporting positive and negative valences (somewhat or completely agree – somewhat or completely disagree) we chose to combine the *somewhat agree* category of responses with the *completely agree* category in nearly all the data we report. We did this to indicate levels of agreement (or disagreement) in order to transparently present this categorical data. However, completely agreeing and somewhat agreeing are not the same, and we invite readers to consider this when reading and evaluating the study findings. Considering only the *completely agree* data does impact the ways you may see the data, and does tend to paint a more sober picture of early career professionals' experiences.

Conclusion

Five hundred and seven early career music therapists completed a series of survey questions about their salaries, work conditions, work satisfaction, stress, burnout, and happiness. Taken as a whole, responses to these survey questions suggested the majority of these early career professionals were satisfied with their jobs and work conditions, and working in ways they found fulfilling and meaningful. However, these data also suggested a number of challenges for early career professionals that included low salary satisfaction, high stress and burnout, and overall lower happiness than music therapists with more work experience. In particular, low levels of access to supervision and low levels of support for continuing education suggest that early career music therapists may not be receiving the professional support they need to grow and thrive, and that they do not see AMTA as a place to receive that support if they are not able to find it in their workplace. A series of recommendations, and additional research focus areas, provides a template through which these concerns may be addressed systemically.

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¹ This includes both full-time and part-time salaries.

² Average reported annual salary includes both full-time and part-time salaries.

³ Data in Table 10 and Figures 1-3 include responses from 10 participants who reported they had retired.

⁴ Reported salary includes both full-time and part-time salaries.

⁵ We are pleased to see AMTA announce changes to fee structures that address this recommendation:

<https://www.musictherapy.org/historic-dues-structure-changes/>