

THESIS

PREDICTORS OF MEMBERSHIP IN MUSIC THERAPY PROFESSIONAL
ORGANIZATIONS

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Lauren F. Bevilacqua

School of Music, Theatre, and Dance

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Master's Committee:

Advisor: Andrew Knight

Blythe LaGasse
Tobin Lopes

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ABSTRACT

PREDICTORS OF MEMBERSHIP IN MUSIC THERAPY PROFESSIONAL ORGANIZATIONS

A healthy professional membership organization is vital to the longevity and sustainability of a profession. The purpose of this survey study is to identify predictive variables that determine if a professional music therapist becomes a member, former member, or never a member of the professional membership organization. Within the context of social exchange theory and social identity theory, it was hypothesized that a strong sense of cost-to-benefit exchange and professional identity are predictors of professional membership. The Predictors of Membership in Music Therapy Organizations questionnaire consisted of satisfaction questions and the Professional Identity and Organizational Identity scales (Mael & Ashforth, 1992). Out of 7590 board certified music therapists, 948 responded (570 were current American Music Therapy Association (AMTA) members, 335 were former members and 43 had never been members). Members were more likely to recommend membership. Most music therapists who are former members or have never been members indicated that they would join the organization if financial assistance was available. Music therapists scored higher on the professional identity scale than on the organizational scale. There was no statistical significance between professional and organizational identity scores between those who were unlikely to recommend AMTA membership and those who were neutral or moderately unlikely to recommend membership. Results support the ideas of social exchange and professional identity with organizational

identity predicting satisfaction ratings with AMTA. Considerations for future research and practical application of the data are discussed.

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INTRODUCTION

The strength of an organization lies within the size of its membership (Esmaeili, Dehghan-Nayeri, & Negarandeh, 2013; Philips & Leahy, 2012; Robiner, Fossum, & Hong, 2015). Membership organizations are the established bodies for a field of professional practice whose members are not financially compensated for their participation (Hager, 2014; Tschirhart & Gazley, 2016). Membership organizations play a vital role in providing scholarly publications, continuing education and networking opportunities, advocacy and support in licensure or legislative recognition, and public awareness for a profession (Bauman, 2008; Wotherspoon & McCarthy, 2016). Membership organizations can also determine the appropriate knowledge base and competency standard for every professional in the field (Ki & Wang, 2016). In the United States, the American Music Therapy Association (AMTA) is the national professional membership organization available to all music therapists.

The AMTA, founded in 1998, was the result of a merger between the National Association for Music Therapy (NAMT) and the American Association for Music Therapy (AAMT; Davis, 1999). For the first time since AAMT formed in 1971, the music therapy profession was unified under one organization (American Music Therapy Association, n.d.). The Certification Board for Music Therapists (CBMT) incorporated in 1983 and serves as the certification body for all music therapists in the United States (Certification Board for Music Therapists, n.d.). Both organizations work together on legislative recognition and professional advocacy issues (Sena Moore, 2015). Music therapists who wish to hold certification become certified through the CBMT and can choose to become members of AMTA.

Membership retention and attrition has been an area of concern in music therapy since the creation of AMTA (Elkins, personal communication). Not all music therapists choose to become

members and those who become members maintain membership status by paying yearly membership dues. A music therapist may choose to discontinue membership by not renewing membership dues at the beginning of each year. The Membership Committee is a standing committee charged by the AMTA Board of Directors with ensuring the sustainability of AMTA by determining ways to increase membership, promote value of AMTA membership and evaluate the needs of members (American Music Therapy Association, 2016b). The Membership Committee is a part of the Council on Association Services and is comprised of individuals from each region of AMTA. Committee chairs are appointed by the AMTA President and approved by the Board (AMTA, 2016a). Each year AMTA strives to increase membership numbers through social media campaigns and membership drives. The AMTA Board developed an initiative to “increase the percentage of MT-BCs who are professional members from the current 32% to 50% by 2019” (AMTA, 2016d, p. 13). While some gains have been made in membership (Elkins, personal communication) since the development of this initiative, they are incremental at best (AMTA, 2017b). Low membership may impact association revenue and access to resources and may indicate a disconnect between the organization and its members (Myers, 2016; Robiner et al., 2015).

