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Music Therapists, Personal Value Preferences, and Burnout

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MUSIC THERAPISTS, PERSONAL VALUE PREFERENCES, AND BURNOUT

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DEDICATION

I dedicate this thesis to my family for their unwavering encouragement and support.

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"I've heard it said that people come into our lives for a reason, bringing something we must learn. And we are led to those who help us most to grow if we let them, and we help them in return. Well, I don't know if I believe that's true, but I know I'm who I am today because I knew you."
—For Good (From *Wicked*)

MUSIC THERAPISTS, PERSONAL VALUE PREFERENCES, AND BURNOUT

Abstract

By Yung-Jung Cheng (Kerstin Cheng)

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The purpose of this study is to determine whether there is a relationship between personal value preferences (PVPs) and burnout among music therapists. A total of 450 board-certified music therapists participated in this study. Four hundred and twenty-one participants finished the survey partially and completely, and were analyzed with regard to demographic information (gender identity, years of work, worksites, weekly work hours, annual salary range). Three hundred and forty-three participants who completed the Portrait Values Questionnaire (PVQ-RR), and Maslach Burnout Inventory-Human Services Survey (MBI-HSS) were subjected to non-parametric and linear regression analyses.

Regarding the relationship between worksites and burnout, the Kruskal-Wallis H test was used to detect differences in burnout as a function of reported worksite and was found to be significant for Depersonalization. Post-hoc analyses using the Dunn-Bonferroni method found one pairwise difference: Those working in Psychiatric Hospitals report higher Depersonalization than those working in Private Practice/Agency settings. This would seem to suggest that some of the characteristics of the worksite might be related to the experience of burnout. A similar approach was used to detect differences in burnout as a function of reported salary range. The result was significant for Emotional Exhaustion; however, post-hoc tests revealed that no two salary ranges differ significantly from one another.

Multiple regression was used to examine the extent to which years of work and weekly work hours are related to burnout. Findings suggest that both years of work and weekly work hours and burnout were statistically significant. Further analysis finds that years of work was negatively correlated with Emotional Exhaustion and Depersonalization, and positively correlated with Personal Accomplishment; and weekly work hours was positively correlated with Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Although the results are statistically significant, the practical use of these findings may be limited because of the relatively small amount of variance explained by the overall model and individually by years of work and weekly work hours.

Finally, multiple regression was conducted to examine the relationship between PVPs and burnout. Results suggest that PVPs as a group are related to Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Specifically, Self-Transcendence is negatively related to Emotional Exhaustion, Depersonalization, and positively related to Personal Accomplishment; Self-Enhancement is positively correlated with Emotional Exhaustion and Depersonalization and negatively correlated with Personal Accomplishment; Openness to Change is negatively correlated to Emotional Exhaustion and Depersonalization, and positively correlated to Personal Accomplishment; and Conservation is positively correlated with Emotional Exhaustion and negatively with Depersonalization and Personal Achievement. These findings as well as implications for future research and implications are explored further.

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CHAPTER 1: INTRODUCTION

Music therapy is an evidence-based clinical profession and music therapists work in different settings, utilizing music as a medium to assess individuals' physical, emotional, social, cognitive, and communication skills. Music therapists design and implement music-based interventions to help address their clients' goals and objectives related to these domains (AMTA, 2019). According to a survey by American Music Therapy Association (2019), 65% of music therapists work with individuals diagnosed with severe prognoses, including mental health issues, medical and surgical issues, elderly and Alzheimer's diseases, neurological disorders, and intellectual disabilities. This may result in music therapists feeling emotionally affected and being vulnerable to burnout due to constantly witnessing clients' struggles (Clements-Cortes, 2013). As Murillo (2013) stated, "The music therapy profession, one of many helping professions, is both highly rewarding and meaningful, and also emotionally and physically draining" (p. 1).

As a clinical music therapist with over 4 years of work experience, I felt motivated and rewarded most of the time—until 2020. As a result of the COVID-19 pandemic, I experienced the same stress and changes that people experienced worldwide, witnessed some colleagues change their attitudes toward clients and work, observed some colleagues' absenteeism or departure, and received a pay cut. I found myself growing apathetic towards my work and therefore began to wonder if I was experiencing burnout and ruminated about the causes of burnout.

Maslach and Leiter (2016) define burnout as a prolonged response to stress in a workplace. The responses contain three dimensions: emotional exhaustion, depersonalization

and feelings of cynicism, and feelings of low personal achievement. In reviewing the literature on burnout across different professions, researchers have examined a variety of contributing factors: personal (individual) factors (Clements-Cortes, 2013; Gooding, 2019), work factors (Clements-Cortes, 2013; Yang & Hayes, 2020), client factors (Yang & Hayes, 2020), and social factors (Clements-Cortes, 2013).

There has been little exploration of personal values factors and burnout. Most articles reviewed regarding personal factors and burnout only included discussions of personality traits, demographic variables, years in the profession, and poor coping strategies. Standing out among the literature, Tartakovsky (2016) examined the relationship between burnout and a new personal factor that had not been explored before: personal value preferences (PVPs) and burnout levels. According to Sagiv et al. (2017), PVPs are trans-situational, hierarchical, and desirable and are guiding principles that reflect an individual's behavior, emotions, and cognition. For instance, individuals who view following tradition as the most important value are likely to make decisions based on that value across various situations (i.e., in daily life or work settings). The results of Tartakovsky's study revealed that social workers who experienced less burnout viewed benevolence, universalism, and achievement as more important values and power and face as lower preferences of value.

I am curious to know if PVPs and burnout are correlated among music therapists. There is limited literature on the topic and researchers have not yet examined this potential correlation. As such, the current study is distinctive and pioneering in the area of music therapy. Hou and Skovholt (2020) discovered that resilient counseling psychologists hold four characteristics, one of which is "a core values and beliefs framework" (p. 392). Resilient individuals often present lower burnout symptoms (Guo et al., 2019; McFadden et al., 2016). Thus, if PVPs indeed affect

our perception of work stress and burnout experience, the present study may serve as a helpful reference for any individuals engaged in the music therapy field. The results may allow music therapists to identify sources of burnout, develop burnout preventive measures, design relevant courses on the topic of burnout, cultivate self-care tips to alleviate work-related stress, and promote overall wellbeing and work-life balance.

Purpose of Current Study

Although many have conducted studies to examine the correlation between burnout and a variety of factors among music therapists, none have investigated whether there is a correlation between PVPs and burnout. For the present study, I utilized the Portrait Value Questionnaire (PVQ-RR), the Maslach Burnout Inventory—Human Services Survey (MBI-HSS), and questions related to demographic information. I sought to examine the following research questions:

- Research question 1: Do levels of burnout vary among those working at different worksites and at different salary levels?

- Research question 2: To what extent are years of working in the profession and weekly work hours related to burnout?

- Research question 3: To what extent are Personal Value Preferences, individually and as a group, related to burnout?

CHAPTER 2: REVIEW OF THE LITERATURE

Burnout

The Mayo Clinic defines burnout as experiencing a complex combination of physical exhaustion, emotional exhaustion, a sense of reduced accomplishment, and damaged self-identity as a result of work-related stressors. In 1974, Freudenberger described burnout as "inoperative to all intents and purposes" due to prolonged and excessive work-related stressors (p. 160). In 2019, the World Health Organization (WHO) included a descriptive definition of burnout as an occupational phenomenon under factors influencing health status or contact with health services in the 11th Revision of the International Classification of Diseases (ICD-11, 2019). Klatt et al. (2021) also reported that, in 2020, the Association of American Medical Colleges recognized the need to address suicide, burnout, and mental health among healthcare professionals and supported legislation to initiate programs that would provide interventions to reduce burnout. As evidenced by the above, there is a growing recognition of the significant effects of burnout on an individual's health.

Development of Burnout Research

Herbert Freudenberger and Sigmund Ginsburg described the term "burnout" in 1974, and Freudenberger publicized the term in his subsequent scholarly articles (Heinemann & Heinemann, 2017). It is necessary to emphasize that Freudenberger did not invent the word burnout; instead, he used the term to describe his observations regarding the mental state that he and his colleagues experienced while working intensively in a free clinic in New York. He observed that many individuals were feeling worn out and becoming exhausted due to work-related stressors. In 1976, Christina Maslach interviewed professionals working in the field of

human services about emotional stress and found that individuals' coping skills had a significant influence on their professional identities and job behaviors. Since then, Maslach has collaborated with colleagues in fine-tuning the definition and assessment of burnout (Maslach & Jackson, 1981; Maslach et al., 1996; Maslach et al., 2016).

According to Maslach et al. (2001), in the mid-1970s, burnout research was exploratory and qualitative and primarily focused on individuals working in human service occupations. Because of the interpersonal/relational encounters, researchers did not understand burnout as an individual's response to stress but rather a reaction to interpersonal contacts—such as relations to coworkers or service recipients—in the workplace. During this time, researchers explored burnout through clinical and social psychology perspectives. Clinically, researchers examined symptoms of burnout, while, socially, they focused on burnout that stemmed from the relationships between providers and recipients through onsite observations, interviews, and case studies.

In the 1980s, the research on burnout began to involve quantitative aspects. That is, researchers designed studies utilizing questionnaires and recruited large numbers of participants to better measure burnout. Along with her colleagues, Maslach developed the original Maslach Burnout Inventory (MBI) to help professionals in the human services industry measure burnout. Researchers later revised the MBI for use in a variety of settings and recognized it as the most commonly used questionnaire to assess burnout (Heinemann & Heinemann, 2017; Maslach et al., 2018). In this period, scholarly contributions on burnout were from the organizational point of view and centered on job stress, job satisfaction, and turnover rate. Through the incorporation of clinical, social, and organizational perspectives—along with the standardized assessment— researchers reinforced and extended burnout research data (Maslach et al., 2001).

The development of burnout research from the 1990s through 2020 has been broadened to assess wider occupations, such as managers (Cordes et al., 1997; Kaatz et al., 1999; Rahim, 1995), students (Santen et al., 2010), members of the clergy (Francis et al., 2004; Visker et al., 2017), and police officers (Golembiewski et al., 1992; Goodman, 1990). The MBI provides an objective explanation of a common phenomenon and the use of standardized tools allows researchers to investigate both burnout contributors and consequences and design more complex studies—such as longitudinal studies—to evaluate the effectiveness of preventive measures and interventions (Maslach et al., 2001).

Developmental Models of Burnout

The way that burnout develops varies between individuals, and its manner of progression is inconclusive among researchers due to limited study designs and the challenges of conducting longitudinal studies (Maslach et al., 2001). When researchers first investigated burnout, they concentrated on the relationship between the three dimensions of burnout. In particular, Maslach and colleagues described burnout using three dimensions in sequential stages (Maslach & Leiter, 2016; Maslach & Schaufeli, 1993). Emotional exhaustion develops first and is the most apparent stage. During this time, individuals experience a loss of energy, depletion, and fatigue. Depersonalization is the second stage; the symptoms include feelings of cynicism, irritability, negative or inappropriate attitude towards clients, and detachment from clients and/or the job. The final stage is the feeling of reduced personal accomplishment. Individuals tend to feel a sense of ineffectiveness, reduced productivity, and professional inefficacy.

Following the period of focus on the sequential stages of burnout, researchers posited developmental theories that revolved around work-related demands, resources, stress, and the individual experiences of imbalanced feelings at work that lead to burnout. Demerouti et al.

(2001) proposed the Job Demands-Resources model in which they assumed that burnout develops when job demands are high and when there are limited job resources. This type of working condition causes employees to feel depleted and unmotivated. Hobfoll (1989) proposed the other well-acknowledged theory, the Conservation of Resources model, which Hobfoll and Freedy (1993) then further developed. The model is based on motivational theory, hypothesizing that people strive to retain and protect their valued resources. When resources are consistently threatened, burnout aggravates. Finally, in 2004, Leiter and Maslach identified six common domains through a literature review on organizational risk factors and suggested a variation of an imbalance model, Areas of Worklife. They pinpointed the six key components that contribute to work-life imbalance: workload, control, reward, community, fairness, and values and described:

> The first two areas are reflected in the Demand-Control model of job stress (Karasek & Theorell, 1990), and reward refers to the power of reinforcements to shape behavior. Community captures all of the work on social support and interpersonal conflict, while fairness emerges from the literature on equity and social justice. Finally, the area of values picks up the cognitive-emotional power of job goals and expectations. (p. 95)

When the six domains are mismatched, individuals experience different levels of burnout. The greater the misalignment is between the person and the job, the higher the burnout level will be. A subsequent longitudinal and cross-sectional study by Maslach and Leiter (2016) empirically supported this new theory.

Factors of Burnout

Several researchers have explored the common factors contributing to burnout among healthcare workers. Clements-Cortes (2013) categorized these burnout factors among music therapists into work, individual, and social aspects. A literature review on burnout and music therapists conducted by Gooding (2019) also revealed that the commonly identified factors of burnout are work- and personal-related. The finding was consistent with many of the current

developmental theories of burnout, strengthening that burnout was caused by the person-job imbalances. Furthermore, in a literature review on the causes and consequences of burnout among mental health professionals, Yang and Hayes (2020) categorized the factors into work-, personal-, and client-related.

Work factors. Work-related factors are the leading contributors in precedent studies, as burnout was presumably caused by organizational stressors (Clements-Cortes, 2013). The identified factors include insufficient compensation/benefits (Chang, 2014; Decuir & Vega, 2010; Demerouti et al., 2014; Gooding, 2019; Hricová et al., 2020; Salami & Ajitoni, 2015), job dissatisfaction (Holt & Blevins, 2011); job demands, such as workload (Clements-Cortes, 2013; Yang & Hayes, 2020) and work hours (Hu et al., 2016; Reis et al., 2018; Yang & Hayes, 2020); and negative work environment (Gooding, 2019; Yang & Hayes, 2020), including work conditions (Gooding, 2019; Odonkor & Frimpong, 2020), organizational climates (Clements-Cortes, 2006; Gooding, 2019), role ambiguity and role conflict (Acker, 2011; Clements-Cortes, 2006; Elliott & Daley, 2012), and lack of support from the administration (Decuir & Vega, 2010; Oppenheim, 1987).

