Journal of Music Therapy, XXXIX (3), 2002, 188–208

The Relationship between Type of Degree and Professional Status in Clinical Music Therapists

Nicki S. Cohen, PhD, MT-BC, FAMI

Texas Woman's University

Gene A. Behrens, PhD, MT-BC

Elizabethtown College

The purpose of this descriptive study was to: (a) examine the relationship between the construct, Type of Music Therapy Degree, and 5 other constructs: Job Satisfaction, Job Longevity, Level of Promotion, Job Responsibilities, and Geographical Location; and (b) explore the interrelationships among the 5 constructs other than Type of Music Therapy Degree. Questionnaires were mailed to 616 clinical music therapists. The response rate was 35% (N = 218). Ten variables defining the 6 constructs were examined for statistically significant and meaningful relationships: highest music therapy degree achieved, average job satisfaction rating, length of time as a music therapist, length of time in present job, average length of time in jobs, total number of jobs, total number of promotions across jobs, number of present duties, number of hours presently working, and region in which work. Results indicated that a significant relationship existed between highest music therapy degree achieved and 3 variables: length of time as a music therapist, total number of jobs, and region in which work. Follow-up comparisons revealed that those respondents with a Doctoral Degree had been employed at significantly more jobs than those with a Bachelor's degree. Also, those with a Master's degree in music therapy had stayed significantly longer in the field than those with a Bachelor's degree in music therapy. A follow-up analysis with the third variable, region in which work, indicated that the highest proportion of respondents in each region had obtained a Bachelor's degree in music therapy. Of the 8 significant relationships obtained among the other 9 variables, 4 variables defining the construct Job Longevity appeared to play a central role in the relationships among the variables.

While the music therapy profession has experienced an increase in visibility over the past decades, music therapists must nevertheless vie with other disciplines for desired positions in the health care market. Most of these disciplines require a Master's degree in order to receive certification. In an increasing number of states, it is becoming difficult for music therapists to conduct private practice or work for private agencies without a license, which at a minimum requires a Master's degree. In fact, music therapy is one of a few remaining therapeutic modalities that does not mandate graduate level entry into the field. Certain related literature contends that entrance into the profession should be granted at the Master's level only (Bruscia, 1989; Scartelli, 1994), while other research supports entrance at a Bachelor's level (Braswell, Maranto, & Decuir, 1979). To determine the feasibility of a move to a Master's degree level of entry, the music therapy profession needs a current description of professional practice and its relationship to type of degree.

Review of Literature

Graduate music therapy education can be traced back to the early 1950s, when E. Thayer Gaston established the first graduate program at the University of Kansas (Davis, Gfeller, & Thaut, 1992; Michel, 1985). In 1953, the National Association for Music Therapy (NAMT) adopted the Minimum Education Requirements, which were based on a Baccalaureate Degree plus a 6-month internship (Michel, 1985).

At this time, approximately 25 graduate music therapy programs are in operation in the United States. Although most of these programs offer a Master's in Music Therapy Degree, the course contents differ from school to school (Cotten, 1995). While some institutions emphasize the preparation of researchers, others focus on the development of clinical skills or specialize in furthering knowledge within a specific client population or technique (Cotten, 1996). A Bachelor's degree in music therapy is not required to pursue graduate studies at most of these schools.

Disagreement about a graduate degree in music therapy has been documented. As early as the 1960s, E. Thayer Gaston seemed dissatisfied with the lack of differentiation between undergraduate and graduate degrees in music therapy. This lack of differentiation seems to have been further exacerbated by the number of schools that developed "certification-equivalency" programs for

graduate level students who entered with a Bachelor's degree in music and wished to obtain their undergraduate equivalency in music therapy (Michel, 1985). In some programs today, it is not mandatory for equivalency students to pursue a Master's degree. To counter this trend, Bruscia (1987, 1989) proposed a hierarchy of music therapy educational competencies, with the Master's as the entrance degree into the profession. Bruscia claimed that the Bachelor's degree in music therapy was "bursting at the seams" due to growth in music therapy practice, theory, and research (1989, p. 83).

In his address to the Fifth International MusicMedicine Symposium in 1994, Scartelli recommended that the undergraduate degree remain a generalist degree with an emphasis on developing musical skills, while the graduate degree should emphasize the influence of music on physiology and behavior. In other words, the undergraduate training should focus on developing the musician, while the graduate training should focus on developing the therapist. He discussed the problem of too much heterogeneity among the content, scope, and philosophy of various music therapy graduate programs, and he proposed that the Master's degree be revised, that is, its contents operationalized and its learning outcomes identified.