Researchers in music therapy have studied AMTA membership trends in conjunction with employment opportunities and burnout (Decuir & Vega, 2010), and membership retention and employment opportunities (Silverman & Furman, 2014). Scholars remain unaware of the factors that predict a music therapist’s decision to purchase or decline professional membership. Not only has overall membership decreased over time, but prior to 2017, AMTA professional membership has remained stagnant at approximately 30% of total music therapists in the United States (AMTA, 2009, 2015). In addition, there are no studies that attempt to identify the reasons

why music therapists choose to either become members of AMTA or not. The purpose of this study is to identify predictive variables that determine if a professional music therapist becomes a member, former member, or never a member of the professional membership organization. The study aims to answer the following research question: What variables predict music therapy professional association membership status as current, former member, or never a member?

Hypothesis 1: Participants who report a high perceived value of membership exchange will most likely become members of the professional organization.

Hypothesis 2: Participants reporting high organizational and professional identification will most likely recommend membership in the professional organization.

Theoretical Framework

Membership is multifaceted (Dalton & Dignam, 2007). Belonging to a membership organization involves exchange of time, goods, or ideas between a member and an organization and a sense of identity or alignment with the norms and values of that organization (Haslam, 2014). Two theories from social psychology may explain why people align with social groups and why one might continue to affiliate with a social group. Social Exchange Theory may describe an individual's motivation to join or continue to belong to a membership organization based upon the exchange between member and organization (Cropanzano, Anthony, Daniels, & Hall, 2017). Occupational organizations are capable of influencing norms and values of a profession and thus can impact an individual's desire to belong. Social identity theory may explain the connection between self-identity and the desire to belong to a professional group (Haslam,; Philips & Leahy, 2012). Philips and Leahy (2012) used both social exchange theory and social identity theory as a framework for exploring the predictive variables for choosing membership in rehabilitative counseling.

Social exchange theory. Social exchange theory is the idea that both “giver and receiver must feel adequately compensated for an exchange to occur” (Philips & Leahy, 2012, p. 208). All social exchange theories look at social decisions and values from the perspective of transactions between two or more parties (Cropanzano et al., 2017). Social exchange theory predicts that positive actions will inspire the other party to reciprocate in a similar manner. Members and membership organizations are in a reciprocal relationship where the actions of one party reinforce the actions of another (Cook, Cheshire, Rice, & Nakagawa, 2013). Actions can create a negative relationship as well (Cropanzano et al. 2017). Applied to membership, a social exchange framework implies that professional members are more likely to remain members or continue being members if they perceive that there is a positive exchange of costs to perceived benefits (Philips & Leahy, 2012). Gaining member loyalty and retention is “synchronizing cost and value” (Jacobs, 2014, p. 26). This idea of exchange is also prevalent in marketing and membership resources and is sometimes referred to as membership return on investment (ROI) (Baxter, 2015; Jacobs, 2014; Sladek, 2011).

Social identity theory. Social identity theory “seeks to explain how behavior is structured not merely by people’s sense of themselves as individuals...[but] by their sense of themselves as members of social groups” (Haslam, 2014, p. 1). Individuals with similar values, interests, attitudes, preferences, and experiences are drawn to each other and may join social groups to enhance their social relationships. This applies to membership organizations too (Ki & Wang, 2016). Social identities are a function of belonging and are imperative to not just social behavior but overall psychological health and wellbeing (Haslam, 2014). The strength of the concept of “we” instead of “I” is crucial (Taveres, van Knippenberg, & van Dick, 2014). The collective sense of belonging to a group applies to professional membership associations (Dalton &

Dignam, 2007). The way a professional categorizes themselves impacts social behavior and the groups with which they affiliate (Philips & Leahy, 2012). The social groups that an individual belongs to often regulate social behavior, thoughts, and values. Professional identity is a form of social identity that develops from how a profession differentiates themselves from other professions (McNeil et al., 2013). Professional identities are often developed through a professional organization where the thoughts and practices of a profession highly impact a professional's identity, values, and behaviors (Hall, 2005; Lee, Park, & Koo, 2015) and can provide necessary resources for professionals to gain standing (Hager, 2014).