Individual factors. People who decide to pursue a career in the healthcare profession tend to see themselves as care providers and not care receivers. Consequently, they forget to self-care and are at great risk of burnout (Clementes-Cortes, 2013). Many researchers have studied individual factors that are burnout mediators with mixed results (Warren et al., 2013). Previous research has suggested that lack of self-awareness (Chang, 2014), personality traits (Clements-Cortes, 2013; Fowler, 2006; Vega, 2010), demographic variables (Clements-Cortes, 2013; Elliott & Daley, 2012), years in the profession (Clements-Cortes, 2013; Elliott & Daley, 2012; Miranda Alvares et al., 2020; Oppenheim, 1987; Richardson-Delgado, 2006; Vega, 2010), and poor coping strategies (Yang & Hayes, 2020) all play a part in the development of burnout.

Client factors. Music therapists, as many healthcare workers, who often have to deal with clients with poor prognoses and constantly witness their struggles first-hand are vulnerable to burnout (Clements-Cortes, 2013). Furthermore, individuals who work with clients that are suffering from different types and severity of problems experience decreased job satisfaction and increased the feeling of hopelessness, resulting in higher risk of burnout (Clements-Cortes, 2006). Warren et al. (2013) also reported that clinicians experienced higher levels of burnout when working with clients diagnosed with Axis II mental disorders and intellectual disabilities and treating clients who had experienced sexual trauma and were coping with behavioral issues and long-term health issues.

Social factors. Social factors may be a significant contributor for music therapists, as we are often the only music therapist on the worksite. This may result in feeling isolated and misunderstood. According to Rykov (2001), many healthcare professionals do not fully understand the training that music therapists go through, the responsibilities they have, or the benefits that music therapy services may provide. Hills et al. (2000) shared the same perspective, stating that a quarter of music therapists that were part of a multidisciplinary team reported feeling stress and experiencing a lack of role clarity within the team. This is concerning, as prolonged stress may lead to burnout.

Signs of Burnout

Burnout is a reaction that manifests itself in various physical, psychological, and behavioral signs. Salvagioni et al. (2017) concluded that burnout can contribute to the development of physical disorders, including coronary heart disease, cardiovascular symptoms, musculoskeletal pain, gastrointestinal issues, respiratory problems, hypercholesterolemia, type II diabetes, changes in pain perception, chronic fatigue, headaches, increased likelihood of severe

injuries, and a decrease in mortality rate in those below the age of 45. Similarly, Rossi and

Lubbers (1989) conducted a study to examine the physiological responses to work stressors.

They concluded that the participants who had experienced work stress reported various

symptoms, including musculoskeletal, cardiovascular, respiratory, gastrointestinal, and immune

difficulties.

Sleep disturbances and depressive symptoms are the most commonly reported

psychological symptoms associated with burnout (Salvagioni et al., 2017). Vela-Bueno et al.

(2008) revealed a solid association between burnout and insomnia among primary care

physicians—physicians with high levels of burnout exhibited a high prevalence of insomnia and

poor sleep quality. Armon et al. (2008) further elaborated on the relationship between burnout

and insomnia. They examined 1,356 employed adults by distributing a questionnaire to each

individual twice: the initial test and a follow-up test after 18-months. The results concluded that

burnout was correlated with the intensification of insomnia over time. Interestingly, the

researchers also found that insomnia contributed to new burnout cases. In other words, burnout

and insomnia predict each other's development and worsen as time progresses.

Ahola and Hakanen (2007) reported a similar discovery on the coexistence of burnout

and psychological symptoms, claiming that burnout and depression are recursively associated.

In 2003, they surveyed 3,255 Finnish dentists who were members of the Finnish Dental

Association. Participants responded to the questionnaires regarding burnout level and depression.

In 2006, 2,555 of the original participants also responded to a follow-up survey. The researchers

found that, of those who had originally experienced burnout without depressive symptoms

initially, 23% developed depressive symptoms that they reported on the follow-up survey. Of

those participants who did not experience burnout but did have depressive symptoms at first,

63% had burnout in 2006. In 2014, a study by Armon et al. found the same result among 4,861 employed adults in Tel Aviv, Israel. The researchers stated that burnout predicted depressive symptoms in healthy adults. Participants with chronic medical illness and burnout developed depressive symptoms within a short period. Furthermore, Armon et al. (2014) found a correlation between burnout and the intensification of preexisting depressive symptoms among participants with chronic medical conditions (other than cancer).

Regarding behavioral signs of burnout, individuals may exhibit unproductive work behaviors (Fowler, 2006; Rossi & Lubbers, 1989; Wolpin et al, 1994) and reduced quality of work (Rupert et al., 2015). Job dissatisfaction is an additional identified consequence of burnout. Lizano and Barak (2015) found that, in regard to burnout, emotional exhaustion was positively correlated with depersonalization and negatively related to job satisfaction among public child welfare workers. Kim (2012) also conducted a study on the relationship between job satisfaction, collective self-esteem, and burnout among music therapists and concluded that higher job satisfaction strongly predicted lower levels of emotional exhaustion and depersonalization as well as higher personal achievement.

Absenteeism is also associated with burnout. Yaniv (1995) proposed a theoretical burnout-absenteeism connection. They hypothesized that every worker is initially equipped with full emotional and mental resources. However, when additional stress appears, the use of the resources accelerates. Furthermore, when workers' emotional and mental resources are depleted to a certain level, they will exhibit burnout symptoms and possibly become unable to work. Many researchers have subsequently supported the connection between burnout and absenteeism. For instance, Lambert et al. (2010) found significant links between emotional exhaustion, depersonalization, and absenteeism among correctional staff in the United States. In

2019, Matthews et al. discovered that midwives in Melbourne, Australia, who experienced burnout had an almost 20% higher rate of absenteeism than those who did not. As Schaufeli et al. (2009) posited, absenteeism is the result of employees' job strain, such as burnout.

An increase in sick days is also common among individuals experiencing burnout. Borritz et al. (2010) conducted a study on human service workers in Denmark and concluded that individuals feeling burnout at work predicted long-term sickness absence. Hallsten et al. (2011) published a similar result, finding that Swedish participants with burnout symptoms were at high risk of long-term sickness absence. In order to gain perspective on how burnout leads to long-term sickness absence, Eriksson et al. (2008) produced an intriguing analysis by interviewing 32 Swedish individuals who felt burnout and were on long-term sickness absence. The researchers termed the process as "the burnout stairs" and explained that burnout participants experienced: 1) extensive changes, 2) insecure social bonds fraught with conflict, 3) increased demands, 4) incompatible expectations, 5) lack of trust and diminished self-esteem, 6) strong emotions and health problems, 7) collapse, and 8) sickness absence. The participants also shared that being on sickness absence provided them an opportunity to recuperate. The conclusion coincides with Yaniv (1995)'s theory; both support the idea that absence helps individuals who are experiencing burnout wind down, recover, and balance their lives.

The aforementioned behaviors may result in individual and organizational low job performance or serious organizational and social costs, including high turnover rates (Eriksson et al., 2008; Lambert et al., 2010; Madigan & Kim, 2021; McFadden et al., 2016; Shoorideh et al., 2015) and disability pensions (Ahola, Gould, et al., 2009; Ahola, Toppinen-Tanner, et al., 2009).

Theory of Values

In 1928, Eduard Spranger, a German philosopher and psychologist, suggested that there are six value orientations of personality: theoretical, economic, aesthetic, social, political, and religious. Spranger asserted that a theoretical individual's interest is in discovering the truth, whereas an economic individual is interested in what is useful. An aesthetic individual sees everything in form and harmony, while a social individual's highest value is love. Finally, a political individual's interest lies in power, and a religious individual's highest value is unity. His theory inspired Vernon and Allport's (1931) first version of the study of values (Allport et al., 1960), an assessment designed to ascertain the importance of each value in an individual.

In 1956, Charles William Morris, an American philosopher, posited that people place a value of importance within a value system that contains multiple universally shared values. Based on the assumption, Morris conducted empirical research and designed a questionnaire regarding different ways of living. He asked participants whether they liked or disliked each of the statements (e.g., *cultivate independence of persons and things*) and extracted five general values from their responses: social restraint and self-control, enjoyment and progress in action, withdrawal and self-sufficiency, receptivity and sympathetic concern, and self-indulgence. Subsequent researchers recognized Morris's approach as a pioneering framework and have employed it within studies on various other topics, including parenting style, attachment style, and self-esteem (Rohan, 2000).

Milton Rokeach's contribution in 1973 was the next significant study on values. Rokeach suggested that people's attitudes and behaviors are based on their cultural, societal, and personal values. He proposed a list of words and included a brief explanation, such as inner harmony (freedom from inner conflict) and broad-minded (open-minded), and asked individuals

to organize the words related to values from the most to least important. He then distinguished value into two types: instrumental and terminal and described instrumental values as "modes of conduct" and terminal values as "end-state of existence" (Rokeach, 1973, p. 5). In other words, terminal values are the most important or most desirable, whereas instrumental values represent how desires should be achieved following "modes of conduct." For instance, individuals who want to have an exciting (or stimulating/active) life follow a broadminded (open-minded) mode of conduct. Based on the findings, Rokeach invented the Rokeach Value Survey, which other researchers have used globally to measure value priorities. However, researchers have also criticized that the survey does not provide a theory about the value system structure (Rohan, 2000) and lacks aspects of physical development and well-being, and fundamental principles of the society (e.g., human rights) (Braithwaite & Law, 1985). Braithwaite and Law further suggested that some values (i.e., carefreeness and thriftiness), which are more ambiguous, need to be researched more and be included in the value list.

The definition of personal value preferences in the current study is based on Schwartz's theory of basic human values (Schwartz, 2006; Schwartz et al., 2012). Schwartz and Blisky (1987, 1990) initially developed the theory which was inspired by the work of Vernon and Allport (1931) and Rokeach (1973). While Vernon and Allport defined values as interests in motivational terms, Rokeach saw values as personally or socially preferable in cognitive terms. As Sagiv et al., (2007) stated, "[V]alues are cognitive representations of motivational goals" (p. 4). Schwartz adapted the two core theories and concluded that values are beliefs and hierarchical trans-situational goals that serve as the guiding principles in people's behaviors and actions. In Schwartz's theory, all the values are adjacent to one another and are arranged in a circular

motivational continuum based on the expressed motivation of compatibility or conflict (see

Figure 1) (Schwartz, 2017).
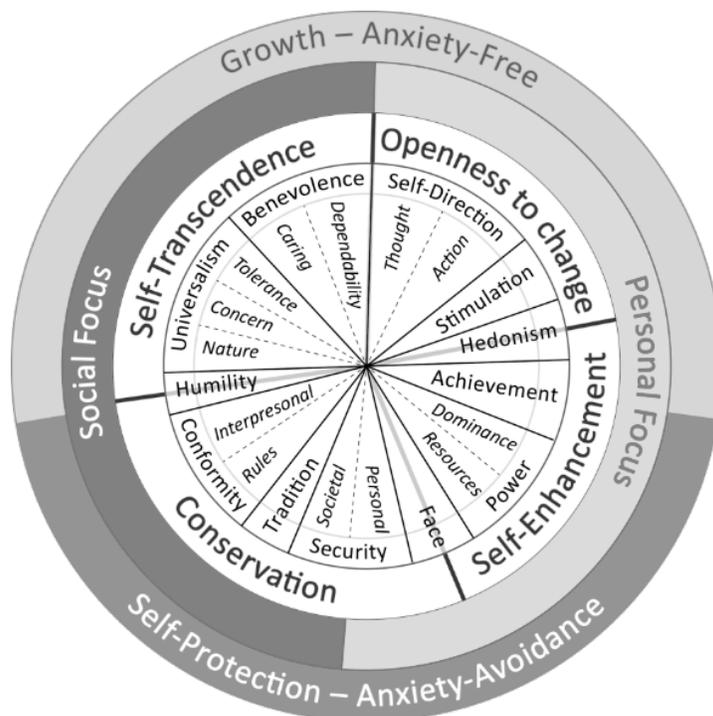
Figure 1. The content and structure of human values (Schwartz, 2017).

In Schwartz and Cieciuch's (2021) most recent iteration of the theory, he explained that

the rationale to expand the original values from 10 to 19 (see Table 1) was to refine the circular

continuum. The finer the construct of each value, the more understandable and precise the

values are. Schwartz also categorized the finer values into four higher-order values according to

human problems and therefore, form two basic conflicts: self-enhancement and self-

transcendence are in opposition; openness to change and conservation similarly conflict with

each other. The definition of the four higher-order values and the conflicts are explained by

Sagiv et al. (2007):

Self-enhancement values emphasize the pursuit of self-interest by seeking to control people and resources (power) or by exhibiting ambition and socially recognized success (achievement). These values conflict with self-transcendence values that emphasize concern for others, demonstrating care for the welfare of those with whom one has frequent contact (benevolence) or displaying acceptance, tolerance, and concern for all people—even members of outgroups (universalism). … Openness to change values express the motivations for autonomy of thought and action (self-direction) and for novelty and excitement (stimulation). These values conflict with conservation values that express the motivations to preserve the status quo through maintaining traditional beliefs and customs (tradition), to comply with rules and with expectations of others (conformity), and to seek safety and stability (security). (pp.6-7)

In the current study, I will categorize the gathered data into four higher orders due to participants and time limitations. Future research is recommended to examine the relationship between burnout and finer value constructs.

