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Music therapy in Austria: A national survey study on the professional situation of music therapists

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Abstract

In 2018, the Music Therapy Research Centre Vienna (WZMF) conducted a national survey of the professional situation of music therapists in Austria. Following a previous survey from 2011, this study aimed to provide current data and to illustrate changes in the professional field. Since 2009, music therapy in Austria has been regulated by the Music Therapy Act. All working music therapists must be registered and therefore constitute a homogeneous group, which enables systematic research in the field.

An invitation to take part in an online survey was sent to all 405 music therapists who were registered in October 2018. The survey covered the music therapists' current working situation including workplace, hours of work per week, fields of work as well as legal and financial issues.

With a response rate of 73.8% (299 people), the results offer representative data from 380 workplaces. In general, the findings show an increase in music therapy services, which are offered most frequently for children and adolescents with developmental or behavioural problems (22.5%) and for adults with mental health problems (21.5%).

The high response rate means that the results provide representative data for the situation of music therapists in Austria. Beyond that, this data may also be used as a reference to support professional development internationally.

Zusammenfassung

Das Wiener Zentrum für Musiktherapie-Forschung (WZMF) führte 2018 eine österreichweite Berufsgruppenerhebung unter Musiktherapeut:innen durch. In Anlehnung an eine bereits 2011 durchgeführte Befragung, bestand das Ziel vorliegender Studie darin, Entwicklungen im Berufsfeld aufzuzeigen und aktuelle Daten bereitzustellen. Da

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Musiktherapie in Österreich seit 2009 durch ein eigenes Berufsgesetz geregelt wird, das für die Berufsausübung eine Registrierung voraussetzt, liegt eine homogene und gut zu beforschende Berufsgruppe vor.

Alle 405 in Österreich eingetragenen Musiktherapeut:innen (Stand: Oktober 2018) wurden per Email kontaktiert und mittels Online-Fragebogen nach ihrer aktuellen beruflichen Situation hinsichtlich Arbeitsstellen und Arbeitsfeldern sowie rechtlichen und finanziellen Rahmenbedingungen befragt.

Die Umfrage erzielte einen Rücklauf von 73,8 % (299 Personen) und erfasste Informationen zu 380 Arbeitsstellen. Die zwei Hauptarbeitsfelder waren Kinder und Jugendliche mit Entwicklungs-/Verhaltensauffälligkeiten (22,5 %) sowie Erwachsene mit psychischen Erkrankungen (21,5 %). Im Vergleich mit früheren Erhebungen zeigten die Ergebnisse insgesamt einen Zuwachs an musiktherapeutischer Versorgung.

Die hohe Rücklaufquote ermöglicht repräsentative Aussagen zur Situation von Musiktherapeut:innen in Österreich und die Daten können auch über den nationalen Kontext hinausreichend als Referenzzahlen berufspolitische Arbeit unterstützen.

Keywords

music therapy in Austria – national survey study – healthcare research – fields of work – clinical practice

In Austria, music therapy has been legally recognised as a health profession for ten years. As a result of this state recognition, the practice of music therapy is subject to specific professional requirements. The Austrian Music Therapy Act (MuthG, Bundesgesetz über die berufsmäßige Ausübung der Musiktherapie) that came into effect on 1 July 2009 (Federal Law Gazette I no. 93/2008) stipulates that every person entitled to practise as a music therapist must be registered on the list of music therapists maintained by the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection. Two types of professional qualification are defined by law: music therapists who work with shared responsibility and those who are entitled to work independently. Working with shared responsibility requires a bachelor's degree or equivalent in music therapy and entitles the music therapist to work as an employee under regular supervision by a music therapist entitled to work independently. Working with independent responsibility requires a master's degree or equivalent in music therapy and entitles the music therapist to work as an employee and additionally to offer music therapy on a freelance basis. Consequently, music therapists in Austria constitute a professional group clearly defined by law. Similarly, the institutions providing academic training in music therapy at three locations in Austria (Graz, Krems and Vienna) ensure a professional profile that is largely homogeneous.