Philips and Leahy (2012) took both of these frameworks to identify predictors of membership in rehabilitation counseling professional organizations. After surveying rehabilitation counseling professionals, they found that membership motives could be explained through social exchange and professional identity theories. Similar to their study, this paper posits the perspective that the interaction between organization and professional members and the social or professional identity of members impact each other. Tavares et al. (2014) found that the content of the social exchange is dependent on how strong a member identifies with the organization. Applied directly to music therapy, Tavares' perspective may mean that the strength with which someone identifies as a music therapist and the level of intensity that the organization promotes being a music therapist may determine the quality and content of their relationship. The strength and salience of professional identity and the manner in which an organization supports a professional identity work in tandem to support membership growth and retention.

There are nearly 7,000 professional board-certified music therapists in the United States (B. Dalsimer, personal communication). The AMTA publishes a workforce survey annually that highlights membership numbers and categories. Membership totals are reported from the

beginning of each year. Between 2009 and 2017, total membership in AMTA increased from 3,527 members to 3,940 members (AMTA 2009, 2017a). The total number of board-certified music therapists grew from 4,673 in 2009 to 6,712 as of January 1, 2016 (B. Dalsimer, personal communication). The total number of professional board-certified music therapists who were also AMTA members has decreased from approximately 75% in 2009 to approximately 50% of all board-certified music therapists. Although both the total number of music therapists and professional members of AMTA have increased, the overall percentage of professional members has decreased over time, while student and graduate student membership has increased (AMTA 2009, 2017a). There is a need for scholarly investigation that 1) attempts to explain why professional membership decreased as total membership increased and 2) attempts to predict the factors that impact a professional's decision to choose membership or choose non-membership in music therapy.

The work of the professional membership organization benefits all music therapists. The support of nearly half of the board-certified music therapists in AMTA are helping to support an entire profession. This study contributes to the ongoing dialogue to increase the professional membership by providing data about professional members and membership decisions. More importantly, it could highlight the factors that may predict membership which can enable organizations to create programs, collaborations and infrastructure for continued membership growth and retention.

LITERATURE REVIEW

The body of literature related to membership decisions is limited in scope. Initial searches, utilizing Academic Search Premier, PubMed, Google Scholar, and Business Source Complete revealed articles identifying barriers to gaining and retaining membership, trends within a membership base, and attitudes and feelings towards professional organizations and membership. Key words included: membership, membership trends, professional organizations, professional organizational membership, and membership retention. Several searches and combinations of key words were performed in order to include current and relevant literature.

In this study, the literature is organized into three main sections: Predictive Studies, Marketing and Membership, and Music Therapy Professional Membership. Predictive studies are presented initially, exploring the factors that might influence a professional to choose membership as those studies are of more interest and relevance to this study. Marketing and membership literature examine the relationship between the cost of membership and the perceived value of membership benefits and how the value of membership benefits may impact the decision to join or retain involvement in a professional organization. Music therapy specific literature is certainly limited in comparison to the medical fields explored in the first two sections. Although there are few studies, they provided insight into the perceived value and cost of membership, attitudes toward professional membership and the professional organization, and factors impacting a music therapist's decision to join.

Predictive Studies

Philips and Leahy (2012) hypothesized that the salience of professional identity and overall satisfaction with the organization were major predictors of whether a professional chose membership, discontinued membership or chose to never become a member. After surveying

rehabilitation counseling professionals, they found that membership motives could be explained through social exchange theory and social identity theory. Satisfaction with organizational support indicated increased chances of membership. In addition, the authors found that a strong relationship or affiliation to an organization indicated a higher chance of being a member.