As the related literature indicates then, some music therapists believe that entrance into the profession should be granted at the Master's degree level only. One of the reasons behind this viewpoint is that most health related therapies require the minimum of a Master's degree (e.g., art therapy, dance therapy, and occupational therapy). In a comparison of standards and approval processes for the National Coalition of Arts Therapies Associations (NCATA) organizations, only certified poetry therapists and music therapists can still practice without a Master's degree (Kleinman & Gantt, 1996).

What are the current reasons why one should one pursue a master's degree in music therapy? Wyatt and Furioso (1999) surveyed AMTA members with Master's degrees to determine the primary reason for pursuing such a degree in music therapy. The researchers organized the open-ended responses from the 103 respondents into six categories, according to percentage of responses: (a) for equivalency completed concurrently with the Master's degree, (b) for advanced clinical training and education,

(c) for professional advancement, (d) for eligibility to teach at an undergraduate level, (e) to learn research methods, and (f) for personal reasons (1999, p. 31). In this descriptive study, 44% of the respondents had earned an equivalency at the same time that they had earned a Master's degree. The researchers questioned that if this is indeed the trend, then how can the Master's degree truly be considered an advanced credential? One limitation of this study was that it included only those AMTA members with Master's degrees in music therapy. Professional music therapists with Master's degrees in other areas were not invited to complete the survey. These potential respondents may have had different reasons for pursuing a Master's degree.

Not all music therapists are in favor of the Master's degree as the entrance degree into the profession. In a study of clinical practice in music therapy (Braswell, Maranto, & Decuir, 1979), 73% of the respondents felt that a Master's degree would not make them feel more prepared in job performance, make them more secure in their jobs, or elevate their professional status among fellow professionals. Over half of these respondents indicated that they would rather pursue Master's degrees in fields other than music therapy, such as psychology or special education.

In September of 1997, the Executive Board of the National Association for Music Therapy funded a retreat on graduate music therapy education. Retreat participants proposed a number of recommendations concerning the future of graduate music therapy education. The six attendees voiced a strong concern that the profession had reached an impasse; no further decisions could be made about the future of graduate music therapy education unless descriptive data were collected about the relationship of type of music therapy degree with professional status and with geographical region. A database of this information does not exist, and the related research is sorely out of date.

In their final report (1999), the Commission on Education and Clinical Training of the American Music Therapy Association (AMTA), which includes both academic and clinical experts from the field of music therapy, recommended that "AMTA retain the Bachelor's degree as the entry level for the profession" (p. 21). The Commission suggested that the profession establish competency-based standards for each of its three levels of education, and that eventually these levels relate to corresponding levels of practice

and professional recognition. However, descriptive data about the relationship of type of music therapy degree with professional status and with geographical region are still lacking from music therapy documentation.

As a result of the review of literature, the researchers identified six constructs of interest: Type of Degree, Job Satisfaction, Longevity in the Field, Level of Promotion, Job Responsibilities, and Geographical Region. The purpose of this descriptive study was to: (a) examine the relationship between the construct, Type of Music Therapy Degree, and five other constructs, Job Satisfaction, Job Longevity, Level of Promotion, Job Responsibilities, and Geographical Location; and (b) explore the interrelationships among the five constructs other than Type of Music Therapy Degree.

Method

Development of the Questionnaire

The researchers constructed a questionnaire to collect data on several variables, 10 of which relate back to the six constructs of interest and will be examined in this report: highest music therapy degree achieved, mean job satisfaction rating, length of time as a music therapist, length of time in present job, mean length of time in jobs, total number of jobs, total number of promotions across jobs, number of present duties, number of hours presently working, and region in which work. An original questionnaire was created, since the existing standardized tools that measure certain parameters of professional status, such as job satisfaction (Brayfield & Rothe, 1951; Smith, Kendall, & Hulin, 1969), could not supply all of the information that was sought for this study.

Demographic variables were obtained using a fill-in-the-blank or checklist format. Job satisfaction was assessed using a 10-item, 5-point rating scale ranging from "strongly agree" to "strongly disagree." The items were selected from a short, standardized job satisfaction questionnaire consisting of opinion statements about job-related feelings of satisfaction and dissatisfaction. The reliability estimates of the questionnaire were high ($r = .87$), and an evaluation of the content validity by 77 adult judges provided strong support for the use of the items as a valid measure of job satisfaction (Brayfield and Rothe, 1951).

To establish content validity, the researchers in the present study

sent the questionnaire to all six members of the NAMT Subcommittee on Graduate Music Therapy Education and sought input concerning the content and construct validity of the questionnaire. The Subcommittee members were asked to review the questionnaire while considering their proposal in 1997, when they called for descriptive data to define the relationship between type of music therapy degree, professional status, and geographical region. The reviewers sent comments and suggestions to the researchers, who revised the questionnaire accordingly.