Table 1

The Four Higher Order Values, 10 Basic Values, and 19 Values in the Refined Theory of Values

Four higher order values	10 basic values	19 values in the Refined Theory of Values
Self-transcendence	Benevolence: Preservation and enhancement of the welfare of people with whom one is in frequent personal contact	Benevolence—Dependability (BED): Being a reliable and trustworthy member of the in-group
		Benevolence—Caring (BEC): Devotion to the welfare of in-group members
	Universalism: Understanding, appreciation, tolerance, and protection for the welfare and *all* people and of nature	Universalism—Tolerance (UNT): Acceptance and understanding of those who are different from oneself
		Universalism—Concern (UNC): Commitment to equality, justice and protection for all people
		Universalism—Nature (UNN): Preservation of the natural environment
		Humility (HUM): Recognizing one's insignificance in the larger scheme of things
Conservation	Conformity: The restraint of actions, inclinations, and impulses that are likely to upset or harm others and violate social expectations or norms	Conformity—Interpersonal (COI): Avoidance of upsetting or harming other people
		Conformity—Rules (COR): Compliance with rules, laws, and formal obligations
	Tradition: Respect, commitment, and acceptance of the customs and ideas that traditional culture or religion provides	Tradition (TR): Maintaining and preserving cultural, family or religious traditions
	Security: Safety, harmony, and stability of society, relationships, and self	Security—Societal (SES): Safety and stability in the wider society
		Security—Personal (SEP): Safety in one's immediate environment
		Face (FAC): Maintaining one's public image and avoiding humiliation
Self-enhancement	Power: Control or dominance over people and resources	Power—Resources (POR): Power through control of material and social resources
		Power—Dominance (POD): Power through exercising control over people
	Achievement: Personal success through demonstrating competence according to social standards	Achievement (AC): Definition unchanged
	Hedonism: Pleasure and sensuous gratification for oneself	Hedonism (HE): Definition unchanged
Openness to change	Stimulation: Excitement, novelty, and challenge in life	Stimulation (ST): Definition unchanged

(Table 1 Continued)

| Self-Direction: Independent thought and action, choosing, creating, and exploring | Self-Direction—Action (SDA): The Freedom to determine one's own actions |
| | Self-Direction—Thought (SDT): The Freedom to cultivate one's own ideas and abilities |

Note: (Schwartz, & Cieciuch, 2021)

Demographic Factors and Burnout in the Study

When deciding what demographic information to include in the current study, I used Gooding's (2019) integrative review on burnout among music therapists as a reference. Gooding examined an abundance of studies that included explorations of the factors contributing to burnout. They discovered that the top three most common contributors to burnout among these studies were work environment issues, compensation issues, and workload issues. Therefore, I included worksite and compensation factors in the demographic data in the study.

Among the factors included in my study, their hours of work sparked my interest due to the lack of literature on the topic and personal conversations with my coworkers (Gooding, 2019). While many of my coworkers volunteered to work overtime during the COVID-19 pandemic, others experienced burnout even with typical work hours (40 hours per week). I was also curious about the impact of years in the profession on burnout; previous studies have yielded inconclusive results on the topic. I have observed coworkers who frequently take time off no matter how long they have been working in the profession. Therefore, I was curious to discover whether hours of work and years in the profession are contributors to burnout.

Years of Work and Burnout

Several researchers have concluded that healthcare professionals with more years of work experience tend to deal with burnout less. Hamama (2012) examined burnout, demographic characteristics, work environment, and social support among 126 Israeli social workers who work with children and adolescents and concluded that burnout was negatively associated with seniority. Mullen et al. (2017) similarly found that younger and less experienced school counselors reported experiencing greater stress and increased burnout than those who were older and more experienced. Ramírez et al. (2018) also discovered that Ecuadorian healthcare professionals with more than 10 years of experience were less likely to experience burnout than those who had worked fewer than 10 years. Additionally, in a cross-sectional study conducted in Sãn Luís et al. (2020), the results indicated that physicians with longer, more professional work experience were correlated with lower level of depersonalization.

Wolf et al. (2015) reported similar findings in educational settings, determining that, despite the presence of cumulative risks that may contribute to the development of burnout, teachers with less experience reported the highest levels of burnout. Also, Bernhard's (2016) investigation on burnout among elementary and secondary school music educators concurred with the previous postulations that less experienced teachers reported more severe burnout than more experienced teachers.

Although the research results on burnout and years of experience seem to be unanimous, Reis et al.'s (2018) study achieved a contrasting conclusion. Reis et al. recruited 374 Portuguese occupational therapists in order to explore the relationship between years of work and burnout levels and ascertained that participants reported experiencing more client-related physical and psychological fatigue and exhaustion; the symptoms were highly associated with burnout. The

researchers further explained that the disagreement might be due to the physicality of the responsibilities of occupational therapists, while the responsibilities of participants in the aforementioned studies tended to relate more to mental capacity.

Years of Work and Burnout Among Music Therapists

There is limited literature on burnout and years of work among music therapists, and the correlation between the two has been inconclusive. Oppenheim (1987) was the first to investigate occupational stress or burnout among music therapists. They concluded that professionals who work longer in the field tend to report higher levels of burnout. In their study, Oppenheim discovered that participants who worked fewer than 5 years were unlikely to experience burnout. This finding, however, contradicted with Richardson-Delgado's (2006) result. In their doctoral dissertation, Richardson-Delgado conducted a study by executing the Maslach Burnout Inventory and surveying 68 music therapy faculty members. The results revealed that younger faculty reported higher scores on emotional exhaustion and depersonalization and higher total burnout scores than the older faculty. One explanation of the discrepancy might be the difference in the targeted population. While Oppenheim's participants were music therapy clinicians, Richardson-Delgado's were music therapy school faculty. Given that the two populations have dissimilar responsibilities and stress factors, it is not entirely surprising that the researchers reached different conclusions.

Fowler (2006) used the Maslach Burnout Inventory and Stress Profile to examine the correlations between professional well-being (defined as positive attitudes toward work and longevity), age, and attitudes regarding the workplace, income, and education. They recruited 49 music therapists and found an extremely weak relationship between years in the profession, emotional exhaustion, and depersonalization and a weak but positive relationship between years

in the profession and personal achievement. Fowler interpreted the results by stating that many music therapists might have learned positive coping skills and utilized preventive measures to reduce burnout levels and to continue working effectively.

Hours of Work and Burnout

Researchers have investigated the association between burnout and demographic factors within various professions across the globe. Among such studies, the average number of work hours per week is repeatedly considered a significant mediator to the development of burnout (Hamann & Gordon, 2021; Luther et al., 2017). Martini et al. (2006) initiated a weekly work hour limits program and discovered that medical residents' burnout symptoms increased as their number of work hours increased. In a study conducted in Turkey, Celik et al. (2021) also claimed that general surgeons who worked more than 60 hours per week experienced burnout.

In 2016, Hu et al. conducted a cross-sectional survey to examine long working hours, physical activity, and burnout among 1,560 full-time employees working in a medical center in Taipei, Taiwan. They measured personal burnout, work-related burnout, and client-related burnout and noted that employees who worked over 60 hours weekly tended to experience burnout more than those who worked 40 hours per week. Likewise, Jia et al.'s study (2021) reached a similar result, finding that among hospital administrators at tertiary public hospitals in China, 62.8% of the participants who worked long hours suffered from burnout syndrome.

Kamal et al. (2020) surveyed 4,456 hospice and palliative care clinicians in the United States to investigate the prevalence and predictors of burnout. They received 1,357 responses and uncovered that one of the factors strongly associated with burnout for nonphysician clinical roles was working 50 hours per week. In Brazil, Alvares et al. (2020) found that, in an intensive

care unit, nurses and physicians who worked longer hours reported feeling a reduced sense of professional accomplishment, which is one of the symptoms of burnout.

Hours of Work and Burnout Among Music Therapists

Clements-Cortes (2013) discussed the fact that that many music therapists must find supplemental pay via various music-related avenues because they earn insufficient income working as a music therapist. This additional work may result in above-average work hours. On the contrary, according to Gooding's (2019) review, hours of work appeared to have a weak correlation with burnout levels among music therapists. However, half of the studies he examined did not include hours of work as a contributor to burnout. Therefore, it is clear that researchers have not yet consistently explored the impact that average work hours per week has upon burnout.

Worksites and Burnout

Worksites and the work environment can also have an impact on job satisfaction and burnout (Elkayam et al., 2020; Maslach & Leiter, 2016). In the study, the factor of worksite is defined as the physical environment, work structure (i.e., workload, work hours, time pressure, professional identity), interpersonal relationship with coworkers, and interpersonal relationship with superiors (Elkayam et al., 2020).

Odonkor and Frimpong (2020) examined burnout among healthcare professionals in Ghanaian hospitals and found that healthcare workers assigned to inpatient departments had higher burnout levels than those stationed at outpatient departments. Although the study did not include an explanation of this difference, it can be hypothesized that the work structure of inpatient departments is more complicated and stressful. According to St. George University (2019), inpatient departments admit patients who need longer and more extensive care in the

apparent that interactional climate with coworkers is a constant concern among music therapists. Furthermore, with regard to the unrealistic workloads and schedule, Chang (2014) found that, when music therapists are contractors in a facility, they often have a short time period to see a great number of clients in addition to group preparation and documentation. These demands might result in contracted music therapists experiencing burnout.

Salary and Burnout

Demerouti et al. (2001) suggested that burnout may result from the imbalance of job demands and resources. They claimed that burnout follows two processes. In the first process, job demands are too extreme and eventually lead to exhaustion. In the second process, there are limited job resources, which can cause withdrawal and disengagement. Schaufeli et al. (2009) also theorized that the functions of job resource are to decrease the physiological and psychological impact of job demands, motivate employees to achieve work goals and promote personal growth and development. In this case, salary can be seen as a job resource because employees who are well-paid tend to overcome difficult work situations easily, have higher confidence in performing a task, and likely to use coping skills to deal with stressful situations. (Salami & Ajitoni, 2015).

Salami and Ajitoni (2015) conducted a study in Nigeria investigating the relationship between burnout, job characteristics, emotional intelligence, motivation, and pay among bank employees and discovered that employees who were well compensated were less likely to experience burnout. They explained that employees who were well paid may put more effort into their work in order to achieve promotions and therefore experience better job satisfaction and less burnout.

Hricová et al.'s (2020) study on Slovakian social service professionals included a similar conclusion. They learned that the relationship between stress and emotional exhaustion (one of the symptoms of burnout) was determined by certain characteristics of job satisfaction, including salary, nature of work, and operating procedures. Job satisfaction—along with salary, nature of work, operating procedures, coworkers, and psychological self-care—may effectively prevent the development of burnout.

Salary and Burnout Among Music Therapists

Researchers have discussed the issue of insufficient pay among music therapists for several decades. Bitcon (1981) identified several causes contributing to burnout, one of which was low pay. Similarly, Oppenheim (1987) stated that one of the concerns shared by the music therapist participants was insufficient pay. In 2010, Decuir and Vega drew a similar conclusion after conducting a study on career longevity among experienced professional music therapists. They found that poor salaries were one of the most prevalent reasons leading to music therapists' burnout. Additionally, Kim (2012) examined job satisfaction, collective self-esteem, and burnout among Korean music therapists and concluded that participants who were older and received higher salaries had lower symptoms of burnout. Although the studies seemed to indicate a positive correlation between compensation and burnout among music therapists, Chang (2008) posited a different conclusion. In their dissertation, Chang found that salary level did not have a significant correlation with well-being among music therapists. However, they also explained that this might be due to the limitation of insufficient participants and suggested further research.

These findings are concerning because it appears that music therapists earn consistently low salaries. In 2020, the American Music Therapy Association published a report showing that

the average salary for music therapists was $52,682, falling on the lower side of the salary scale.

Table 1 shows the salary by job titles. It seems as though music therapists are still facing

insufficient pay and are at a higher risk of burnout.

Table 2
Salary by Job Title

Population	Number	Average Salary	Median Salary	Salary Mode	Salary Range
Activity Coordinator/Director	23	$44,739	$46,000	$35,000	$30,000- 60,000
Activity Therapist	28	$44,000	$44,000	$44,000	$28,000 – 70,000
Clinical Therapist	8	$50,250	$50,000	$40,000	$40,000 - $69,000
Creative Arts Therapist	35	$62,829	$66,000	$42,000	$37,000 - $100,000
Director/Admin./Supervisor	76	$71,053	$65,500	$75,000	$35,000 - $200,000
Expressive Arts Therapist	6	$44,500	$44,000	N/A	$29,000 - $63,000
Faculty (university/college)	77	$70,935	$65,000	$65,000	$45,000 - $140,000
Music Educator	13	$70,385	$66,000	N/A	$49,000 - $114,000
Music Therapist	551	$52,682	$48,000	$40,000	$28,000 - $490,000
Other	49	$53,653	$48,000	$40,000	$30,000 - $100,000
Program Director/Coordinator	25	$65,160	$64,000	$78,000	$30,000 - $100,000
Recreation Therapist	10	$53,400	$53,000	$38,000	$31,000 - $75,000
Rehabilitation Therapist	28	$63,857	$70,000	$46,000	$30,000 - $90,000
Self Employed/Consultant	18	$63,056	$49,000	$40,000	$34,000 - $150,000
Special Educator	3	$62,667	$49,000	N/A	$40,000 - $99,000
Total Respondents	951				

Note: American Music Therapy Association (2020)

CHAPTER 3: METHODOLOGY

Study Design

The study employed a non-experimental, survey approach. SurveyMonkey, an online survey platform, was chosen for survey distribution. SurveyMonkey was easy to use, allowed users to design questions and survey format flexibly, distributed the survey with full confidentiality (e.g., disabling participants' IP addresses), reported real-time survey completion, and exported collected data into a spreadsheet for easier data analysis programs.

Participants

Upon receiving approval from the Institutional Research Board of the University of the Pacific, a list of eligible participants was acquired for one-time research use from the Certification Board for Music Therapists (CBMT) in mid-August 2021. The list contained 9,230 anonymous emails and included only those music therapists who had opted for release of e-mail addresses. Study inclusion criteria stated that participants needed to be adults who were eighteen years or older, a board-certified music therapist (MT-BC), and working as clinical music therapists. Participation in the research was voluntary and participants could withdraw at any time without consequences.

Methods

The survey invitation (Appendix A) was distributed in two waves on August 16, 2021. The first 3049 invitations were sent via the author's school email. Due to the triggering of fraud detection in the email system, the remaining 6151 email addresses were contacted via the SurveyMonkey platform. A reminder email was delivered on August 29 via the SurveyMonkey

platform. The survey was intended to be open for 42 days (from August 16 to September 26); however, it was closed on August 29 because the projected recruitment number was exceeded.

The email invitation included an introduction to the research, notice of voluntary participation, contact information for the researcher and thesis advisor, estimated time to complete the survey, and a hyperlink to the survey. The first page of the survey included an informed consent form (Appendix B) and a check box of acknowledgment and understanding of the survey. After checking the acknowledgment box, participants were directed to the demographic questionnaire (Appendix C), the Portrait Value Questionnaire, and the Maslach Burnout Inventory—Human Services Survey.