The regular documentation and analysis of the profession at the national (e. g. Melches, Hamberger, & Oster, 2016) and international levels (e. g. Kern & Tague, 2017) can be understood as an important necessity. These objectives must also be considered in the context of current issues and challenges relating to the profession.

The professional situation of music therapists in Austria has been documented regularly (e. g. Müller & Kehl, 2001; Nemeth & Schleicher, 2002; ÖBM, 2007). After the MuthG came into effect in 2009, the Austrian Association of Music Therapists (ÖBM, Österreichischer Berufsverband der Musik-

therapeutInnen) conducted a first comprehensive survey in 2011. The aim of this survey was to obtain reliable and up-to-date data, thereby achieving greater transparency in terms of a calculable variable for the general public (Geretsegger, Böhm-Öppinger, & Schmidtmayr, 2012).

This article presents the principal findings of a survey of music therapists conducted in Austria in 2018 by the Music Therapy Research Centre Vienna (WZMF) in association with the ÖBM and the Association of Ethno Music Therapy (BfEM, Berufsverband für Ethno-Musiktherapie). Besides the desire to provide data organised according to categories such as province or field of work, the study's main objectives were as follows:

- to create a set of data based on the current professional situation of music therapists in Austria that is as representative as possible,
- to enable comparisons with data from earlier studies in order to show changes and developments,
- to provide material that supports arguments in negotiations for the funding of music therapy (e. g. by social insurance institutions),
- to draw conclusions for the training of music therapists,
- to identify trends and deficits, e. g. regarding parents' involvement in music therapy with children or the use of tools for diagnosis and/or research in music therapy, and
- to create a basis for future (healthcare) research in different fields of work.

Method

The survey format was based on that of the national survey study conducted in 2011 by the ÖBM (Geretsegger et al., 2012) and took the form of an online one-time cross-sectional survey (Lime-Survey: www.limesurvey.org). Participation was possible from 1–30 November 2018 and was anonymous. The questionnaire¹ differentiated between currently active and currently inactive music therapists according to demographic details (gender, age, professional credentials and additional professional qualifications). Working music therapists could enter up to four workplaces, with the following information requested for each: employment status, weekly working hours, number of years in practice, workplace location, employer, funding, type of institution and clients. Information was also requested about the purpose of the work (treatment, research, teaching etc.) and the situation regarding referrals as well as about diagnostics, diagnostics tools used in music therapy, and the setting and duration of therapy processes. Respondents who were not working as music therapists in Austria at the time of the survey could give reasons for this. The survey was designed to gather predominantly quantitative data, mainly by means of closed-ended single or multiple-choice questions.

Sample

All persons registered on the list of music therapists at the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection (www.musiktherapeutenliste.at) were invited to take part in the survey. In October 2018, there were 405 people registered (in November 2011 the number was 229). Registration on the list of music therapists was therefore the only criterion for participation. The e-mails containing information about the aims and duration of the survey and a link to the online questionnaire were sent out in cooperation with the ÖBM and the BfEM.

Evaluation

All the data sets were checked for plausibility and missing information using the “four eyes” principle. Manifestly flawed answers that were nevertheless found to be plausible were recast in the required form (e. g. age in years instead of year of birth). A descriptive and statistical evaluation of the quantitative data was carried out using IBM® SPSS® Statistics 20, while the small number of free-form replies were inductively assigned to quantifiable categories (e. g. information about additional professional qualifications).

Results

At the end of the survey, 291 fully and 66 partially completed questionnaires (total: 357) had been returned by the 405 people invited to participate. Following a check of the usability and plausibility of all the data sets, 299 of them were found suitable for inclusion in the evaluation. Of the incomplete data sets, those in which at least one workplace had been named (for which both the hours worked and the type of institution were indicated) were included in the workplace analysis. The response rate was thus 73.8 %.

Demographic data

Of the respondents, 237 (79.3 %) were women and 62 (20.7%) were men, which correlates very closely with the proportions on the list of music therapists (in February 2019: 78.6 % female, 21.4 % male). No other gender was given (Figure 1). Forty-two (14 %) of the respondents were music therapists working with shared responsibility and 257 (86 %) of them are entitled to work independently, according to the Austrian Music Therapy Act. This also correlates closely with the numbers on the list of music therapists (in February 2019: 16.4 % worked with shared responsibility, 83.6 % worked independently).