Khaliq and Watson (2012) found that level of education, gender, and workplace sponsored financial incentives impacted an individual's decision to join an association like the American College of Healthcare Executives (ACHE). Personal qualities, like gender and level of education, were found to have a greater impact on the decision to join rather than organizational factors. Taveras et al. (2014) found that level of organizational identification determined the content of a social exchanging. Members who felt that the organization met their own needs were more likely to continue being members or volunteer for the organization as a means for paying back the organization for the support or benefits of membership. Individuals who experienced low organizational identification felt that withdrawing from the organization was an appropriate exchange for the organizational support or lack of benefits they experienced. Predictive studies provide a unique insight to membership decisions and may provide a basis for creating new programs to increase membership or strengthen the membership base.

Robiner et al. (2015) identified proliferation of divisions and diversity of practice, identifying with other fields or disciplines, demographic shifts, economic hardship, cost of education and other expenses, reliance on technology, and attitudinal factors as reasons for choosing non-membership in the American Psychological Association. Esmaili et al. (2013) surveyed nurses in Iran about factors impacting membership in nursing associations. Reasons for non-membership include family related problems, low salaries, feeling overworked, high membership costs and negative attitudes towards the association. In addition, the authors cited

poor websites and journals, and inadequate dissemination of research and publicity items (Esmaeili et al., 2013). In an unpublished dissertation, Walton (2017) identified time constraints to participating in professional membership activities, cost of membership, impacted and demanding work schedules, and lack of understanding the purpose and structure of the organization as barriers to professional membership in advanced practice nurses. Barriers to choosing membership in recent pharmacy graduates include a lack of understanding of the benefits of membership, cost of membership, forgetting to pay or renew dues, networking and being a member of too many organizations (Taylor et al., 2018).

Markova, Ford, Dickson, and Bohn (2013) noted membership retention symbolizes a professional's satisfaction with their professional organization. The authors found that positive customer service experiences and tangible benefits (access to conferences, websites, and publications) led to sustained membership of older professionals. Younger members looked for tools to develop their professional identities. The authors suggested that different marketing and promotional strategies could be employed to appeal to all types of members. Similarly, Alotaibi (2007) found that members differed in their reasons for joining a professional organization and that the benefits listed by an organization may not attract all members. The author found that current members valued social activities, networking, and peer group contact as major reasons for choosing membership. Former members in the same study valued education opportunities, professional support and opportunities for self-improvement (Alotaibi, 2007). In dentistry, Coe, Best, Certosimo, and Coble (2016) found that membership nonrenewal in the professional association for dentists was motivated by cost of dues to perceived value of benefits. While professional organizations may list tangible benefits of membership as a way to promote membership, there is evidence to suggest that not all professionals value the benefits with the

same intensity. Membership benefits may also not be enough to persuade professionals to choose membership. Through a social exchange theory lens, the costs of benefits did not outweigh the perceived benefits.

In nurse anesthetists, Farina, Wilson, and FitzSimmons (2016) found that the biggest factor in choosing membership depended on the perceived ROI of membership. Other factors included access to education and publications, customer support, workplace support, generational factors, and university support for organizations. The authors examined younger professionals, noting that paying off school debt was often a priority over paying membership dues. In addition, younger professionals indicated that they were not members due to unfamiliarity with membership organizations, taking time to choose a career path, and being unaware that some employers may help pay organizational dues. Educators played an important role in promoting membership and helping students create their own professional identities. Younger generations are presenting different membership needs than more seasoned professionals.