In March of 1999, the questionnaire packet was mailed to 616 music therapists whose names were chosen from the Membership Directory provided by the American Music Therapy Association using a systematic random sampling procedure. The packet included a cover letter, the questionnaire, and a self-addressed envelope. Return of the completed questionnaire indicated informed consent to participate in the study. A month after the first mailing, a follow-up letter was sent to any participant who had not yet returned the questionnaire.

Participant Response Rate

The overall participant response rate was 35%, or 218 questionnaires returned out of 616 sent. According to Salkind (2000), the response rate for descriptive research is expected to be about 35% (p. 137). Although the useable response rate was 35%, the range of responses to each variable differed somewhat, as not all of the participants responded to all of the questionnaire items. One possible reason for the relatively low response rate was confusion concerning the postal rate for the returned questionnaires. Although the questionnaires themselves were only two pages long, the return postage rate for the questionnaires was $.44, which is more than the price of one postage stamp. Because most participants did not put their return addresses on their return envelopes, there was no way of determining how many completed questionnaires were never delivered due to insufficient postage.

Design and Statistical Analysis

The questionnaire provided information on 10 measured variables. The relationship among the six constructs of interest and the 10 measured variables was as follows: (a) the mean job satisfaction rating represented Job Satisfaction; (b) the length of time an indi-

CONSTRUCTS	VARIABLES MEASURED IN THE STUDY
Type of MT Degree	Highest MT Degree Achieved
Job Satisfaction	Mean Job Satisfaction Rating
Job Longevity	Length of Time as MT Total Number of Jobs Mean Length of Time in Jobs Length of Time in Present Job
Geographical Location	Region in Which Work
Level of Promotion	Total Number of Promotions
Job Responsibilities	Number of Present Duties Number of Hours Now Working

FIGURE 1.
Variables used to measure each of the six constructs.

vidual has been a music therapist, length of time spent in present job, mean length of time across all jobs, and total number of jobs represented Longevity in the Field; (c) the total number of promotions achieved across all jobs represented Level of Promotion; (d) the number of present duties and the number of hours presently working both represented Job Responsibilities; (e) the highest degree achieved was used to represent Type of Degree; and (f) the region in which an individual works was used to represent Geographical Region. Figure 1 presents a diagram of the constructs and related variables.

Three analyses were conducted to evaluate the relationship among the 10 variables. The Pearson Product-Moment Correlation Coefficient was used to analyze the relationship among the seven

TABLE 1

Means, Standard Deviations, Minimum-maximum Values, and N*s for the Six Continuous Variables*

Continuous variable	Mean	Standard deviation	Minimum value	Maximum value	*n*
Average job satisfaction rating	4.10	.571	2.30	5.00	211
Length of time as MT (years)	13.04	8.91	1	50	212
Total number of jobs	3.33	2.06	1	13	218
Average length of time in jobs (years)	4.42	4.39	.30	28.00	218
Length of time in present job (years)	5.93	6.19	.17	32.50	204
Number of promotions	1.01	1.42	0	7	218
Number of present duties	2.60	1.59	0	8	214

quantitative variables: mean job satisfaction rating, length of time as a music therapist, total number of jobs, length of time in present job, mean length of time in jobs, number of promotions, and number of present duties. Eta^2, an effect size index obtained from a one-way ANOVA that indicates the strength of a relationship, was used to evaluate the relationship between each of the seven quantitative variables and the three multi-level variables, number of hours presently working, region in which work, and highest degree achieved. The relationships among the three multi-level categorical variables were evaluated using Cramér's *V*. Since multiple tests of significance were conducted within the described sets of analyses, the Holm's sequential Bonferroni method was used to control for Type I error, with the familywise error rate set at the .05 level (Shaffer, 1995). The Holm's method defines the required alpha level for rejecting each hypothesis across a series of tests.

Results

The means, standard deviations, minimum-maximum values, and *n*s for each of the seven continuous variables are provided in Table 1. A frequency distribution of the variable, length of time as a music therapist, indicated that 28.8% of the participants had worked in the field of music therapy for 6 years or less, and 44.3% had worked for 9 years or less. Although the maximum number of

TABLE 2
Frequency Distribution for the Variable, Region in Which Work

Region	Frequency	Percent	Cumulative percent
Great Lakes	40	18.8	18.8
Mid-Atlantic	59	27.7	46.5
Midwestern	18	8.5	54.9
New England	11	5.2	60.1
Southeastern	28	13.1	73.2
Southwestern	18	8.5	81.7
Western	27	12.7	94.4
Foreign	12	5.6	100.0
South central	0	0	100.0
Total	213		

years a music therapist had been in the field was 50, the mean number of years for the majority of the music therapists responding to the questionnaire was much less, 13.04 years. The pattern of a high maximum value and a much lower mean for the length of time also existed for the variables, length of time in present job and mean length of time in previous jobs. This discrepant pattern indicated that the majority of music therapists in this sample had worked within the field for a relatively short period of time.