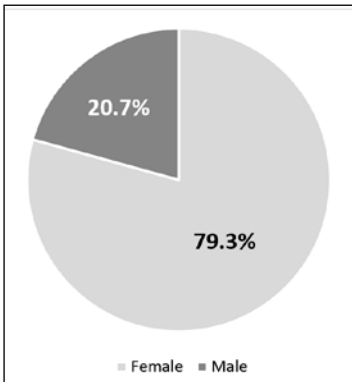


Figure 1. Gender distribution (n = 299).

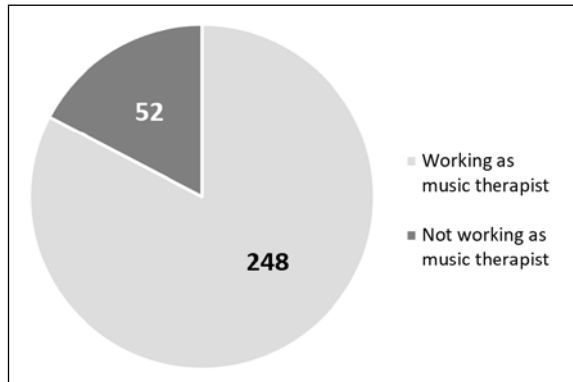


Figure 2. Current work situation as a music therapist (n = 299).

The average age of the respondents was 43.7 years (age range: 22–72). Just under 60 % are between 30 and 49 years of age (average age in 2011: 41.5 years). Overall, no material shifts in the socio-demographic structure of the data were evident compared to the 2011 survey.

The majority of the respondents (70 % approx.) cited at least one additional professional qualification, the most frequently named being in music, education or psychotherapy.

In answer to the question about their current occupation, 247 respondents stated that they were currently working as music therapists, while 52 (of whom nearly 90 % were female) stated that they were not working as music therapists at the time of the survey (Figure 2). The reasons given for this were "working in a different job" (18 respondents), "on parental or training leave" (12 respondents), "looking for work" (8 respondents) or "other reasons" (14 respondents). However, almost two thirds of the music therapists currently not working as such stated that they could imagine working in private practice provided that the social insurance institutions bear (part of) the costs and that a regular income is guaranteed.

General work situation

Of the currently active music therapists (n = 247) 145 stated that they worked at one facility as a music therapist, 77 said they worked at two, 19 worked at three and 6 worked at four. Figure 3 shows this distribution in comparison with 2011. Since the wording of the questions in the 2018 and 2011 surveys was not completely identical, the data is not fully comparable.

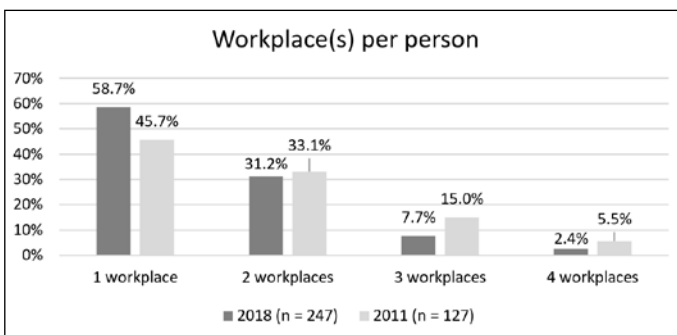


Figure 3. Workplaces in music therapy per person in 2018 (n = 247) compared to 2011 (n = 127).

Irrespective of the number of facilities they work at, 42.9 % of the respondents work as salaried employees only, 18.2 % are entirely self-employed, 3.6 % work exclusively as freelancers on service contracts and 35.2 % of the music therapists have more than one form of employment (Table 1).

A look at all 380 workplaces shows that just over half of the music therapists (51.8 %) are salaried employees, with 85 % of them on permanent contracts. The other half consists of 35.3 % self-employed, 11.1 % on service contracts as freelancers, and 1.8 % working under other arrangements. At 91.6 % of the workplaces, music therapists' employment contracts define them as such; at the others, they are employed as either researchers or teachers. A small number have job titles such as "psychotherapist", "psychologist" or "creative trainer".