Newly licensed pharmacists chose to not become members due to misunderstanding the purpose of their professional organization, lack of time to devote to professional organization activities, the expense of the membership fee, and interest in joining (Liang, Subramaniam, & Paraithathu, 2015). To recruit more members, the survey respondents suggested reducing the membership fee, acquiring more sponsors, organizing more interesting professional gatherings, increasing the number of benefits for members, and making members feel more appreciated. The authors found that although newly licensed pharmacists felt that joining the professional organization was important, only half of the respondents were actually members. There is a lack

of evidence that looks at predictors of membership in order to create new initiatives, benefits, or programs to meet the changing needs of members and the diversity of members.

Bauman (2008) surveyed school counselors about their choice to join or not join a professional membership organization. The main factors impacting the decision to join or not join were support for professional membership, the membership status of colleagues and mentors, the belief that the organization advanced the field, and that an important part of being a professional is joining the organization. More specifically, major themes taken from qualitative analysis were cost of membership, professional identity, personal beliefs about membership, workplace support for membership, and time constraints. Similar to nursing and psychology, there were many factors that impacted a professional's decision to join their professional membership organization. Bauman brought up one additional important idea. In some fields like law and speech-language pathology, the professional association controls entry into the profession via bar exams or licensure. Those organizations have 100% membership participation. Membership in organizations for fields like school counseling and music therapy are voluntary in the United States. Given the voluntary nature of membership in some professional fields, it is important to conduct research in membership decisions that would provide vital information to strengthen the membership base and strengthen the profession.

Marketing and membership

There are numerous book publications related to membership retention and growth. Jacobs (2014) spoke directly to a professional's decision to choose non-membership or to let their membership pass. The decision to join is an ongoing evaluation of cost to benefits. The lack of value, the author asserts, is the main reason why members choose non-membership. Membership is multifaceted and organizations can implement many strategies to identify

organizational strengths and weaknesses. Asking members to rank and highlight preferred benefits is important, however, it does not identify the motivations or reasons why a professional chooses membership. Research is needed to identify motivators for initial membership or renewal (Jacobs, 2014).

Ki (2018) found that the major determinants of membership retention and recommendation were member perceptions of benefits and attitudes towards the organization. Members who considered professional membership to be worthwhile investment and maintained positive attitudes towards membership and renewal were more likely to continue membership and recommend membership to others. Members who discontinued membership for any reason were less likely to recommend membership to others. Similarly, Baxter (2015) highlighted the challenges that non-profit organizations meet when addressing membership growth and retention. In her book, Baxter identified the following challenges non-profit membership organizations face when innovating membership benefits: commitment to a non-changing mission, cumbersome governance models, and immeasurable goals. She stated that “membership or subscription cancellation is a sign of active displeasure. Innovation (or lack of innovation) can be seen in these two metrics – new members and lost members” (Baxter, p. 41). A decrease in value of membership will coincide with a decline in membership and engagement (Sladek, 2011). Sladek explained membership decisions and decline in economic terms. When the value of membership is minimized, the demand for membership also decreases. Membership decisions may be impacted by the perception of cost-to-benefits ratios, ROI in membership, or difficulty in communicating the value of membership.

From the perspective of the membership organizations, difficulty in communicating value or benefits, insufficient staff, difficulty in meeting the diverse needs of the membership

and difficulty providing a return on investment were identified as the biggest challenges to growing membership (MGI, 2017). In this particular study, executed by Marketing General Incorporated, difficulty in communicating value increased for all types of associations (MGI). Myers (2016) found that professionals let their membership lapse due to cost of dues, perceived lack of value, forgot to renew, acquiring the same benefits elsewhere, a decline in benefits, and discontinued workplace financial support. While looking at large scale studies that identify reasons for choosing membership or letting membership lapse from the perspective of membership organizations is useful, it does not offer insight into the variables that predict and impact individual membership decisions.