The overall mean for the job satisfaction ratings was 4.10 on a scale of 1 to 5, with 5 being the most satisfied. A frequency distribution of the mean job satisfaction rating scores indicated that 65% of the participants received an average score of 4 or higher, and 95% received an average score of 3.1 or higher. Since the coefficient al-

TABLE 3
Frequency Distribution for the Variable, Highest Degree Achieved

Type of degree	Frequency	Percent	Cumulative percent
Bachelor's Degree in Music Therapy	107	49.1	49.1
Post-Bachelor–Music Therapy equivalency	16	7.3	56.4
Master's Degree with Music Therapy equivalency	17	7.8	64.2
Master's Degree in Music Therapy	38	17.4	81.7
Master's Degree in a related field	28	12.8	94.5
Doctoral Degree	12	5.5	100.0
Total	218		

TABLE 4
Frequency Distribution for the Variable, Number of Hours Now Working

Number of hours per week	Frequency	Percent	Cumulative percent
40+ hours	85	48.0	48.0
30–39 hours	34	19.2	67.2
20–29 hours	29	16.4	83.6
10–19 hours	15	8.5	92.1
1–9 hours	14	7.9	100.0
Total	177		

pha, an internal consistency estimate of reliability, computed for the 10-item job satisfaction measure was .88, the resulting scores for the sample were considered satisfactorily reliable. In general, the scores depicted a sample of 196 fairly satisfied music therapists.

The frequency distributions for the three categorical variables—region in which work, number of hours now working, and highest degree achieved—are presented in Tables 2, 3, and 4, respectively. Almost half of the respondents, 46.5%, were at the time working in the Great Lakes and Mid-Atlantic regions, and almost half of the respondents, 48%, were working 40 or more hours each week. None of the sampled respondents were from the South Central region.

A review of the distribution for Highest Degree Achieved indicates that 49.1% of the respondents had obtained a Bachelor's degree in music therapy as their highest degree. The next largest group, 30.2% of the respondents, included music therapists who had received some type of a Master's degree after earning an undergraduate degree in music therapy. Of these respondents, 17.4% had earned a Master's degree in music therapy, while 12.8% had received a Master's degree in a related field. Only 5.5% had earned a Doctoral degree.

In summary, the obtained sample involved a group of music therapists who were fairly new to the field and who tended to be relatively satisfied with their present jobs. Almost half of the respondents indicated their highest degree was a Bachelor's degree in music therapy. On the average, the sample group of music therapists tended to remain in their jobs for 4.42 years and to receive a total of 1.01 promotions. They had been in their present jobs for an average of 5.93 years and were assigned an average of 2.60 duties.

TABLE 5

The Relationships among the 10 Variables Defining the Six Constructs Evaluated by Pearson r, *Eta*^{2}, *and Cramér's* V

Constructs	Geographical region	Job responsibilities		Job satisfaction	Level of promotion	Longevity			
	Region in which work	Number of hours now working (categorical)	Number of present duties	Mean job satisfaction rating	Number of promotions	Length of time as MT	Length of time in present job	Mean length of time in jobs	Total number of jobs
Highest degree achieved	Cramér's V = .232*+ p = .011	Cramér's V = .179+ p = .302	η^2 = .058 p = .029	η^2 = .046 p = .086	η^2 = .048 p = .061	η^2 = .066*+ p = .015	η^2 = .006 p = .938	η^2 = .016 p = .633	η^2 = .168*+ p = .000
Region in which work		Cramér's V = .221+ p = .187	η^2 = .051 p = .147	η^2 = .038 p = .355	η^2 = .009 p = .933	η^2 = .047** p = .212	η^2 = .031 p = .521	η^2 = .038 p = .336	η^2 = .067+ p = .046
Number of hours now working (categorical)				η^2 = .030 p = .257	η^2 = .026 p = .334	η^2 = .012 p = .737	η^2 = .063+ p = .027	η^2 = .035 p = .183	η^2 = .017 p = .570
Number of present duties				r = .099 p = .208	r = .289*+ p = .000	r = .071 p = .310	r = .266*+ p = .000	r = .174* p = .011	r = .140 p = .041
Mean job satisfaction rating					r = .019 p = .787	r = .189* p = .007	r = –.011 p = .989	r = .067 p = .357	r = .223*+ p = .001
Number of promotions						r = .226*+ p = .001	r = .289*+ p = .000	r = .223*+ p = .001	r = .095 p = .160

* Indicates significance significance using the Holm's method to control for Type I error with famiywise error rate set α = .05.