Instrumentation

Portrait Value Questionnaire. Personal value preferences were measured by the most updated Portrait Value Questionnaire (PVQ-RR) (Schwartz et al., 2017; Appendix D). The questionnaire consists of 57 items describing a person's goals and aspirations without directly mentioning the word *value*, to which participants were to respond by using a 6-point Likert scale: 1 (*not like me at all*), 2 (*Not like me*), 3 (*A little like me*), 4 (*Moderately like me*), 5 (*Like me*), and 6 (*Very much like me*).

The questionnaire has two versions depending on the gender identity of the respondent. It uses a third-person perspective to describe different statements. According to Schwartz and Cieciuch (2016), by asking respondents to compare the person described to themselves using a third-person perspective (for instance, *It is important to him to avoid anything dangerous.*), it serves the purpose of having limited knowledge of the described person; hence, it will direct the focus to the aspects of value. If the statements were to use the pronouns I/my/me in the statements, it would project the respondent's self-image to the statements; therefore, the attention

would focus on various personality characteristics other than value. In addition, due to

increasing awareness of the importance of gender identity where some people do not identify

themselves as male or female but as non-binary or uncertain about their gender identity, a third

version of the Portrait Value Questionnaire was permitted using the pronouns they/their/them (S.

Schwartz, personal communication, August 8, 2021).

      Reliability. Schwartz and Cieciuch (2021) conducted research on the internal consistency,

circular structure, measurement model, and measurement invariance of values of the refined

PVQ-RR. Results indicated that the four higher order values were congruent throughout 49 cultural

groups ($N = 53,472$). With regard to the internal consistency, Cronbach's alpha ($\alpha = 0.84$) suggested

the four higher order values yielded an acceptable estimate of reliability across all the cultural groups.

The result was consistent with Tartakovsky's study, which claimed the internal consistency of PVQ-

RR was satisfactory ($\alpha = 0.69$ to 0.85) (Tartakovsky, 2016). In the current study, the internal

consistency was satisfactory ($\alpha = 0.869$) and similar to results in previous studies.

      Validity. The fit coefficients of the confirmatory factor analysis (CFA) were examined to

evaluate the validity of four higher order values within 49 cultural groups. Initially, the

comparative fit index (CFI), root mean square error of approximation (RMSEA) and

standardized root mean square residual (SRMR) indicated all the higher-order values except

Self-Enhancement met the three standards. However, after modifying correlated errors and

cross-loadings within some groups, self-enhancement also met all three standards (Schwartz, &

Cieciuch, 2021). I employed principal component analysis (PCA) to examine the 19 values to

determine if the compressed four-higher order values represented the current data sample (Jaadi,

2021). The scree plot indicated the presence of 5 factors, meaning that there might be a fifth

higher-order value. However, the extraction sums of squared loadings showed four eigenvectors, indicating that the four-higher values were sufficient to represent the current data sample.

Maslach Burnout Inventory—Human Services Survey. In the current study, burnout was measured by the Maslach Burnout Inventory—Human Services Survey (Maslach et al., 1996). The MBI-HSS is designed for people who are providers of services, care, or treatment. It contains 22 items divided into 3 subscales: Emotional Exhaustion (9 items), Depersonalization (5 items), and Personal Accomplishment (8 items). The items are rated on a frequency scale from 0 ("Never") to 6 ("Every day").

Reliability. The internal reliability coefficients for the MBI-HSS subscales are calculated by Cronbach's alpha, reportedly yielding .71 for Personal Accomplishment, .79 for Depersonalization, and .90 for Emotional Exhaustion (Maslach et al., 2018). Cronbach's Alpha yielded a similar result in the study: .937 for Emotional Exhaustion, .722 for Depersonalization, and .844 for Personal Accomplishment. Furthermore, Gooding (2019) conducted a literature review, examining 26 publications on burnout and music therapists, and found that the Maslach Burnout Inventory was the most widely executed assessment across different countries, including Great Britain, Korea, and the United States.

Validity. Maslach et al. (2016) found that several studies of various human services workers demonstrated a relationship between higher emotional exhaustion, higher depersonalization and low personal accomplishment scales and workload, coworker relationship, and job satisfaction. The conclusion was congruent with Gil-Monte's (2005) finding, in which the results yielded factorial validity.

Principal component analysis (PCA) was conducted to examine if the 22 items of MBI could be compressed into three variances and still represent the current sample. Results

produced four factors, indicating that there might be four variances instead of three. However, the scree plot showed that three variances were sufficient to explain most of the data sample. The finding was congruent with Maslach and Jackson's factor analysis result (1981), stating that a fourth variance repeatedly appeared in the factor analysis, but the eigenvalue was less than unity; therefore, it was not included as a subscale.

Variables

Table 3 contains a summary of all predictor (independent) and dependent variables. The predictor variables in the study were personal value preferences, defined as higher order values by Schwartz and Cieciuch (2016): self-transcendence, self-enhancement, openness to change, and conservation. Demographic information served as both categorical and continuous variables in this study. Participant's years of work and work hours are categorical variables while worksite and salary range are continuous variables. Demographic information was investigated subsequently to determine if they are contributing factors to burnout. Gender identity was also queried in the demographic information. However, participant gender identity was to aid in providing the correct version of the Portrait Value Questionnaire, as the questionnaire employs a third-person perspective to assess value preferences. The dependent variable, which is also defined as the outcome variable, was burnout, which includes the constituent scores of Emotional Exhaustion, Depersonalization, and Personal Accomplishment.

Table 3

Predictor and Dependent Variables

Variable Function and Name	Description
Predictors (Demographic)	
Worksite	(categorical) Worksite is broadly defined as: the physical environment, work structure (i.e., workload, work hours, time pressure, professional identity), interpersonal relationship with coworkers and superiors
Salary	(categorical) Salary range defined as monetary compensation received annually as a clinical music therapist
Years of Work	(continuous) Years of practice as a clinical music therapist
Weekly Work Hours	(continuous) The average weekly hours working as a clinical music therapist
Predictors (Personal Value Preferences)	
Self-Transcendence	(continuous) Motivation around concern for others, care for the welfare of their clients, and demonstrate tolerance and acceptance for all people.
Self-Enhancement	(continuous) Motivation around the pursuit of self-interest by seeking power, control, resources, and socially recognized success
Openness to Change	(continuous) Motivation around pursuing thought and action autonomy and seeking novelty and excitement.
Conservation	(continuous) Motivation around preserving traditional beliefs and customs, comply with rules, and seek safety and stability.
Dependent (Burnout)	
Emotional Exhaustion	(continuous) Feeling of emotionally drained and over-extended by the work
Depersonalization	(continuous) Feeling cynical toward client's care, treatment and/or well-being
Personal Accomplishment	(continuous) Feeling of work competence and achievement

Method of Analysis

Completed survey responses were imported into an Excel file and later loaded into the

Statistical Package for the Social Sciences (SPSS). Both inferential and descriptive analyses

were conducted.

Statistical Hypotheses. The following null hypotheses were proposed, each of which corresponds to each research question:

Research Question 1: *Do levels of burnout vary among those working at different worksites and at different salary levels?*

    a. H_0: Emotional Exhaustion does not vary by work setting.
       H_a: Emotional Exhaustion does vary by work setting.

    b. H_0: Emotional Exhaustion does not vary by salary range.
       H_a: Emotional Exhaustion does vary by salary range.

    c. H_0: Depersonalization does not vary by work setting.
       H_a: Depersonalization does vary by work setting.

    d. H_0: Depersonalization does not vary by salary range.
       H_a: Depersonalization does vary by salary range.

    e. H_0: Personal Accomplishment does not vary by work setting.
       H_a: Personal Accomplishment does vary by work setting.

    f. H_0: Personal Accomplishment does not vary by salary range.
       H_a: Personal Accomplishment does vary by salary range.

Research Question 2: *To what extent are years of working in the profession and weekly work hours related to burnout?*

    a. H_0: There is no relationship between years of work and burnout.
       H_a: There is a relationship between years of work and burnout.

    b. H_0: There is no relationship between weekly work hours and burnout.
       H_a: There is a relationship between weekly work hours and burnout.

Research Question 3: *To what extent are Personal Value Preferences, individually and as a group, related to burnout?*

    a. H_0: Personal Value Preferences, individually and as a set, are not related to Emotional Exhaustion.
       H_a: Personal Value Preferences, individually and as a set, are related to Emotional Exhaustion.

b. H_0: Personal Value Preferences, individually and as a set, are not related to Depersonalization.
H_a: Personal Value Preferences, individually and as a set, are related to Depersonalization.

c. H_0: Personal Value Preferences, individually and as a set, are not related to Personal Accomplishment.
H_a: Personal Value Preferences, individually and as a set, are related to Personal Accomplishment.

Research Question 1. Regarding the first research question, *Do levels of burnout vary among those working at different worksites and at different salary levels?*, multivariate analysis of variance (MANOVA) was initially planned, given there were more than one dependent variables (e.g., Emotional Exhaustion, Depersonalization, and Personal Accomplishment) and the dependent variables were theoretically and empirically correlated (Weifurt, 1997). However, the assumptions were not met for this analysis and a non-parametric equivalent using Kruskal-Wallis for independent samples was used instead.

Research Question 2. The question pertaining to whether years of working in the profession and weekly work hours are related to Emotional Exhaustion, Depersonalization, and Personal Accomplishment was analyzed using multiple linear regression. This approach was used because the independent (years of work and weekly work hours) and dependent variables (the burnout scores for Emotional Exhaustion represent interval scales of measurement.

Research Question 3. Multiple linear regression was also used to determine whether Personal Value Preferences, individually and as a set, predict Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Multiple regression was used because the predictors (each of the Personal Values Preference scores) and the dependent variables (the burnout scores of Emotional Exhaustion, Depersonalization, Personal Accomplishment) are continuous and at the interval scale of measurement.

CHAPTER 4: RESULTS

Demographic Information

Of the 450 participants who responded to the survey, a total of 313 participants completed all questions and items, a completion rate of 69.6%, and 137 participants partially completed the survey. Of those 137 participants, however, 29 participants only acknowledged the informed consent and did not proceed further. Therefore, the 29 participants were excluded from the demographic analysis while the 421 participants were analyzed.

Of the 421 participants who responded, 82.2% identified themselves as woman/female (n = 370), 9.3% as man/male (n = 42), 1.8% identified as non-binary (n = 8), and 0.2% chose gender not listed (n = 1). The average number of years working in the profession was 11.34 (SD = 11.389) and the average number of weekly work hours was 33.65 hours (SD = 11.755). The most common worksite was private practice/non-profit agency (n = 116, 25.8%), followed by psychiatric hospital (n = 65, 14.4%), and hospice program (n = 46, 10.2%). The most common reported salary range was 40,001-50,000 (n = 109, 24.2%), followed by 50,001-60,000 (n = 79, 17.6%) and 30,001-40,000 (n = 74, 16.4%). The complete data showing the number of participants by (a) gender identity, (b) worksite, and (c) salary range and burnout can be found in Table 4.

Table 4

Participant's Worksite, Salary Range by Burnout Score

	n	%	Emotional Exhaustion		Depersonalization		Personal Accomplishment	
			M	SD	M	SD	M	SD
Worksite								
Schools	29	6.4%	29.7	11.47	4.35	4.82	37.22	9.46
Psychiatric Hospital	65	14.4%	28.11	12.39	7.33	5.69	37.09	7.08
Rehabilitation Facility	4	0.9%	16	-	2	-	35	-
Medical Hospital	41	9.1%	26.85	11.25	6.03	4.98	40.03	7.05
Outpatient Clinic	14	3.1%	30	14.59	3.92	4.54	39.17	5.73
Day Treatment	0	0%	-	-	-	-	-	-
Agency serving DD*	26	5.8%	21.19	13.47	3.57	4.33	40.43	5.78
Comm. Mental Health*	8	1.8%	31	10.68	4	3.79	37.71	6.18
Drug and Alcohol program	4	0.9%	24.67	10.02	4.67	3.51	41.67	4.93
Nursing Home	33	7.3%	27.31	12.65	5.04	5.21	40.85	5.51
Hospice Program	46	10.2%	25.33	12.07	4.92	5.23	40.53	4.28
Forensic Setting	15	3.3%	24.73	14.4	6.8	6.18	37.07	7.91
Private Practice / Non-profit Agency	116	25.8%	22.55	12.53	3.29	3.82	40.25	5.52
Military/Veteran	4	0.9%	22	12.53	4.67	2.52	38	9.17
Not practicing / Non-clinical	16	3.6%	26.14	11.9	5.79	4.77	39	6.08
Salary Range								
$0 - 10,000	24	5.3%	19.37	9.08	3.58	3.24	34.11	7.62
$10,001 – 20,000	18	4.0%	25.21	13.98	5.36	4.55	38.43	5.88
$20,001 – 30,000	35	7.8%	21.37	12	3.07	3.02	38.59	9.55
$30,001 – 40,000	74	16.4%	26.85	11.91	5.36	5.06	39.67	5.29
$40,001 – 50,000	109	24.2%	27.98	12.5	5.58	5.82	39.55	5.29
$50,001 – 60,000	79	17.6%	26.41	13	5.53	4.84	38.98	6.19

(Table 4 Continued)

$60,001 – 70,000	37	8.2%	26.21	12.66	4.07	4.3	40.83	5.45
$70,001 – 80,000	25	5.6%	23.27	11.72	4.45	5.69	40	6.89
$80,001 – 90,000	11	2.4%	29	11.45	5.33	4.92	43	4.12
$90,001 – 100,000	4	0.9%	8	6.25	1	1	40.67	11.02
$100,001 +	5	1.1%	17.8	13.92	3.2	1.92	41.4	1.82

Note. *Agency serving DD: Agency serving individuals with developmental disabilities; Comm. Mental Health: Community Mental Health Center