Table 1
Workplaces in music therapy in Austria in 2018 compared to 2011

Variable	2018 Number (%)	2011 Number (%)
Employment status at the workplace (WP)	n = 247 pers.	n = 127 pers.
salaried employee only	106 (42.9 %)	44 (35.2 %)
self-employed only	45 (18.2 %)	17 (13.6 %)
freelancer on service contract only	9 (3.6 %)	4 (3.2 %)
more than one type of employment	87 (35.2 %)	60 (48.0 %)
Weekly working hours per person	n = 247 pers.	n = 120 pers.
< 10 hours	67 (27.1 %)	13 (10.8 %)
11–20 hours	61 (24.7 %)	34 (28.3 %)
21–30 hours	69 (27.9 %)	32 (26.6 %)
31–40 hours	43 (17.4 %)	35 (29.3 %)
> 40 hours	7 (2.8 %)	6 (5.0 %)
	M = 20.5 hrs.	M = 25.2 hrs.
Weekly working hours per workplace	n = 380 WP	n = 220 WP
< 10 hours	199 (52.3 %)	112 (50.9 %)
11–20 hours	103 (27.1 %)	59 (26.8 %)
21–30 hours	54 (14.2 %)	32 (14.5 %)
31–40 hours	24 (6.3 %)	17 (7.7 %)
	M = 13.2 hrs.	M = 13.8 hrs.
Employer	n = 380 WP	n = 220 WP
private organisation	128 (33.7 %)	75 (34.1 %)
self-employed	111 (29.2 %)	62 (28.2 %)
federal province	91 (23.9 %)	57 (25.9 %)
central government	31 (8.2 %)	13 (5.9 %)
other	14 (3.7 %)	8 (3.6 %)
insurance	5 (1.3 %)	5 (3.2 %)

Key: WP = workplace(s); M = mean; pers. = persons; hrs. = hours

Taking into account all the workplaces indicated, the average weekly working hours per music therapist have fallen from 25.2 in 2011 to 20.5 in 2018 (Table 1).

On the average, music therapists work 13.2 hours per week at each workplace. This is not appreciably different from the weekly working hours per workplace in 2011 (13.8 hours). What is notable, though, is that in the current survey weekly working hours at over half the workplaces (199 of 380) are between 0 and 10. However, it should be noted that at these 199 workplaces self-employment and contracts for freelancers constitute nearly 80 % of the employment forms. When working hours exceed 11 hours per week, employment at most of the workplaces takes the form of salaried employment (Figure 4).

The breakdown of the employers at the 380 workplaces is as follows: 33.7 % are private organisations, 23.9 % facilities run by provincial governments, 8.2 % facilities run by central government, 1.3 % insurance agencies and 3.7 % other employers; 29.2 % of the workplaces rely on self-employed personnel (Table 1).



Figure 4. Workplaces by working hours and employment status (n = 380).

Institutions and fields of work

With reference to the type of institution where music therapy takes place, private practice now accounts for the most common form of employment (25.8 %). Other facilities are hospitals (23.2 %), outpatient clinics (11.6 %), teaching and research institutions (8.7 %), care facilities (7.6 %), rehabilitation facilities (7.6 %), education institutions (6.1 %), day-care centres (5.3 %), mobile services (2.4 %) and other institutions (1.8 %). Of note is a sharp drop in the percentage of day-care centres from 10.9 % in 2011 to 5.3 % in 2018 which is also shown by the decrease in the number of facilities recorded.

Work is most frequently done with children and adolescents with developmental or behavioural problems (22.5 %), closely followed by adults with mental health problems (21.5 %). Work is least common in the fields of neonatology and intensive-care medicine (0.5 % in both cases). Overall, music therapy with the elderly and with people in hospices is becoming less common. Table 2 contains a detailed comparison of results of the surveys conducted in 2011 and 2018.