+ Indicates meaningful relationship using Cohen (1977) suggested values.

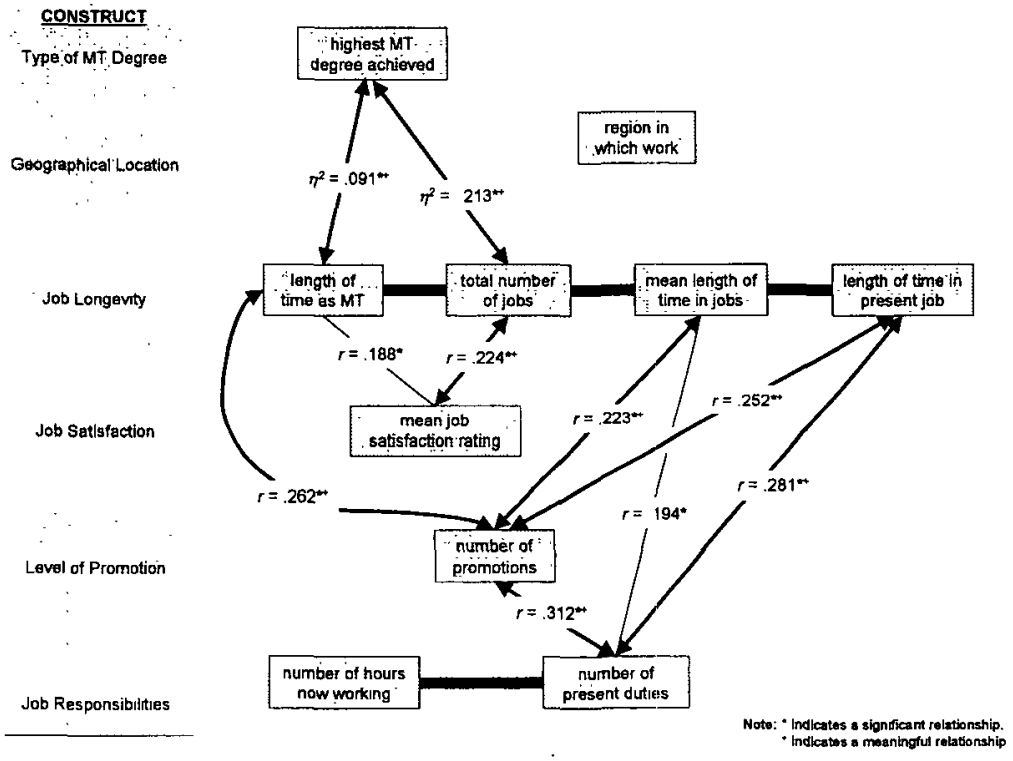

FIGURE 2.
Significant and meaningful relationships among the 10 variables defining the six constructs.

A summary of the Pearson *r* correlations, Cramér's *V*, and Eta^2 indexes is provided in Table 5. The Holm's method was used to calculate the critical *p* values by defining the similar tests in each row of the six variables in Table 5 as a family (Shaffer, 1995). Familywise error rate was set at alpha equals .05.

A diagram of statistically significant and meaningful relationships among the 10 variables defining the six constructs is presented in Figure 2. The meaningfulness of the various results was evaluated using Cohen's (1977) suggested values for a low, moderate, and large relationship for each of the different types of indexes that can be interpreted as an effect size, *r*, Eta^2 (η^2), and Cramér's *V*. Effect size refers to the magnitude of the relationship between two variables and can be considered an indicator of the practical importance or meaningfulness of the results without the influence of sample size. A resulting index may be significant due to a large sample but not meaningful if the index is low. In contrast, a resulting index may be meaningful but not significant if the index is high but the design lacked the necessary power to reject the null

hypothesis (e.g., small sample size or a poor design that results in high error variance). For the Pearson *r* correlations, Cohen suggested that .1, .3, and .5 constituted a small, moderate, and large relationship, respectively. For evaluating the meaningfulness of Eta^2 and Cramér's *V*, he suggested using .01, .06, and .11 as evidence of a small, moderate, and large relationship, respectively.

Relationships with Highest Degree Achieved

The variable, highest degree achieved, resulted in significant relationships with three variables. Two of the variables represented Longevity, total number of jobs ($\eta^2 = .168$) and length of time as a music therapist ($\eta^2 = .066$). The resulting Eta^2 between highest degree achieved and total number of jobs could be interpreted as a high relationship. Follow-up comparisons were conducted to evaluate the pairwise differences among the group means for the two significant relationships involving the categorical variable, highest degree achieved. Given the differences in the variances and *n*s among the groups for the variables, the researchers conducted post hoc comparisons using the Dunnett's *C* test, a test that does not assume equal variances among the groups (Green, Salkind, & Green, 1997).