Dalton and Dignam (2007) reject the notion that membership is some type of social exchange or cost-to-benefit ratio analysis, but rather reflects “an expanded understanding of what constitutes a benefit” (p. 1). An individual’s decision to choose membership is better understood as choosing affiliation. In this way, Dalton and Dignam view membership and affiliation as a function of social identities. Affiliation is not just joining a group but aligning oneself with particular views or qualities or shared identity. Professionals who had financial support from employers for association dues were more likely to continue membership. This supports the notion that workplace financial support could predict an individual’s decision to join. The authors found that members discontinued their membership predominantly due to the perception expectations and benefits were not delivered, where expectations are also a function of cost. This particular study surveyed over 16,000 individuals belonging to several different membership associations and stands a seminal work in professional organization research literature. Although the information is thorough, it may not directly apply to music therapy membership or measuring the predictive variables for choosing membership.

Music therapy professional membership

There is little evidence from the field of music therapy that effectively looks at membership trends. A literature search revealed a distinct lack of music therapy evidence in the area of membership growth, trends, and behaviors. Silverman and Furman (2014) identified the need to look at both data from AMTA membership and the total number of certified music therapists in the United States to help create strategies for retaining music therapists. Groene (2003) expressed the need for increased music therapists to meet growing healthcare demands. The author maintained that in order to compete in a healthcare environment, the profession needed examine membership value and attrition. In the literature search, there was a gap in published studies between the publication of this 2003 article and Silverman and Furman's on music therapy membership trends.

Silverman and Furman (2014) focused on employment growth in conjunction with membership. They found that membership was increasing, but caution against any blanket statements due to validity concerns. They suggested that future research compare AMTA data with CBMT membership retention data. Results could be used to “influence academic and clinical training, advocacy, conference programming, areas of continuing music therapy education and foci concerning reimbursement, legislative matters and research” (Silverman & Furman, p. 108). In music therapy, there is no available evidence about membership decisions and the factors impacting membership decisions. There is a disconnect between the literature looking at predictors of membership, membership trends, reasons for membership and concrete strategies for increasing new membership and membership retention. Despite the lack of evidence, there is a drive every year to increase membership numbers, increase membership

retention, and innovate campaigns to drive membership (AMTA, 2017b). Membership remains at the forefront of association business.

In a master's thesis by Murillo (2013), survey participants responded that membership in the professional organization is optional and perceived as an added expense. The study lists direct quotes adding insight to membership decision of music therapists. Reasons or priorities above membership included lower salaries and higher costs, expensive dues to little benefit, or choosing continuing education or self-care in lieu of membership. Aside from cost and benefit ratios or other educational or self-care priorities, other reasons why a music therapist might not choose professional membership or discontinue membership also included lack of organization transparency, lack of accessibility to the organization, lack of forward thinking and implementation of plans, and lack of organizational support for members (Murillo). This unpublished thesis was the closest piece of evidence from the field of music therapy that related directly to the topic of membership decisions.

The health of the organization depends on the health of its membership base. Membership is a topic that has been researched by a variety of professional bodies and continues to be a priority in music therapy (AMTA, 2017b). Although there are existing studies that try to pinpoint reasons for choosing membership or not choosing membership, there are few studies that look at which factors may predict a professional's decision making. Exploring the predictors of choosing membership in music therapy may be especially important in music therapy where membership, although gradually growing, continues to be below 50% of professional music therapists in the United States. By identifying the predictors for choosing or not choosing membership, professional organizations can create concrete strategies for appealing to all

different types of members including new members and members who may have discontinued professional membership in the past.

METHOD

The study aimed to answer the following research question: What variables predict music therapy professional association membership status as current, former member, or never a member? A cross-sectional survey design utilizing convenience sampling was used to answer this question (Creswell, 2015). The design for this study was modeled after Philips and Leahy's (2012) investigation into the predictive variables for membership in rehabilitation counseling organizations.