Statistical Analysis

Inferential Statistics

Research Question 1. Do levels of burnout vary among those working at different worksites and at different salary levels?. Figures 2 through 7 display mean burnout scores (i.e., Emotional Exhaustion, Depersonalization, and Personal Accomplishment) by reported worksites and salary range. After assumptions tests failed to support proceeding with multivariate or univariate analysis of variance (because of varying sample sizes, non-normality, and, and heterogeneity of variances using Box's M and Levene's test), the Kruskal-Wallis H test was used to detect differences in burnout scores (Green & Salkind, 2008). The Kruskal-Wallis H was significant for only one burnout factor: Depersonalization, $\chi^2(13, N = 343) = 29.90, p = .005$. Post-hoc analyses using the Dunn-Bonferroni method (which adjusts significance values to correct for multiple comparisons) found one pairwise difference: those working in Psychiatric Hospitals ($M = 7.33$) reported higher Depersonalization than those working in Private Practice/Agency settings ($M = 3.29$).
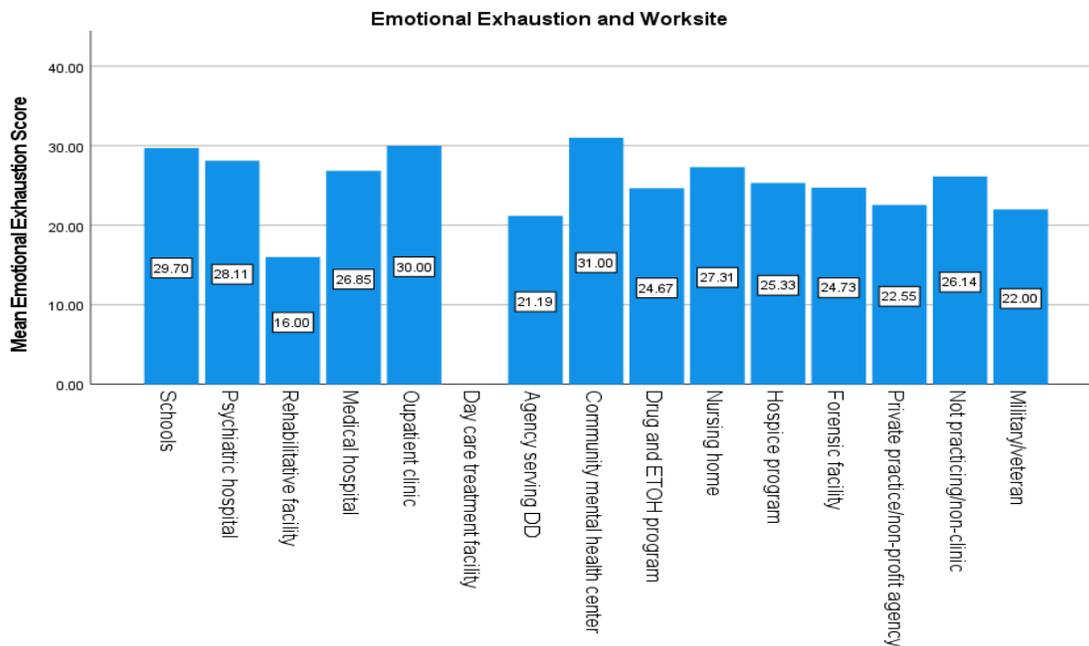
Figure 2. Mean Emotional Exhaustion score by worksite
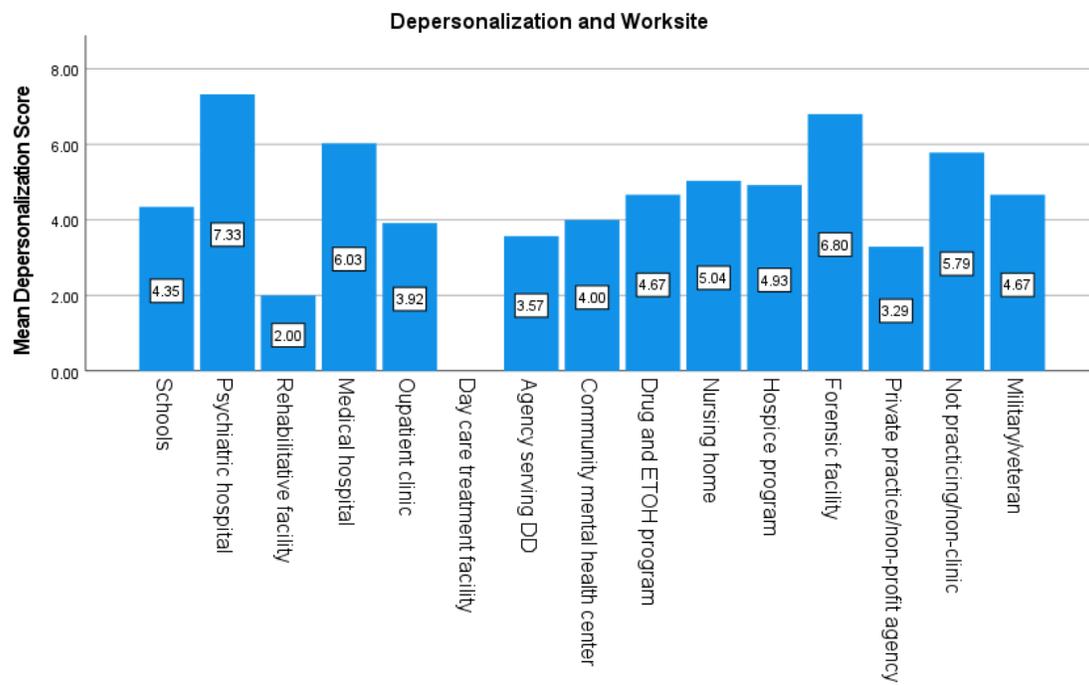
Figure 3. Mean Depersonalization score by worksite
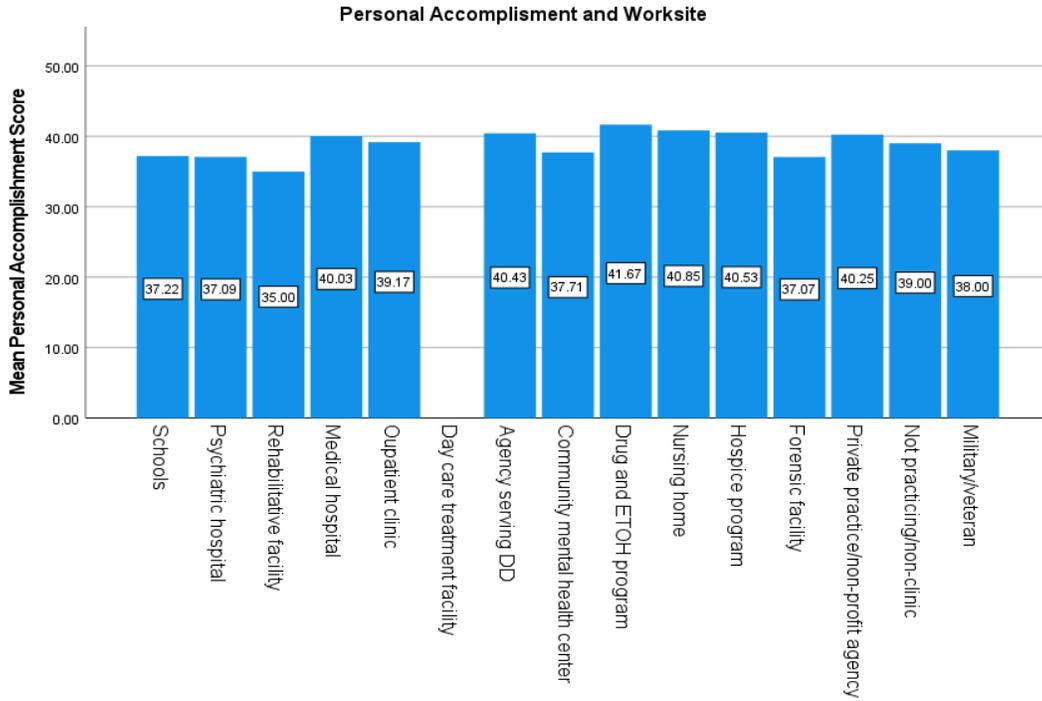
Figure 4. Mean Personal Accomplishment score by worksite
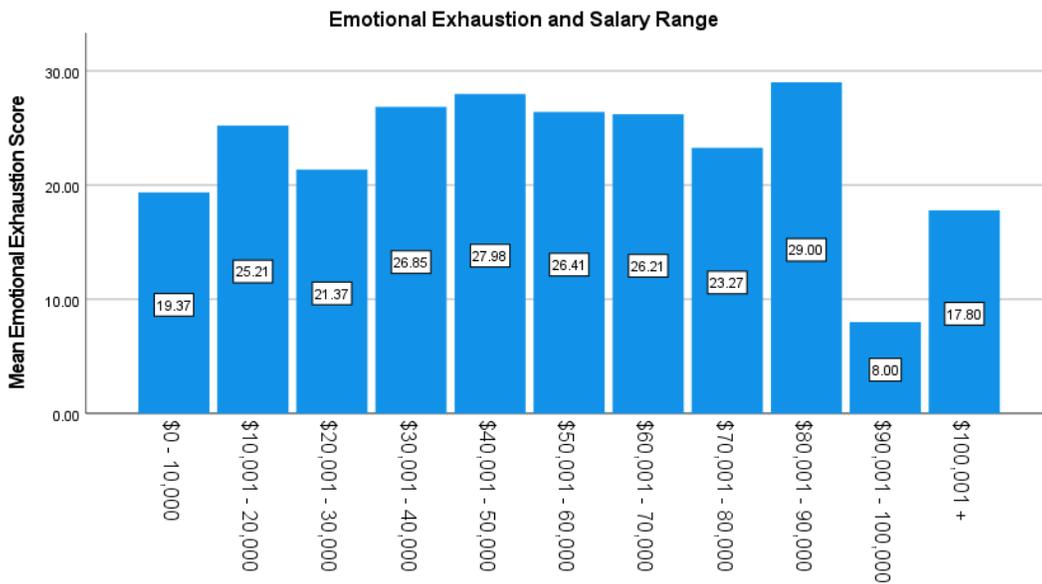
Figure 5. Mean Emotional Exhaustion score by salary range
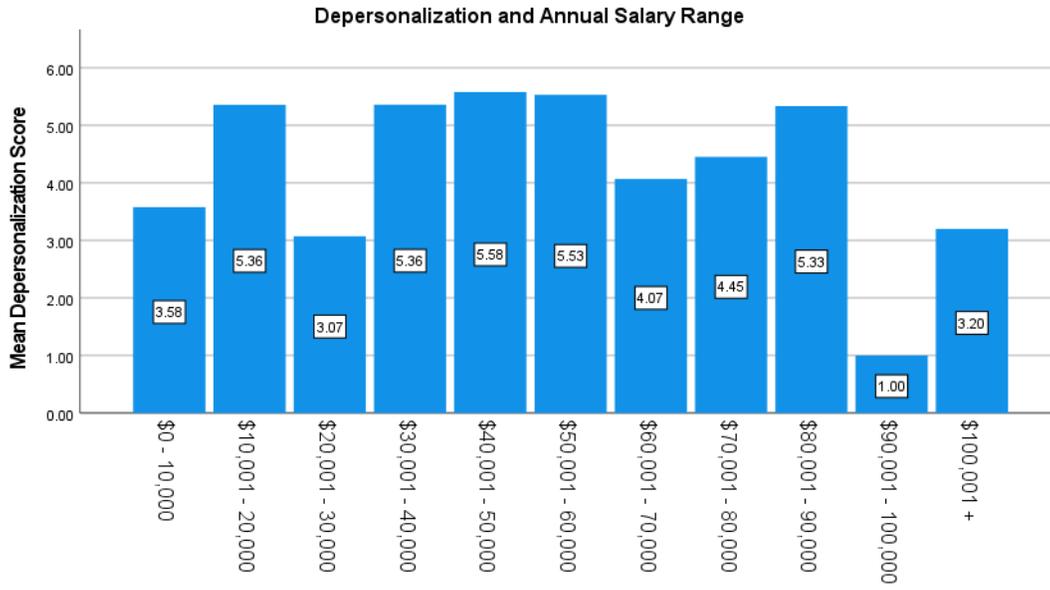
Figure 6. Mean Depersonalization score by salary range
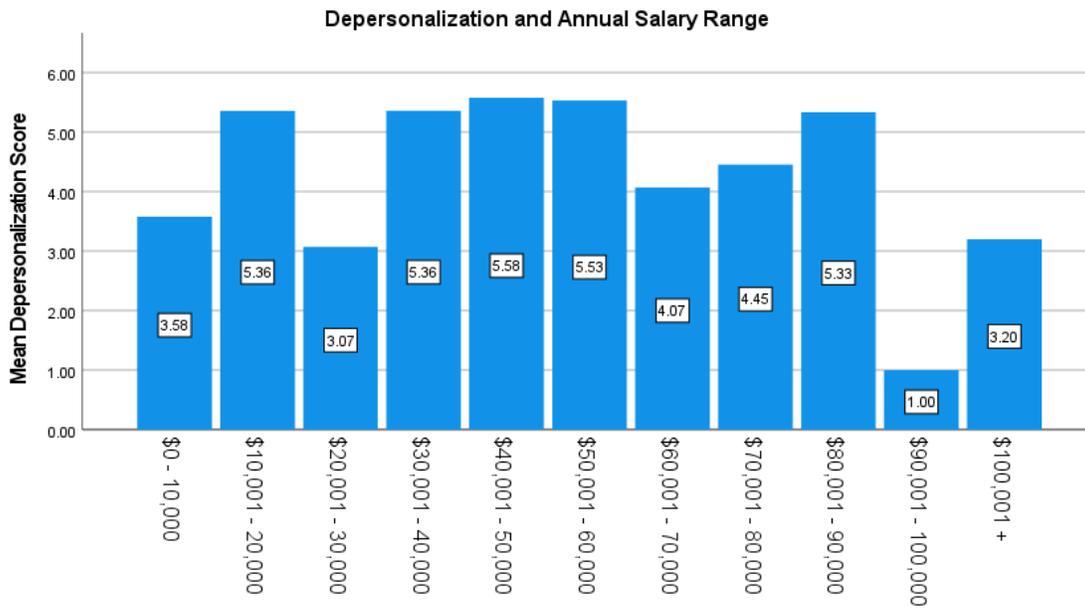
Figure 7. Mean Personal Accomplishment score by salary range

Similarly, Kruskal-Wallis *H* was used to detect differences in burnout scores as a function of reported salary range. The test was significant for Emotional Exhaustion, $\chi^2(10, N = 343) = 21.236, p = .019$. Post hoc tests using Dunn-Bonferroni, however, revealed no significant pairwise differences. The finding indicates that respondents' Emotional Exhaustion does vary by salary range, but no two salary ranges differ significantly from one another. As Huck (2008) explains, the omnibus test (Kruskal-Wallis) asks a different question (i.e., whether all means are equal) from pairwise comparisons (i.e., whether two means are different).