The means, standard deviations, *n*s, and differences among the groups for the variable, total number of jobs, are presented in Table 6. The mean total number of jobs for each group generally increased from those with a Bachelor's degree to those with a Doctoral degree. A review of the results indicated that significant differences existed between those with a Bachelor's degree in music therapy and those with a Doctoral degree. In other words, respondents with a Doctoral degree had been employed at significantly more jobs than those holding only a Bachelor's degree in music therapy.

The means, standard deviations, *n*s, and differences among the groups for the variable, length of time as a music therapist, are presented in Table 7. A close inspection of the group means revealed that those with a Master's degree in music therapy or a Doctoral Degree had been in the field for the longest time, and those with a Bachelor's degree, a Post-Bachelor's degree, or a Master's degree-MT equivalency had been in the field for the shortest time. The only significant difference in the mean length of time as a music therapist occurred between those with a Bachelor's degree and

TABLE 6

Means, Standard Deviations, n*s, and Differences among Groups for Total Number of Jobs*

Type of degree	Mean	Standard deviation	*n*	Bachelor's Degree in Music Therapy	Post-Bachelor–Music Therapy equivalency	Master's Degree with Music Therapy equivalency	Master's Degree in Music Therapy	Master's Degree in a related field
Bachelor's Degree in Music Therapy	2.67	1.5	107					
Post-Bachelor–Music Therapy equivalency	2.63	1.36	16	—				
Master's Degree with Music Therapy equivalency	3.59	1.70	17	—	—			
Master's Degree in Music Therapy	3.92	1.99	38	—	—	—		
Master's Degree in a related field	4.29	2.71	28	—	—	—	—	
Doctoral Degree	5.58	3.12	12	*	—	—	—	—
Total	3.33	2.06	218					

Note: An asterisk (*) indicates significance using the Dunnett's *C* procedure.

TABLE 7

Means, Standard Deviations, ns, and Differences among Groups for Length of Time as MT

Type of degree	Mean	Standard deviation	*n*	Bachelor's Degree in Music Therapy	Post-Bachelor-Music Therapy equivalency	Master's Degree with Music Therapy equivalency	Master's Degree in Music Therapy	Master's Degree in a related field
Bachelor's Degree in Music Therapy	11.89	9.16	104					
Post-Bachelor–Music Therapy equivalency	10.27	8.07	15	—				
Master's Degree with Music Therapy equivalency	12.47	.90	17	—	—			
Master's Degree in Music Therapy	16.22	6.70	37	*	—	—		
Master's Degree in a related field	12.26	7.57	27	—	—	—	—	
Doctoral Degree	19.17	11.42	12	—	—	—	—	—
Total	13.04	8.91	212					

Note: An asterisk (*) indicates significance using the Dunnett's *C* procedure.

those with a Master's degree in music therapy. The lack of significant difference with the mean for Doctoral degree was possibly due to the fewer number of individuals with a Doctoral degree and the higher variability among those respondents.

Highest degree achieved also was significantly related to region in which work, (Cramér's $V = .232$). A review of the relationship between the variables indicated that across the regions within the United States: (a) the largest percent of individuals reported having a Bachelor's degree in music therapy and (b) the next largest percent of individuals reported having a Master's degree in music therapy. (See Table 8.) A larger percent of the music therapists from foreign countries tended to obtain advanced degrees than those from the United States.

Relationships Among the Other Nine Variables

Among the nine variables other than highest degree achieved, the four variables defining the construct of Longevity provided all but one of the significant links with three variables, mean job satisfaction rating, number of promotions, and number of present duties (see Table 5 and Figure 2). Almost all the significant relationships with the Longevity variables were moderate.

The significant relationships with mean job satisfaction rating occurred with the Longevity variables, length of time as a music therapist ($r = .189$) and total number of jobs ($r = .223$). In this sample, music therapists who had been in the field longer and those who had been employed at more jobs over the years tended to be more satisfied. Only total number of jobs resulted in a moderately meaningful relationship with mean job satisfaction. None of the other eight variables were significantly related with the average job satisfaction rating scores.

The variable, number of promotions, was significantly related to four variables. Three of the relationships were with variables that defined Longevity–length of time as MT ($r = .226$), length of time in present job ($r = .289$), and mean length of time in jobs ($r = .223$). Number of promotions also was significantly related to number of present duties, ($r = .289$). Music therapists who had been in the field for a longer period of time, those who had been in their present jobs for a longer time, those who stayed in previous jobs longer, and those who had more duties tended to have more promotions. All four of these relationships were moderately meaningful.