Table 2
Fields of work of music therapy in Austria in 2018 compared to 2011

Variable	2018 Number (%)	2011 Number (%)
Type of institution	n = 380 WP	n = 220 WP
private practice	98 (25.8 %)	49 (22.3 %)
hospital	88 (23.2 %)	59 (26.8 %)
outpatient clinic	44 (11.6 %)	33 (15.0 %)
teaching/research institution	33 (8.7 %)	13 (5.9 %)
care facility	29 (7.6 %)	15 (6.8 %)
rehabilitation facility	29 (7.6 %)	11 (5.0 %)
education institutions	23 (6.1 %)	14 (6.4 %)
day-care centre etc.	20 (5.3 %)	24 (10.9 %)
mobile services	9 (2.4 %)	2 (0.9 %)
other	7 (1.8 %)	not doc.

Variable	2018 Number (%)	2011 Number (%)
Fields of work	n = 377 WP	n = 187 WP
children/adolescents with developmental or behavioural problems	85 (22.5 %)	34 (18.2 %)
adults with mental health problems	81 (21.5 %)	49 (26.2 %)
people with a mental and/or physical handicap	41 (10.9 %)	21 (11.2 %)
not applicable (teaching, research, supervision)	40 (10.6 %)	not doc.
elderly/people in hospices	23 (6.1 %)	20 (10.7 %)
children and adolescents with mental health problems	21 (5.6 %)	12 (6.4 %)
adults with psychosomatic illnesses	21 (5.6 %)	8 (4.3 %)
adults in life-changing crises/personality development	20 (5.3 %)	6 (3.2 %)
neurology/neurorehabilitation patients	16 (4.2 %)	10 (5.3 %)
others	15 (4.0 %)	22 (11.8 %)
children and adolescents with psychosomatic illnesses	5 (1.3 %)	3 (1.6 %)
oncology	5 (1.3 %)	not doc.
neonatology patients	2 (0.5 %)	1 (0.5 %)
patients in intensive care	2 (0.5 %)	1 (0.5 %)

Key: WP = workplace(s); not doc. = not documented

The 2018 survey asked for the first time for information about patients'/clients' age groups in order to gain a more detailed insight into the distribution of the services provided (respondents could give multiple answers). The facilities at which work is done either exclusively or also with children and adolescents (age 0–18) account for 44.6 % of workplaces. Work with adults (age 19–64) takes place at 59.4 % of the workplaces, and work either exclusively or also with people aged 65 and over is done at 30 % of them. All together, work with adults (people aged 19 and above) accounts for 63.4 % of the caseload. On average, music therapists have been working in the fields cited for 9.1 years (mean: 5.5 years). The range is from one month to 39.8 years.

Funding of music therapy

The replies to the question of how the workplaces cited are funded show that roughly a quarter of the jobs in music therapy are funded from more than one source. Overall, funds come from the following sources: provincial governments (40 %), private agencies (32.9 %), social insurance institutions (17.6 %), donations (11.3 %), central government (10 %), child and youth services (6.1 %), (parents') associations (5.3 %), others (2.6 %) and in 7.6 % of the cases it was not possible to provide any information.

Purpose, referral, setting and diagnostics in the music therapy profession

In Austria, the Music Therapy Act (MuthG) defines specific purposes for which music therapy may be used. Information about these purposes was collected by the 2018 survey for the first time. The replies showed that every workplace was engaged in one or more of the following fields: preventive care and health promotion (75.5 %), treatment of acute/chronic illnesses (81.1 %), rehabilitation (56.6 %), promotion of social skills (87.9 %), research (18.7 %), teaching (25 %) and supervision (20.3 %).

According to the MuthG, referrals for music therapy are necessary for the treatment of acute and chronic illnesses and for the purposes of rehabilitation. Only four professions are permitted to issue such referrals. The majority come from doctors (70.6 %) and psychologists (35.8 %), while they come less often from psychotherapists (13 %) and dentists (0.3 %).

The survey also asked in which settings music therapy was practised. Respondents were able to name several types of setting for each workplace:

- Individual setting 80.1 %
- Group setting 48.3 %
- Family setting 14.6 %
- Couples 3.2 %
- Parent-child groups 2.2 %

No statements about the average duration of therapy processes are possible since the answers given were inconsistent and therefore not evaluable (it may be that the wording was unclear).