Research Question 2. To what extent are years of working in the profession and weekly work hours related to burnout? A series of tests to examine the assumptions for regression was conducted (Licht, 1997), verifying that error scores (a) have a mean of zero (using a normal P-P plot); (b) are homoscedastic (using a scatterplot of standardized predicted and residual values); (c) are uncorrelated (using VIF statistics); and (d) are normally distributed (using Shapiro-Wilk).

Multiple regression was used to explore the relationship between the number of years that music therapists work, the number of weekly work hours reported, and burnout. The assumptions for regression (with regard to residuals, model specification, and measurement error; Licht, 1997) were met for the two predictor variables (years working and weekly work hours) and dependent variables (Emotional Exhaustion, Depersonalization, and Personal Accomplishment).

Regarding the burnout factor of Emotional Exhaustion, the model containing both years working and weekly work hours was significant, $R^2 = .13, F(2, 340) = 25.389, p < .001$, 95% CI [.26, .45]. Examining the partial correlation coefficients, the unique contributions of years working ($r_{ab.c} = -.28, p < .001$) and weekly work hours ($r_{ab.c} = .24, p < .001$) were both

significant. The practical use of these findings may be limited because of the relatively small amount of variance explained by the overall model (13%) and individually by years of work (8%) and weekly work hours (6%).

Another significant finding was found when Depersonalization was regressed on years of work and weekly work hours, $R^2 = .08$, $F(2, 340) = 14.696$, $p < .001$, 95% CI [.18, .37]. The unique variance contributions of both years working ($r_{ab.c} = -.23$, $p < .001$) and weekly work hours ($r_{ab.c} = .17$, $p = .004$) were also significant. The relatively small amount of variance explained by the overall model (8%) and both predictors (years working at 5% and work hours at 3%) may be of little practical use.

When Personal Accomplishment was explored with regard to years working and weekly work hours, there was a significant finding, $R^2 = .06$, $F(2, 340) = 10.625$, $p < .001$, 95% CI [.14, .34]. Partial correlation coefficients for years working ($r_{ab.c} = .21$, $p < .001$) and weekly work hours ($r_{ab.c} = .14$, $p = .012$) were also significant. However, given the small amounts of variance explained by the overall model (6%) and by the predictors individually (years working at 4% and work hours at 2%) these findings have limited practical significance.

Research Question 3. To what extent are Personal Value Preferences, individually and as a group, related to burnout? The Personal Value Preferences (PVPs), individually and as a group, were related to Emotional Exhaustion, $R^2 = .03$, $F(4, 338) = 2.887$, $p = .02$, 95% confidence interval [0.07, 0.28]; thus, the null hypothesis was rejected. Individually, Self-Enhancement ($r = .16$) explained the most variance followed by Self-Transcendence ($r = -.07$, $p = .002$), Conservation ($r = .03$), and Openness to Change ($r = -.01$). While statistically significant, the model containing all four PVPs explained a small proportion of the overall variance (3%) in Emotional Exhaustion and may be of little practical use.

In determining whether PVPs were related to Depersonalization, findings showed that R^2 = .07, $F(4, 338) = 6.424$, $p < .001$, 95% CI [0.17, 0.37], indicating that the null hypothesis was rejected. Self-Enhancement showed the most variance ($r = .19$, $p < .001$), followed by Self-Transcendence ($r = -.17$), Openness to Change ($r = -.03$), and Conservation ($r = -.02$). The statistical result was similar to research question 3a: while statistically significant, the model explained only a small proportion of the overall variance (7%) in Depersonalization. Therefore, the practical use of the finding may be limited.

Regarding PVPs and Personal Accomplishment, results indicated statistical significance, $R^2 = .09$, $F(4, 338) = 8.216$, $p < .001$, 95% CI [.20, .39]; therefore, the null hypothesis was rejected. Self-Transcendence explained the most variance ($r = .26$, $p < .001$), followed by Openness to Change ($r = .17$), and Self-Enhancement ($r = -.01$) and Conservation ($r = -.01$). The practical use of the finding is again limited because of the small amount of variance explained by the model (9%).

CHAPTER 5: DISCUSSION

In the study, 450 individuals responded to the survey, 313 respondents (69.6%) completed the entire survey, 137 (30.4%) partially responded to the survey, and 29 participants (6%) only acknowledged the informed consent and did not proceed further. A total of 421 participants were analyzed for demographic characteristics. Results showed that most of the respondents were female (n = 370, 82.2%), followed by man/male (n = 42, 9.3%), and non-binary (n = 8, 1.8%). The mean of years of work was 11.34 years, and mean weekly work hours was 33.65 hours. According to the American Music Therapy Association's (AMTA) 2020 survey, 54% of respondents reported working 34 hours or more per week, which was congruent with the current survey. Private practice/non-profit agency was the most common worksite (n = 116, 25.8%), followed by psychiatric hospital (n = 65, 14.4%), and hospice program (n = 46, 10.2%). The most common reported salary range was \$40,001 - \$50,000 (n = 109, 24.2%), followed by \$50,001 - \$60,000 (n = 79, 17.6%) and \$30,001 - \$40,000 (n = 74, 16.4%). The salary reported in the study was slightly lower than the average of \$52,682 reported in the survey conducted by AMTA in 2020.

Of the 131 respondents who partially completed the survey, 30 completed both PVQ-RR and MBI; therefore, a total number of 343 respondents were analyzed for the linear regression and multiple regression. The findings for each research question are summarized below.

Findings by Research Question

Research Question 1

The first question was, *Do levels of burnout vary among those working at different worksites and at different salary levels?* Findings suggested that there was no significant

difference between worksite and Emotional Exhaustion, or worksite and Personal Accomplishment. Due to varying sample sizes, post-hoc analyses using the Dunn-Bonferroni method were conducted and found one pairwise difference: those working in Psychiatric Hospitals ($M = 7.33$) reported higher Depersonalization, feeling cynical towards clients and work, than those working in Private Practice/Agency settings ($M = 3.29$).

The finding was consistent with Gooding (2019), as she concluded that one of the common reported burnout contributors was work environment. As the literature showed, some common burnout factors related to work environment were lack of respect and understanding for music therapists (Chang, 2014; Clements-Cortes, 2006; Decuir & Vega, 2010), lack of autonomy (Decuir & Vega, 2010), and unrealistic workloads (Chang, 2014; Clements-Cortes, 2006). In addition, St. George University (2019) found that healthcare workers stationed in inpatient departments tend to deal with more paperwork, stress, and responsibilities. Music therapists working in psychiatric hospitals may experience lack of respect and autonomy, unrealistic workloads, and constant music therapy advocacy in the facility, and are required to complete additional responsibilities besides clinical work; therefore, develop a sense of cynicism toward clients. On the other hand, music therapists working in private practice or a non-profit agency may have the flexibility to adjust their schedule and workloads, thus, resulting in lower depersonalization.

With regard to burnout and different salary levels, results indicated that respondents' Emotional Exhaustion does vary by salary range, but no two salary ranges differ significantly from one another. This was consistent with Chang (2008), who found no significant correlation between salary level and music therapists' well-being in their study.

Research Question 2

The second question, *To what extent do years of working in the profession and weekly work hours related to burnout?* suggests that Emotional Exhaustion, Depersonalization, and Personal Accomplishment are related to years of work and weekly work hours. Specifically, years of work was negatively correlated with Emotional Exhaustion and Depersonalization, meaning that music therapists who work longer in the profession report lower Emotional Exhaustion and Depersonalization. The finding was consistent with Fowler's (2006) premise that music therapists, who work in the profession longer, may have developed positive coping skills and applied preventive measures to reduce symptoms of burnout.

The number of weekly work hours was positively correlated with Emotional Exhaustion, Depersonalization, and Personal Accomplishment, indicating that music therapists who have longer weekly work hours experience Emotional Exhaustion, Depersonalization, and possibly some level of Personal Accomplishment. According to Gooding's (2019) review, hours of work has not commonly been included as a burnout contributor in studies. Although the current finding has limited practical use due to the relatively small amount of variance explained by the overall model and both predictors, it can still serve as a reference for future research.

Research Question 3

The third research question was, *To what extent are Personal Value Preferences, individually and as a group, related to burnout?* Findings revealed that PVPs as a group were related to Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Although statistically significant, the overall model is explained by only a small proportion of the overall variance (3-9%), therefore, the practical use of the finding may be limited.

The results of the four higher order values and their relation to Emotional Exhaustion, Depersonalization, and Personal Accomplishment are individually explained below.

Self-Transcendence. Self-Transcendence is described as having concerns for others, caring for the welfare of clients, and demonstrating tolerance and acceptance for all people. Findings show that Self-Transcendence is negatively related to Emotional Exhaustion, Depersonalization, and positively related to Personal Accomplishment. Results may be explained by the characteristics of the value of Self-Transcendence. Music therapists who endorse Self-Transcendence as a PVP may develop resiliency and acceptance, easily to connect with clients, and identify the client's welfare as their priority and be motivated to attain the goal of helping others. The result was similar to Tartakovsky's (2016) finding, that social workers who had a higher preference for Self-Transcendence were associated with less burnout.

Self-Enhancement. Self-Enhancement is defined as focusing on the pursuit of self-interest by seeking power, control, resources, and socially recognized success. The result showed a positive correlation between Depersonalization and Self-Enhancement. It is possible that music therapists who have a higher preference for Self-Enhancement may seek to control power and resources and depersonalize their clients (e.g., Depersonalization). The positive correlation with Emotional Exhaustion, and negative correlation with Personal Accomplishment were understandable. Considering the demographic result of the study, over half of the respondents worked for a non-profit agency/private practice, psychiatric hospital, hospice program, medical hospital, or nursing home; these facilities serve individuals who are vulnerable, and their medical conditions are constantly changing. In other words, having Self-Enhancement as an endorsed value motivates individuals to seek control and power even in these settings, resulting in high Emotional Exhaustion and low Personal Accomplishment.

Openness to Change. Openness to Change is defined as showing motivations around pursuing thought and action autonomy and seeking novelty and excitement. The results of Openness to Change being negatively correlated with Emotional Exhaustion and Depersonalization and positively correlated with Personal Accomplishment were reasonable. For instance, the results show that music therapists working in private practice/agency settings reported to have lower Depersonalization than those worked in psychiatric hospitals. It may be explained that working in a private practice/agency may allow flexibility in weekly work hours and worksites. In addition, it may provide new challenges and promote action autonomy, as there may be different client populations that music therapists can choose to work with. Working in psychiatric hospitals, on the other hand, may have the same weekly work hours, client population and worksite is likely less flexible and may have protocols in place within the facility to follow; as a result, music therapists who place Openness to Change as the preferred value may experience more Depersonalization when working in psychiatric hospitals than those working in private practice/agencies.

Conservation. Conservation is the opposite of Openness to Change, and is defined being motivated to preserve traditional beliefs and customs, comply with rules, and seek safety and stability. Music therapists who seek stability, value traditional beliefs, and abide by rules may not have the resiliency to adapt to new situations and may feel frustrated regarding the fast-changing world, resulting in Emotional Exhaustion and low Personal Achievement. In light of these results, however, music therapists who choose to preserve customs and traditional beliefs may help with low Depersonalization, such that may explain why Depersonalization was regressed on years of work, because regardless of feeling frustrated or not, individuals with

Conservation may identify with the value of music therapy — to help people, develop resiliency, and continuously contribute to the field.

Limitations of the Study

As with all research, the current study has limitations. With regard to participant recruitment, the survey was distributed in two waves; the first distribution was via school email and the second was through the SurveyMonkey platform. The SurveyMonkey platform generates a unique web link for each recipient to track responses. Eligible participants who complete the survey will no longer be able to access it. This function ensures the eligibility of participation (as the email addresses were copied and pasted directly from the list released by the Certification Board of Music Therapists) and prevents participants from answering the survey more than once. However, when sending through the school email, the survey link is generalized; therefore, any individual who acquires the link, regardless of eligibility for participation, will be able to complete the survey. This is concerning, as I received many emails from recipients wanting to help distribute the survey. Although I declined the help, there was still possibility that the survey be distributed somehow. Without verifying the eligibility of the recipient, results may include the experiences of respondents who are not board-certified music therapists. Future researchers may consider distributing all the survey via the survey platform to ensure participation eligibility.

Second, a fifth higher-order value was detected when employing principal component analysis (PCA). However, given the four-higher values were deemed sufficient to represent the current data sample, the possibly fifth higher-order was not explored. Upon consulting with the author of the Portrait Value Questionnaire, Schwartz suggests that the PCA may not be a well-suited method to examine data from a circular structure (S. Schwartz, personal communication,

October 5, 2021). Researchers may use confirmatory factor analysis or multidimensional scaling

to investigate if the fifth higher-order exists and its representation in future studies.

Third, the Portrait Value Questionnaire (PVQ) was altered, as a third version using the

pronounce, they/their/them, was created to accommodate respondents identifying as non-binary

or gender not listed. The third version was never tested before, therefore, the third version

questionnaire may not be reliable and may lead to invalid results.

Fourth, the statistical results indicated that the model explained only a small proportion of

the overall variance in burnout; thus, practical application may be limited. It is possible that

there may be one or more demographic variable altering the relationship between PVPs and

burnout (moderating effect) or there may be no relationship between a PVP and burnout when

one of the demographic variables is controlled (mediating effect). For instance, three scatterplots

were generated on years of work and burnout, indicating that years of work may be a moderator

for burnout. Future studies may further investigate the suggestion and if there is a moderating

effect or mediating effect present.

Fifth, the relationship between demographic factors and PVPs were not investigated. It is

recommended that future studies further examine if there is a correlation. Furthermore, the

demographic factors were not included in the model along with the PVPs when examining

burnout. There may be significant interactions; therefore, future studies may conduct path

analysis to examine if there is a relationship between burnout and both PVPs and demographic

variables.

Sixth, findings suggest that music therapists who work in psychiatric hospitals

experienced higher depersonalization than those who work in a private practice/non-profit

agency. Future studies may focus on the correlation between burnout and music therapists who

working in psychiatric hospitals or private practice/non-profit agency to examine the factors for high or low levels of burnout.