TABLE 8

Relationship Between Highest Degree Achieved and Region in Which Work

	Region in which music therapist works (%)									
Type of degree	Great Lakes	Mid-Atlantic	Midwestern	New England	South Central	Southeastern	Southwestern	Western	Foreign	Total
Bachelor's Degree in Music Therapy	22 (55.0%)	18 (30.5%)	12 (66.7%)	5 (45.5%)		15 (53.6%)	13 (72.2%)	18 (66.7%)	1 (8.3%)	104
Post-Bachelor–Music Therapy equivalency	4 (10.0%)	5 (8.5%)				2 (7.1%)	2 11.1%)	1 (3.7%)	1 (8.3%)	15
Master's Degree Music Therapy equivalency	3 (7.5%)	4 (6.8%)	2 (11.1%)			4 (14.3%)	2 (11.1%)		2 (16.7%)	17
Master's Degree in Music Therapy	8 (20.0%)	14 (23.7%)	2 (11.1%)	4 (36.4%)		3 (10.7%)		5 (18.5%)	2 (16.7%)	38
Master's Degree in a related field	3 (7.5%)	14 (23.7%)		1 (9.1%)		2 (7.1%)	1 (5.6%)	3 (11.1%)	3 (25.0%)	27
Doctoral Degree		4 (6.8%)	2 (11.1%)	1 (9.1%)		2 (7.1%)			3 (25.0%)	12
Total	40	59	18	11		28	18	27	12	213

TABLE 9

Percentage of Respondents and AMTA Members within Each Region

Region	Percent of respondents	Percent of AMTA members
Great Lakes	18.8	21.8
Mid-Atlantic	27.7	26.9
Midwestern	8.5	10.2
New England	5.2	4.6
Southeastern	13.1	11.5
Southwestern	8.5	6.5
Western	12.7	12.1
South Central	0	1.7
Foreign	5.6	4.4

The final two significant relationships occurred with the variable, number of present duties, and were again with variables representing the construct Longevity, length of time in present job ($r = .266$) and mean length of time in jobs ($r = .174$). Only the relationship with length of time in present job could be interpreted as moderately meaningful. In other words, music therapists who had more duties to perform tended to have been at their present job for a longer period of time.

Discussion

In general, the obtained sample was similar to the membership described in the *AMTA Membership Sourcebook 1999* on two common variables. Whereas the percentage of those obtaining a type of Bachelor's, a type of Master's, and a Doctoral degree within the sample were 56.4%, 38.0%, and 5.5%, respectively, the percentages within the AMTA professional, nonstudent membership were calculated as approximately 67.5%, 27.9%, and 4.4%, respectively. Although slightly more people with Master's degrees responded to the questionnaire, the highest percentage in both groups involved those with Bachelor's degrees, and the percentage of those with a Doctoral degree were approximately the same.

A comparison of the percentage of respondents from the eight regions to the percentage of regional membership reported in the *AMTA Member Sourcebook 1999* also was similar (see Table 9). The lack of participants responding from the South Central region was probably due to the very low percentage of available members within the region, 1.7%.

The main purpose of this study was to investigate the relationship between type of music therapy degree and five constructs, Job Satisfaction, Longevity in the Field, Level of Promotion, Job Responsibilities, and Geographical Location. The findings revealed that those respondents with advanced degrees in music therapy tended to have been in the profession longer and had more jobs than those with Bachelor's degrees. What is not clear is the direction of the relationships. Is it the attainment of an advanced degree that motivates music therapists to stay in the field and/or to seek new positions? Or do the experiences that come from remaining in the field or trying new positions eventually result in the seeking of advanced degrees?

Despite the relationship between time working as a music therapist and obtaining an advanced degree, the largest percent of the responding music therapists in each region entered into and remained in the field of music therapy with a Bachelor's degree in music therapy. The two results, however, are not contradictory as the mean length of time working as a music therapist was on the lower end of the range, 13.04 years. The next highest proportion of respondents within most regions reported obtaining a Master's degree in music therapy. A much fewer percent had obtained a doctoral degree.

A limited number of relationships among the other nine variables also were found. Only one of the two significant relationships with mean job satisfaction rating was found to be meaningful. It seems that those music therapists who had more jobs tended to be more satisfied in their present job than those who had worked fewer jobs. Overall, the high mean and low variability for mean job satisfaction ($M = 4.10$, $SD = .575$) indicated that most of the respondents appeared to be fairly satisfied in their present job.