The survey also asked whether music therapists were involved in diagnostic procedures. This is the case for 27 % of the workplaces, and if only the child and youth sector is considered the figure rises to 32 %. The free text answers show that music therapists are especially involved in issues of differential diagnostics, behaviour observation and autism diagnosis as well as in assessing the ability to form relationships, socio-emotional skills and the quality of the contact in the diagnostic process.

For 72.8 % of the workplaces, no specific music therapy diagnostic tools are cited. The AQR tool (*Assessment of the Quality of Relationship*; Schumacher, Calvet, & Reimer, 2019) is used at 25.2 % of the workplaces, the MAKS (*Music Therapy Expression and Communication Scale*; Moreau, 2019) at 5.3 %, the APCI (*Assessment of Parent-Child Interaction*; Jacobsen, 2019) at 2.8 %, the MUSAD (*Music-Based Scale for Autism Diagnostics*; Bergmann, 2019) at 0.6 % and the IAPs (*Improvisation Assessment Profiles*; Bruscia, 1987) at 0.3 % of them.

Discussion

The national survey of the professional situation of music therapists in Austria conducted by the Music Therapy Research Centre Vienna (WZMF) in 2018 achieved an impressive response rate of 73.8 %. It therefore constitutes a representative body of current and highly instructive data. This opens up a wide variety of possible applications relating to the relevant topics and aims of the study that were cited at the start. For example, the current figures can serve as a basis for dealing with questions concerning the funding of music therapy in order to realistically assess the effective availability of music therapy services (e.g. the number of music therapists who could potentially work in private practice) or the costs of treatment. The data can also serve as a resource for professional associations in Austria that support work regarding the needs of various clientele and local conditions.

It also provides numerous suggestions for the teaching and training of music therapy and in a broadened sense also for further education and training: Because the findings reflect professional reality, this may lead to a continued focus on fields of work in which music therapy is heavily involved such as adult psychiatry. At the same time this could also place greater emphasis on sectors that are currently less well established in terms of the numbers involved (e.g. neonatology), allowing music therapists to acquire the relevant expertise and necessary skills in these fields. Finally, the data obtained provides reliable reference material that can also be used for future research in a variety of fields, for instance in matching sample sizes necessary for clinical studies to the numbers of potential participants or in planning projects in the field of healthcare research.

Numerous questions arise based on the central findings presented above and the comparisons that have already been made with the 2011 survey (Geretsegger et al., 2012). A selection of these are discussed below.

General work situation

In general, the data gathered shows a positive development of music therapy in Austria: the profession is growing and the number of workplaces is also increasing, a trend which cannot be taken for granted in light of current healthcare policy.

The findings detailed below may lead to the assumption that the professional situation of music therapy has changed compared to the situation in 2011. Contractual relationships appear more secure or music therapy as a healthcare profession is becoming more firmly established and has a more clearly defined profile:

- An increase can be seen in the proportion of music therapists engaged at just one workplace, while the proportion of those working at several facilities has fallen markedly (Figure 3).
- With regard to the type of employment, the number of those working exclusively as either salaried employees or self-employed has risen, while combinations have become less common (Table 1).
- Eighty-five percent of those working as salaried employees at an institution are on permanent contracts.
- Apart from those working in research and teaching, only a few people have contracts as something other than a music therapist.

Comparing the two surveys there is little change noted in the average number of weekly working hours per workplace (2011: 13.8 hours; 2018: 13.2 hours). However, the average weekly working hours per music therapist have fallen from 25.2 to 20.5. This shift is reflected in the larger number of people who work less than 10 hours a week as a music therapist and the markedly smaller proportion of those working 31–40 hours per week. The average workload per workplace has not changed. Positions with 0–10 hours remain most common. The number of positions with more than 10 hours decreases successively with full-time positions being least common (Table 1). However, a look at the types of employment shows that the majority of the positions with 0–10 hours are filled by self-employed music therapists and the largest number of salaried positions at institutions falls in the 11–20-hour bracket. Positions with 31–40 hours per week are filled exclusively by salaried employees (Figure 4).