Seventh, as the study employed self-reported questionnaires, the burnout scores may be under-reported due to social desirability. Social desirability is explained as that people want to respond to questions in a positive and favorable manner (McMillan & Schumacher, 2006). Music therapists, as helping professionals, may under-report the score of Depersonalization because it contradicts the nature of the profession. Although this study used an online survey platform and anonymity to decrease social desirability bias, future studies may consider the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960), a 33-item questionnaire using true or false response format to detect the presence of social desirability in the study.

Finally, as the world is still experiencing and recovering from the COVID-19 pandemic, the reported burnout level may be much higher than usual. Mion et al. (2021) conducted a survey on French residents and reported that the burnout rate was 55% amid the pandemic. They also found a strong link between the intensity of the burnout and the pandemic. The timing of the study may constitute a history threat to internal validity, defined as the extraneous events and incidents affecting the results of the study (McMillan & Schumacher, 2006). The current burnout scores may not reflect the typical burnout experience of music therapists.

Study Implications

Preventive Measures and Interventions

Given the seriousness of burnout's causes and effects, it is beneficial for individuals, work organizations, and society to understand the prevalence of burnout, to develop preventive measures to reduce the risks of burnout and to provide interventions to individuals who experience burnout.

Personal level. On the personal level, the key to prevent burnout is recognized to be self-care, such as practicing mindfulness skills (Seward et al., 2020), taking time off from work (Chang, 2014), learning client-detachment skills (Lampert & Glaser, 2018), cultivating coping mechanism (Clements-Cortes, 2006; Fowler, 2006), healthy diet and rest (Murillo, 2013), having leisure/recreational time (Murillo, 2013), highlighting work-life balance (Bitcon, 1981; Clements-Cortes, 2006; Fowler, 2006; Chang, 2014) and exercising (Fowler, 2006; Murillo, 2013; Naczenski et al., 2017). Furthermore, several of the aforementioned methods can be remembered as the PLEASE Skill from dialectical behavior therapy (DBT) (PLEASE stands for treating **P**hysical **Il**lness, balance **E**ating, **A**void substances, balance **S**leep, and get **E**xercise; Linehan, 2015).

The results of the study suggest that music therapists who endorse the values of Self-Enhancement (e.g., seeking control and power) and Conservation (e.g., following rules and preserving traditional beliefs) report having higher Emotional Exhaustion and lower Personal Accomplishment. Therefore, individuals who hold Self-Enhancement and Conservation as the preferred values may especially benefit from cultivating resiliency and coping skills to adapt to changes.

Although these preventive measures may help reduce burnout, it is still important for individuals who are experiencing burnout to locate the main stressors and seek professional help if necessary (Chang, 2014; Clements-Cortes, 2013). An intriguing article by Seward et al. (2020) proposed that a combination of exercise, philanthropy, and community building may be effective in decreasing burnout symptoms. The rationale behind this is that people feel better about their physical health, mental health, and sense of community when contributing their time, money, and resources. This idea may be good material for future studies.

Organizational level. Several studies have mentioned possible approaches for organizations to decrease the development of employee burnout. Panagioti et al. (2017) discovered that physicians who were offered an adjusted work schedule experienced a significant reduction in burnout. Panagioti's finding is consistent with the result of this study regarding adjusted work schedule and burnout. The current study finds that music therapists who work in private practice/agency experienced less burnout than those who work in psychiatric hospitals. It is possible that music therapists who work in private practice/agency have a flexible work schedule; therefore, experienced lower level of burnout. Employers at psychiatric hospitals may consider the results and implement adjusted work schedule to reduce staff burnout.

Knoll and colleagues suggested that involving employees during policy making may be a good strategy for burnout prevention and reduction (as cited in Gooding, 2019). Griffin (2021) also found that individuals who worked remotely reported significantly lower levels of exhaustion and cynicism comparing to those who worked on-site. Taking myself for example, when the remote working was implemented at the beginning of the pandemic, I felt less exhausted emotionally. However, I noticed a sense of apathy and cynicism when the remote working was ended. Employee assistance programs are also effective for prevention and intervention. Furthermore, according to van Dierendonck et al., (2005), burnout prevention programs that focus on personal growth were found to be beneficial in reducing employee burnout symptoms.

Societal level. Articles addressing burnout from the societal level are limited. However, from the literature review, certain burnout causes may be addressed by the society and the country, such as work hours. According to BBC News (2016), France established a 35-hour workweek in 2000 and they further enacted a "right to disconnect" labor law for companies with

more than 50 employees, requiring them to establish the hours for employees to not send or respond to emails. In June 2018, Japan also enacted the Workstyle Reform Act that requires employers to implement certain measures to limit work hours and promote a healthier work environment.

A survey conducted by Murillo (2013) revealed that one of the respondents in his study shared that the way to stay inspired and motivated is to connect with different groups. It may help individuals who suffer from burnout to have support groups to share their experiences and to connect with people who are experiencing the same struggle. Moreover, continuing education and raising awareness on burnout may help identify early signs of burnout; and forming organizations to provide resources and interventions for people experiencing burnout may be useful.

Conclusion

This study examined a sample of 343 board-certified music therapists with regard to burnout and sets of demographic and value preferences. The findings suggested that there was no significant difference between worksite and Emotional Exhaustion or Personal Accomplishment. Following post-hoc analyses using the Dunn-Bonferroni method, one pairwise difference was discovered: music therapists working in Psychiatric Hospitals ($M = 7.33$) reported higher Depersonalization than those working in Private Practice/Agency settings ($M = 3.29$). Regarding burnout and different salary levels, the result indicated that respondents' Emotional Exhaustion does vary by salary range, but no two salary ranges differ significantly from each other.

Concerning the correlation between years of work and weekly work hours, and burnout, statistics indicated that years of work was negatively correlated with Emotional Exhaustion and

Depersonalization, and positively correlated with Personal Accomplishment. Weekly work hours was positively correlated with Emotional Exhaustion, Depersonalization, and Personal Accomplishment, indicating that music therapists who have longer weekly work hours experience Emotional Exhaustion, Depersonalization, and possibly some level of Personal Accomplishment. The results, however, may be of limited practical use, as the results were explained by a small proportion of the overall variance.

Regarding the relationship between Personal Value Preferences (PVPs) and burnout, findings revealed that PVPs as a group were related to Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Although statistically significant, the overall model explained by only a small proportion of the overall variance (3-9%); therefore, the practical use of the finding may be limited. While Self-Transcendence is negatively related to Emotional Exhaustion, Depersonalization, and positively related to Personal Accomplishment, Self-Enhancement is positively correlated to Emotional Exhaustion and Depersonalization and negatively correlated with Personal Accomplishment. Openness to Change was negatively correlated to Emotional Exhaustion and Depersonalization, and positively correlated to Personal Accomplishment. Finally, Conservation was positively correlated to Emotional Exhaustion and negatively to Depersonalization and Personal Achievement.

Although some of the results in the study may not be of practical use, the findings may still serve as a reference to help future studies. This study may also be a reminder for clinicians to examine and reflect on their current mental and physical state, and for organizations and society to promote self-care and individual overall well-being.

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APPENDIX A: EMAIL PARTICIPATION INVITATION

Dear Board-Certified Music Therapists,

My name is Yung-Jung (Kerstin) Cheng. I am a Music Therapy graduate student at the University of the Pacific. I am kindly inviting you to participate in a study that I am conducting titled: Personal Value Preferences and Burnout Among Music Therapists. The study is to determine whether there is a relationship between personal value preferences and burnout among music therapists.

Should you decide to participate in the study, you will be asked to provide basic information (years of working as MT-BC, gender, worksite, work hours, and salary range; takes about 1 minute) for demographic information, Portrait Value Questionnaire (a 57-item questionnaire; takes about 8 minutes), and Maslach Burnout Inventory- Human Services Survey (a 22-item survey; takes about 5 minutes).

Your participation in this study is voluntary. You will not receive any form of payment of compensation for completing this survey. Taking part in this study involves no foreseeable risks. Your information will be anonymous. When the research is completed and results are reported, no individual information will be identified in any way. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will not be recorded.

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact me at y_cheng3@u.pacific.edu or the faculty sponsor, Dr. Eric Waldon, at ewaldon@pacific.edu. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the researcher or the faculty sponsor, please contact the University of the Pacific Office of Research and Sponsored Programs at (209) 946-3903 or IRB@pacific.edu.

Your participation in the study is very much appreciated and will contribute to the field of music therapy in learning about burnout and promoting overall well-being among music therapists. You may participate by clicking on the "Begin Survey" below, or copy and paste the URL link into your web browser: https://www.surveymonkey.com/r/8XRS3RG

Thank you for your time and participation.

Sincerely,
Yung-Jung (Kerstin) Cheng, MT-BC,
Graduate Student, University of the Pacific

APPENDIX B: INFORMED CONSENT FORM

Research Introduction

This research is to determine if personal value preferences and burnout are correlated among music therapists. Should you decide to participate in the study, you will be asked to provide basic information (years of working as MT-BC, worksite, work hours, and salary range; takes about 5 minutes) for demographic information, Portrait Value Questionnaire (a 57-item questionnaire; takes about 10 minutes), and Maslach Burnout Inventory- Human Services Survey (a 22-item survey; takes about 5 minutes).

Taking part in this study involves no reasonable risks. Your information will be anonymous. Given it is an online survey and questionnaire, the IP address function will be disabled to ensure anonymity. All the electronic data will be stored and accessed through SurveyMonkey, an encrypted, cloud-based storage system. When the research is completed and results are reported, no individual information will be identified in any way.

Contact Information

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher at y_cheng3@u.pacific.edu or the faculty sponsor, Dr. Eric Waldon, at ewaldon@pacific.edu. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the researcher or the faculty sponsor, please contact the University of the Pacific Office of Research and Sponsored Programs at (209) 946-3903 or IRB@pacific.edu.

Voluntary Participation

Your participation in this study is voluntary. You will not receive any form of payment of compensation for completing this survey. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be destroyed.

Consent

□ I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. By clicking AGREE I acknowledge that I have read and understand and consent to participate in this study.

APPENDIX C: QUESTIONNAIRE ON DEMOGRAPHIC INFORMATION

Years of Working as MT-BC

_____ years

Work Hours

_____ hours/weekly

Worksites

☐ Schools

☐ Psychiatric hospitals

☐ Rehabilitative facilities

☐ Medical hospitals

☐ Outpatient clinics

☐ Day care treatment centers

☐ Agencies serving persons with developmental disabilities

☐ Community mental health centers

☐ Drug and alcohol programs

☐ Nursing homes

☐ Hospice programs

☐ Forensic facilities

☐ Private practice

Salary Range

☐ 0-10,000

☐ 10,001-20,000

☐ 20,001-30,000

☐ 30,001-40,000

☐ 40,001-50,000

☐ 50,001-60,000

☐ 60,001-70,000

☐ 70,001-80,000

☐ 80,001-90,000

☐ 90,001-100,000

☐ 100,001+

Gender Identity

What is your gender identity today?

_____ Woman/Female

_____ Man/Male

_____ Non-binary

_____ A gender identity not listed here

APPENDIX D: PORTRAIT VALUE QUESTOINNAIRE

PVQ-RR Male (10/2013)

Here we briefly describe different people. Please read each description and think about how much that person is or is not like you. Put an X in the box to the right that shows how much the person described is like you.

HOW MUCH LIKE YOU IS THIS PERSON?

	Not like me at all	Not like me	A little like me	Moder-ately like me	Like me	Very much like me
1. It is important to him to form his views independently.	☐	☐	☐	☐	☐	☐
2. It is important to him that his country is secure and stable.	☐	☐	☐	☐	☐	☐
3. It is important to him to have a good time.	☐	☐	☐	☐	☐	☐
4. It is important to him to avoid upsetting other people.	☐	☐	☐	☐	☐	☐
5. It is important to him that the weak and vulnerable in society be protected.	☐	☐	☐	☐	☐	☐
6. It is important to him that people do what he says they should.	☐	☐	☐	☐	☐	☐
7. It is important to him never to think he deserves more than other people.	☐	☐	☐	☐	☐	☐
8. It is important to him to care for nature.	☐	☐	☐	☐	☐	☐
9. It is important to him that no one should ever shame him.	☐	☐	☐	☐	☐	☐
10. It is important to him always to look for different things to do.	☐	☐	☐	☐	☐	☐
11. It is important to him to take care of people he is close to.	☐	☐	☐	☐	☐	☐
12. It is important to him to have the power that money can bring.	☐	☐	☐	☐	☐	☐
13. It is very important to him to avoid disease and protect his health.	☐	☐	☐	☐	☐	☐
14. It is important to him to be tolerant toward all kinds of people and groups.	☐	☐	☐	☐	☐	☐
15. It is important to him never to violate rules or regulations.	☐	☐	☐	☐	☐	☐
16. It is important to him to make his own decisions about his life.	☐	☐	☐	☐	☐	☐
17. It is important to him to have ambitions in life.	☐	☐	☐	☐	☐	☐

HOW MUCH LIKE YOU IS THIS PERSON?

	Not like me at all	Not like me	A little like me	Moder-ately like me	Like me	Very much like me
18. It is important to him to maintain traditional values and ways of thinking.	☐	☐	☐	☐	☐	☐
19. It is important to him that people he knows have full confidence in him.	☐	☐	☐	☐	☐	☐
20. It is important to him to be wealthy.	☐	☐	☐	☐	☐	☐
21. It is important to him to take part in activities to defend nature.	☐	☐	☐	☐	☐	☐
22. It is important to him never to annoy anyone.	☐	☐	☐	☐	☐	☐
23. It is important to him to develop his own opinions.	☐	☐	☐	☐	☐	☐
24. It is important to him to protect his public image.	☐	☐	☐	☐	☐	☐
25. It is very important to him to help the people dear to him.	☐	☐	☐	☐	☐	☐
26. It is important to him to be personally safe and secure.	☐	☐	☐	☐	☐	☐
27. It is important to him to be a dependable and trustworthy friend.	☐	☐	☐	☐	☐	☐
28. It is important to him to take risks that make life exciting.	☐	☐	☐	☐	☐	☐
29. It is important to him to have the power to make people do what he wants.	☐	☐	☐	☐	☐	☐
30. It is important to him to plan his activities independently.	☐	☐	☐	☐	☐	☐
31. It is important to him to follow rules even when no-one is watching.	☐	☐	☐	☐	☐	☐
32. It is important to him to be very successful.	☐	☐	☐	☐	☐	☐
33. It is important to him to follow his family's customs or the customs of a religion.	☐	☐	☐	☐	☐	☐
34. It is important to him to listen to and understand people who are different from him.	☐	☐	☐	☐	☐	☐
35. It is important to him to have a strong state that can defend its citizens.	☐	☐	☐	☐	☐	☐
36. It is important to him to enjoy life's pleasures.	☐	☐	☐	☐	☐	☐
37. It is important to him that every person in the world have equal opportunities in life.	☐	☐	☐	☐	☐	☐
38. It is important to him to be humble.	☐	☐	☐	☐	☐	☐
39. It is important to him to figure things out himself.	☐	☐	☐	☐	☐	☐
40. It is important to him to honor the traditional practices of his culture.	☐	☐	☐	☐	☐	☐

HOW MUCH LIKE YOU IS THIS PERSON?