The majority of other meaningful and significant relationships were among the four variables defining the construct, Job Longevity, and between the variables, number of promotions, and number of duties. The longer the time music therapists had been in their present and past jobs, the more duties they had been assigned, and the more the potential exists for promotion. Although direction is not indicated, it would appear logical that the longer one remains in a job, the more duties one is given and the more the potential exists for promotional advancement. Not surprisingly, the more responsibilities music therapists were given, the more they seemed to receive promotions.

The four variables defining Job Longevity, therefore, appeared to play a central role in the significant relationships that existed among all variables, except for the number of hours they presently work. Working as a music therapist for longer periods of time and at more jobs seemed to be key in the positive linear relationships among the variables.

The inflated return postal rate probably had a negative impact on the overall response rate. Due to financial restrictions, the researchers were not able to provide stamped return envelopes. Even though the questionnaire itself was only two stapled pages, it cost $.44 to mail back. Since most of the respondents did not put their return addresses on their envelopes, it was impossible to estimate how many completed questionnaires never arrived. One can only assume that the return rate would have been higher had all the completed questionnaires actually been returned. The researchers are very grateful to all of the respondents who offered to complete another questionnaire after they discovered that their first ones had not reached its destination.

Based on the results of the present study, at least half of the music therapy respondents were working full-time with a Bachelor's degree and were well satisfied with their work. The majority had been employed as music therapists an average of 6 years. However, the present study did not survey music therapists who had left the field. It is possible that those individuals might have answered the questionnaire differently. Surveying past members could provide additional and valuable information concerning reasons for leaving the field of music therapy. In addition, due to the fact that the AMTA professional membership listing also includes music therapy students and professional associates, the authors would suggest pursuing other avenues for initially defining a population of professional music therapists.

Although the questionnaire was created to measure the constructs identified from a review of literature, other variables, such as salary, may also be related to type of music therapy degree. Follow up studies could focus on the relationship between type of music therapy degree and salary. When professional competencies become more measurable, it also would be prudent to examine the relationship between type of music therapy degree and level of competency achieved, especially based on the recent recommendations from the AMTA Commission on Education and Clinical Training (1999).

References

AMTA member sourcebook 1999. (1999). Silver Springs, MD: American Music Therapy Association.

Braswell, C., Maranto, C. D., & Decuir, A. (1979). A Survey of clinical practice in music therapy Part II: Clinical practice, educational, and clinical training. *Journal of Music Therapy, 16,* 50–69.

Brayfield, A. H., & Rothe, H. F. (1951). An index of job satisfaction. *Journal of Applied Psychology, 35,* 307–311.

Bruscia, K. (1987). Professional identity issues. In C. D. Maranto & K. Bruscia (Eds.), *Perspectives on music therapy education and training* (Vol. 1, pp. 17–29). Philadelphia, PA: temple University.

Bruscia, K. (1989). The content of music therapy education at undergraduate and graduate levels. *Music Therapy Perspectives, 7,* 83–87.

Cohen, J. (1977). *Statistical power analysis for the behavioral sciences* (Rev. ed.). New York: Academic Press.

Cotten, P. (1995). *Review of graduate programs in music therapy.* Unpublished manuscript.

Cotten, P. (1996). *A Master's degree in music therapy: The epitome of heterogeneity.* Unpublished manuscript.

Davis, W. B., Gfeller, K. E., & Thaut, M. H. (1992). *An introduction to music therapy: Theory and practice.* Dubuque, IA: Wm. C. Brown.

Final report and recommendations of the commission of education and clinical training of the American Music Therapy Association. (1999). Silver Springs, MD: American Music Therapy Association.

Green, S. B., Salkind, N. J., & Akey, T. M. (1997). *Using SPSS for windows: Analyzing and understanding data.* Upper Saddle River, NJ: Prentice Hall.

Kleinman, S., & Gantt, L. (1996). *Comparing standards and approval processes of NCATA member associations with the council for accreditation of counseling and related educational programs (CACREP).* Unpublished manuscript.

Michel, D. E. (1985). *Music therapy: An introduction, including music in special education* (2nd ed.). Springfield, IL: Charles C. Thomas.

Salkind, N. (2000). *Exploring research* (4th ed.). Upper Saddle River, NJ: Prentice Hall.

Scartelli, J. (1994, March). *Position paper for graduate degrees in music medicine.* Paper presented at the Fifth International MusicMedicine Symposium, San Antonio, TX.

Shaffer, J. P. (1995). Multiple hypothesis testing. *Annual Review of Psychology, 46,* 561–585.

Smith, P. C., Kendall, L. M., & Hulin, C. L. (1969). *The measurement of satisfaction in work and retirement.* Bowling Green, OH: Bowling Green State University.

Wyatt, J. G., & Furioso, M. (1999). *Music therapy education and training: A survey of master's level music therapists.* Unpublished paper, Michigan State University, East Lansing.