The average number of hours per workplace has only marginally decreased while the number of documented workplaces rose appreciably during the last seven years (from 220 in 2011 to 380 in 2018). This shows that the total number of hours of music therapy practised in Austria overall has increased considerably.

Fields of work, institutions and settings

Institutions remain the most common place of work for music therapists practising in Austria. Compared to 2011, only slight shifts regarding the types of institution are apparent, and no clear correlations between them can be identified. For example, slight decreases in the proportion of engagements at hospitals are offset by the larger number of positions in the field of research and teaching and more frequent instances of private practice. What is noticeable, however, is the marked drop

in the proportion of positions at day-care centres. This poses the question of how current political trends (also with regard to the health service) are negatively affecting outpatient healthcare (e. g. extramural psychiatry, social-psychiatric centres) and what consequences these trends will have for the patients/clients concerned. Another interesting point is that music therapy in educational settings (e. g. schools) in Austria, which accounts for 6.1 % of practice, is relatively uncommon compared with the situation internationally in which school settings account for 13.6 % of music therapy activities (Kern & Tague, 2017).

The largest target groups for music therapy remain adults with mental health problems and children and adolescents with developmental/behavioural problems. There has been a slight increase in the group of adults experiencing life-changing crises and facing issues of personality development (Table 2). This finding is relevant with regard to the rise in self-employed work in private practice and should be taken into account in training contexts.

Since economic considerations are causing therapy services generally to focus increasingly on group sessions it is remarkable that music therapy continues to offer predominantly individual sessions. That the family setting is already being offered by 14.6 % of workplaces shows the growing significance of music therapy with families. No statements can be made about the duration of therapy processes owing to the ambiguity of the data; this question should be considered when designing the next survey.

A new question in the present study dealt with the status and role of music therapists in diagnostic processes. A little more than a quarter of the respondents stated that they were involved in diagnostic processes or used diagnostic or research tools specific to music therapy. This entails a clear responsibility for training courses to focus more on skills necessary for making diagnoses in music therapy in order to increase expertise in this area (Jacobsen, Waldon, & Gattino, 2019).

“One study leads to another” – limitations and perspectives

This study focused on music therapists in Austria, a professional group that is clearly defined by law. Thanks to an impressive response rate, it allowed analysis of data supplied by almost three quarters of all music therapists in Austria. A body of representative and high-quality data is now available that will stimulate further research in other German-speaking and European countries and encourage discussion of topics concerning many aspects of relevance to the profession.

The present survey nevertheless has limitations in the following areas: It became apparent that the data allows no conclusions about whether the number of hours worked by a music therapist (especially when this number is low) is sufficient to earn a living from this work alone. It would be interesting to ascertain the income earned from practising as a music therapist; whether therapists would be happy to work at several facilities or to increase the number of hours worked, and whether they (are forced to) have a second job or are looking for additional workplaces. A supplementary study on job satisfaction (cf. Stegemann, Mauch, Stein, & Romer, 2008) could be important.

Furthermore, it appears important to choose reply formats that cover as many different aspects of the reality of practice as possible. For example, limiting replies to one group of clients at each workplace may have resulted in bias since it may have precluded mention of smaller secondary groups of clients. No statements about the average duration of therapy processes were possible, which may suggest that the wording of the questions was unclear. This should be considered when designing future surveys.

Initial findings of the present study have already been presented to interested music therapists at several events in Austria, leading to discussion of aspects relevant to the profession and exchange between research and practice.

Acknowledgements

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Conclusions for practice

- The current data can serve as an information resource for individual music therapists in Austria. It allows them to place their own work and their own (institutional) situation in a larger context.
- Discussion of the findings within the music therapy community can promote understanding of research processes and introduce aspects into the research that are relevant to practice (“gap between research and practice”).
- Every single response to music therapy surveys greatly contributes to the quality of the findings. A high response rate makes it possible to support the professional interests of music therapists with reliable figures.



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1 The questionnaire (German) can be sent to you on request (Contact: wzmf@mdw.ac.at).