	Not like me at all	Not like me	A little like me	Moder- ately like me	Like me	Very much like me
41. It is important to him to be the one who tells others what to do.	☐	☐	☐	☐	☐	☐
42. It is important to him to obey all the laws.	☐	☐	☐	☐	☐	☐
43. It is important to him to have all sorts of new experiences.	☐	☐	☐	☐	☐	☐
44. It is important to him to own expensive things that show his wealth	☐	☐	☐	☐	☐	☐
45. It is important to him to protect the natural environment from destruction or pollution.	☐	☐	☐	☐	☐	☐
46. It is important to him to take advantage of every opportunity to have fun.	☐	☐	☐	☐	☐	☐
47. It is important to him to concern himself with every need of his dear ones.	☐	☐	☐	☐	☐	☐
48. It is important to him that people recognize what he achieves.	☐	☐	☐	☐	☐	☐
49. It is important to him never to be humiliated.	☐	☐	☐	☐	☐	☐
50. It is important to him that his country protect itself against all threats.	☐	☐	☐	☐	☐	☐
51. It is important to him never to make other people angry.	☐	☐	☐	☐	☐	☐
52. It is important to him that everyone be treated justly, even people he doesn't know.	☐	☐	☐	☐	☐	☐
53. It is important to him to avoid anything dangerous.	☐	☐	☐	☐	☐	☐
54. It is important to him to be satisfied with what he has and not ask for more.	☐	☐	☐	☐	☐	☐
55. It is important to him that all his friends and family can rely on him completely.	☐	☐	☐	☐	☐	☐
56. It is important to him to be free to choose what he does by himself.	☐	☐	☐	☐	☐	☐
57. It is important to him to accept people even when he disagrees with them.	☐	☐	☐	☐	☐	☐

PVQ-RR Female (10/2013)

Here we briefly describe different people. Please read each description and think about how much that person is or is not like you. Put an X in the box to the right that shows how much the person described is like you.

HOW MUCH LIKE YOU IS THIS PERSON?

	Not like me at all	Not like me	A little like me	Moder-ately like me	Like me	Very much like me
1. It is important to her to form her views independently.	☐	☐	☐	☐	☐	☐
2. It is important to her that her country is secure and stable.	☐	☐	☐	☐	☐	☐
3. It is important to her to have a good time.	☐	☐	☐	☐	☐	☐
4. It is important to her to avoid upsetting other people.	☐	☐	☐	☐	☐	☐
5. It is important to her that the weak and vulnerable in society be protected.	☐	☐	☐	☐	☐	☐
6. It is important to her that people do what she says they should.	☐	☐	☐	☐	☐	☐
7. It is important to her never to think she deserves more than other people.	☐	☐	☐	☐	☐	☐
8. It is important to her to care for nature.	☐	☐	☐	☐	☐	☐
9. It is important to her that no one should ever shame her.	☐	☐	☐	☐	☐	☐
10. It is important to her always to look for different things to do.	☐	☐	☐	☐	☐	☐
11. It is important to her to take care of people she is close to.	☐	☐	☐	☐	☐	☐
12. It is important to her to have the power that money can bring.	☐	☐	☐	☐	☐	☐
13. It is very important to her to avoid disease and protect her health.	☐	☐	☐	☐	☐	☐
14. It is important to her to be tolerant toward all kinds of people and groups.	☐	☐	☐	☐	☐	☐
15. It is important to her never to violate rules or regulations.	☐	☐	☐	☐	☐	☐
16. It is important to her to make her own decisions about her life.	☐	☐	☐	☐	☐	☐
17. It is important to her to have ambitions in life.	☐	☐	☐	☐	☐	☐
18. It is important to her to maintain traditional values and ways of thinking.	☐	☐	☐	☐	☐	☐

HOW MUCH LIKE YOU IS
THIS PERSON?

	Not like me at all	Not like me	A little like me	Moder-ately like me	Like me	Very much like me
19. It is important to her that people she knows have full confidence in her.	☐	☐	☐	☐	☐	☐
20. It is important to her to be wealthy.	☐	☐	☐	☐	☐	☐
21. It is important to her to take part in activities to defend nature.	☐	☐	☐	☐	☐	☐
22. It is important to her never to annoy anyone.	☐	☐	☐	☐	☐	☐
23. It is important to her to develop her own opinions.	☐	☐	☐	☐	☐	☐
24. It is important to her to protect her public image.	☐	☐	☐	☐	☐	☐
25. It is very important to her to help the people dear to her.	☐	☐	☐	☐	☐	☐
26. It is important to her to be personally safe and secure.	☐	☐	☐	☐	☐	☐
27. It is important to her to be a dependable and trustworthy friend.	☐	☐	☐	☐	☐	☐
28. It is important to her to take risks that make life exciting.	☐	☐	☐	☐	☐	☐
29. It is important to her to have the power to make people do what she wants.	☐	☐	☐	☐	☐	☐
30. It is important to her to plan her activities independently.	☐	☐	☐	☐	☐	☐
31. It is important to her to follow rules even when no-one is watching.	☐	☐	☐	☐	☐	☐
32. It is important to her to be very successful.	☐	☐	☐	☐	☐	☐
33. It is important to her to follow her family's customs or the customs of a religion.	☐	☐	☐	☐	☐	☐
34. It is important to her to listen to and understand people who are different from her.	☐	☐	☐	☐	☐	☐
35. It is important to her to have a strong state that can defend its citizens.	☐	☐	☐	☐	☐	☐
36. It is important to her to enjoy life's pleasures.	☐	☐	☐	☐	☐	☐
37. It is important to her that every person in the world have equal opportunities in life.	☐	☐	☐	☐	☐	☐
38. It is important to her to be humble.	☐	☐	☐	☐	☐	☐
39. It is important to her to figure things out herself.	☐	☐	☐	☐	☐	☐
40. It is important to her to honor the traditional practices of her culture.	☐	☐	☐	☐	☐	☐

**HOW MUCH LIKE YOU IS
THIS PERSON?**

	Not like me at all	Not like me	A little like me	Moder- ately like me	Like me	Very much like me
41. It is important to her to be the one who tells others what to do.	☐	☐	☐	☐	☐	☐
42. It is important to her to obey all the laws.	☐	☐	☐	☐	☐	☐
43. It is important to her to have all sorts of new experiences.	☐	☐	☐	☐	☐	☐
44. It is important to her to own expensive things that show her wealth	☐	☐	☐	☐	☐	☐
45. It is important to her to protect the natural environment from destruction or pollution.	☐	☐	☐	☐	☐	☐
46. It is important to her to take advantage of every opportunity to have fun.	☐	☐	☐	☐	☐	☐
47. It is important to her to concern herself with every need of her dear ones.	☐	☐	☐	☐	☐	☐
48. It is important to her that people recognize what she achieves.	☐	☐	☐	☐	☐	☐
49. It is important to her never to be humiliated.	☐	☐	☐	☐	☐	☐
50. It is important to her that her country protect itself against all threats.	☐	☐	☐	☐	☐	☐
51. It is important to her never to make other people angry.	☐	☐	☐	☐	☐	☐
52. It is important to her that everyone be treated justly, even people she doesn't know.	☐	☐	☐	☐	☐	☐
53. It is important to her to avoid anything dangerous.	☐	☐	☐	☐	☐	☐
54. It is important to her to be satisfied with what she has and not ask for more.	☐	☐	☐	☐	☐	☐
55. It is important to her that all her friends and family can rely on her completely.	☐	☐	☐	☐	☐	☐
56. It is important to her to be free to choose what she does by herself.	☐	☐	☐	☐	☐	☐
57. It is important to her to accept people even when she disagrees with them.	☐	☐	☐	☐	☐	☐

PVQ-RR Non-binary

Here we briefly describe different people. Please read each description and think about how much that person is or is not like you. Put an X in the box to the right that shows how much the person described is like you.

HOW MUCH LIKE YOU IS THIS PERSON?

	Not like me at all	Not like me	A little like me	Moder-ately like me	Like me	Very much like me
1. It is important to them to form their views independently.	☐	☐	☐	☐	☐	☐
2. It is important to them that their country is secure and stable.	☐	☐	☐	☐	☐	☐
3. It is important to them to have a good time.	☐	☐	☐	☐	☐	☐
4. It is important to them to avoid upsetting other people.	☐	☐	☐	☐	☐	☐
5. It is important to them that the weak and vulnerable in society be protected.	☐	☐	☐	☐	☐	☐
6. It is important to them that people do what they say they should.	☐	☐	☐	☐	☐	☐
7. It is important to them never to think they deserve more than other people.	☐	☐	☐	☐	☐	☐
8. It is important to them to care for nature.	☐	☐	☐	☐	☐	☐
9. It is important to them that no one should ever shame them.	☐	☐	☐	☐	☐	☐
10. It is important to them always to look for different things to do.	☐	☐	☐	☐	☐	☐
11. It is important to them to take care of people they are close to.	☐	☐	☐	☐	☐	☐
12. It is important to them to have the power that money can bring.	☐	☐	☐	☐	☐	☐
13. It is very important to them to avoid disease and protect their health.	☐	☐	☐	☐	☐	☐
14. It is important to them to be tolerant toward all kinds of people and groups.	☐	☐	☐	☐	☐	☐
15. It is important to them never to violate rules or regulations.	☐	☐	☐	☐	☐	☐
16. It is important to them to make their own decisions about their life.	☐	☐	☐	☐	☐	☐
17. It is important to them to have ambitions in life.	☐	☐	☐	☐	☐	☐
18. It is important to them to maintain traditional values and ways of thinking.	☐	☐	☐	☐	☐	☐

HOW MUCH LIKE YOU IS THIS PERSON?

	Not like me at all	Not like me	A little like me	Moder-ately like me	Like me	Very much like me
19. It is important to them that people they know have full confidence in them.	☐	☐	☐	☐	☐	☐
20. It is important to them to be wealthy.	☐	☐	☐	☐	☐	☐
21. It is important to them to take part in activities to defend nature.	☐	☐	☐	☐	☐	☐
22. It is important to them never to annoy anyone.	☐	☐	☐	☐	☐	☐
23. It is important to them to develop their own opinions.	☐	☐	☐	☐	☐	☐
24. It is important to them to protect their public image.	☐	☐	☐	☐	☐	☐
25. It is very important to them to help the people dear to them.	☐	☐	☐	☐	☐	☐
26. It is important to them to be personally safe and secure.	☐	☐	☐	☐	☐	☐
27. It is important to them to be a dependable and trustworthy friend.	☐	☐	☐	☐	☐	☐
28. It is important to them to take risks that make life exciting.	☐	☐	☐	☐	☐	☐
29. It is important to them to have the power to make people do what they want.	☐	☐	☐	☐	☐	☐
30. It is important to them to plan their activities independently.	☐	☐	☐	☐	☐	☐
31. It is important to them to follow rules even when no-one is watching.	☐	☐	☐	☐	☐	☐
32. It is important to them to be very successful.	☐	☐	☐	☐	☐	☐
33. It is important to them to follow their family's customs or the customs of a religion.	☐	☐	☐	☐	☐	☐
34. It is important to them to listen to and understand people who are different from them.	☐	☐	☐	☐	☐	☐
35. It is important to them to have a strong state that can defend its citizens.	☐	☐	☐	☐	☐	☐
36. It is important to them to enjoy life's pleasures.	☐	☐	☐	☐	☐	☐
37. It is important to them that every person in the world have equal opportunities in life.	☐	☐	☐	☐	☐	☐
38. It is important to them to be humble.	☐	☐	☐	☐	☐	☐
39. It is important to them to figure things out themselves.	☐	☐	☐	☐	☐	☐
40. It is important to them to honor the traditional practices of their culture.	☐	☐	☐	☐	☐	☐

HOW MUCH LIKE YOU IS THIS PERSON?

	Not like me at all	Not like me	A little like me	Moder-ately like me	Like me	Very much like me
41. It is important to them to be the one who tells others what to do.	☐	☐	☐	☐	☐	☐
42. It is important to them to obey all the laws.	☐	☐	☐	☐	☐	☐
43. It is important to them to have all sorts of new experiences.	☐	☐	☐	☐	☐	☐
44. It is important to them to own expensive things that show their wealth	☐	☐	☐	☐	☐	☐
45. It is important to them to protect the natural environment from destruction or pollution.	☐	☐	☐	☐	☐	☐
46. It is important to them to take advantage of every opportunity to have fun.	☐	☐	☐	☐	☐	☐
47. It is important to them to concern themselves with every need of their dear ones.	☐	☐	☐	☐	☐	☐
48. It is important to them that people recognize what they achieve.	☐	☐	☐	☐	☐	☐
49. It is important to them never to be humiliated.	☐	☐	☐	☐	☐	☐
50. It is important to them that their country protect itself against all threats.	☐	☐	☐	☐	☐	☐
51. It is important to them never to make other people angry.	☐	☐	☐	☐	☐	☐
52. It is important to them that everyone be treated justly, even people they don't know.	☐	☐	☐	☐	☐	☐
53. It is important to them to avoid anything dangerous.	☐	☐	☐	☐	☐	☐
54. It is important to them to be satisfied with what they have and not ask for more.	☐	☐	☐	☐	☐	☐
55. It is important to them that all their friends and family can rely on them completely.	☐	☐	☐	☐	☐	☐
56. It is important to them to be free to choose what they do by themselves.	☐	☐	☐	☐	☐	☐
57. It is important to them to accept people even when they disagree with them.	☐	☐	☐	☐	☐	☐