Participants

Currently, there are more than 7,000 music therapists in the United States (B. Dalsimer, personal communication). Any professional with the MT-BC certification from Certification Board for Music Therapists, Inc (CBMT) living in the United States was eligible to participate in the study. The e-mail addresses of professional music therapists were obtained by purchasing an email list from CBMT. The list is available to individuals who are conducting research or marketing events. Sample text and additional files, like surveys or flyers, are required in order to fulfill the application to obtain the contact information. Web-based surveys have generally yielded a higher response rate than mailed paper surveys (Fan & Yan, 2010). All music therapists were contacted via e-mail about participation and included in the study, excluding individuals who opted to not be included in the email list or who did not have a current email address. Baruch and Holton (2008) found that a response rate of 35% is a benchmark for survey research. In a meta-analysis, Fan and Yan (2010) found that web-based survey research generates a response rate that is 11% lower than other survey methods, between 20-25% response rate.

Variables

Philips and Leahy (2012) measured (a) professional identity salience, (b) perceived value of membership exchange, (c) institutional influences (perceived academic and workplace supports), (d) perceived performance of association, (e) demographic variables including race, gender, level of education, and individual income. In this study, the same variables were examined with the addition of years in the profession and geographic location within the demographic variables.

Instrumentation

The Professional Identification (PID) scale. The PID was created from the Organizational Identification (OID) scale (Mael & Ashcroft, 1992; Mael & Tetrick, 1992). The OID is grounded in social identity theory and is designed to measure identification with a particular social group (Philips & Leahy, 2012). In Mael, Waldman and Mulqueen (2001), the reliability of the OID scale ranged from .81 to .91. Although there are other instruments to measure identification, Mael's scale is recommended over the attitudinal organizational commitment or the organizational identification questionnaire due to less variation in correlation between measures of organizational identification, narrower credibility intervals, high construct validity and reliability (Riketta, 2005). In this study, PID was created from the OID and had six items with a 5-point likert-type scale with anchors ranging from strongly disagree to strongly agree (Appendix A).

Professional association survey (PAS). The PAS was designed in the original study (Philips & Leahy, 2012) to measure perceived association performance, perceived value of the professional association membership, and perceived levels of institutional support received from

work place and graduate program. For this study, a PAS was created specifically for music therapy drawing from an instrument published by Dalton and Dignam (2007). Dalton and Dignam's questionnaire measured the perceived success of the organization to meet membership needs and the member's perceptions of the functions and challenges of associations. For this study, the PAS measured variables (b) perceived value of membership exchange, (c) institutional influences (perceived academic and workplace supports), and (d) perceived performance of association. The original survey implemented by Dalton and Dignam (2007) had a 99 percent survey confidence and a plus or minus one percent reliability score. Each scale used a 6-point rating scale to reduce response set bias (Christensen, Johnson & Turner, 2014) and behavioral questions were asked prior to attitudinal questions to reduce bias (Brace, 2013). Question length and pagination were also considered in order to decrease likelihood of incomplete survey returns and low response rates (Liu & Wronski, 2018). The entire questionnaire is included as Appendix A.

Procedure

Similar to the Philips and Leahy (2012) study, the survey instrument was first reviewed by five members from the target population to review the instrument items. A group of professional music therapists from various geographic locations, levels of education, and membership status were recruited to review the instrument to assess the quality and formatting of the survey prior to dissemination (Fan & Yan, 2010). Feedback from the pilot group of professionals was incorporated into a revised instrument. After revisions, the instrument and request for participation was sent to the entire list of professional music therapists living in the United States from CBMT via email. A reminder request was sent out one week after the initial request. This study was approved by the Institutional Review Board in July 2018.

Data Analysis

Responses were collected and analyzed. Data from the pilot processes was not included in the final analysis. Categorical data were reported as percentages. Using SPSS, descriptive and inferential tests, including a regression test, were used to investigate the relationship between the decision to join the professional organization and professional identity salience, perceived value of membership exchange, institutional influences (perceived academic and workplace supports), perceived performance of association, and demographic variables including race, gender, level of education, years in the profession, geographic location and individual income.

RESULTS

Of the 7,590 of music therapists contacted to participate in the study, 1,109 returned the survey, with 948 surveys completed. Figure one illustrates the number of returned surveys and the membership status of participants.

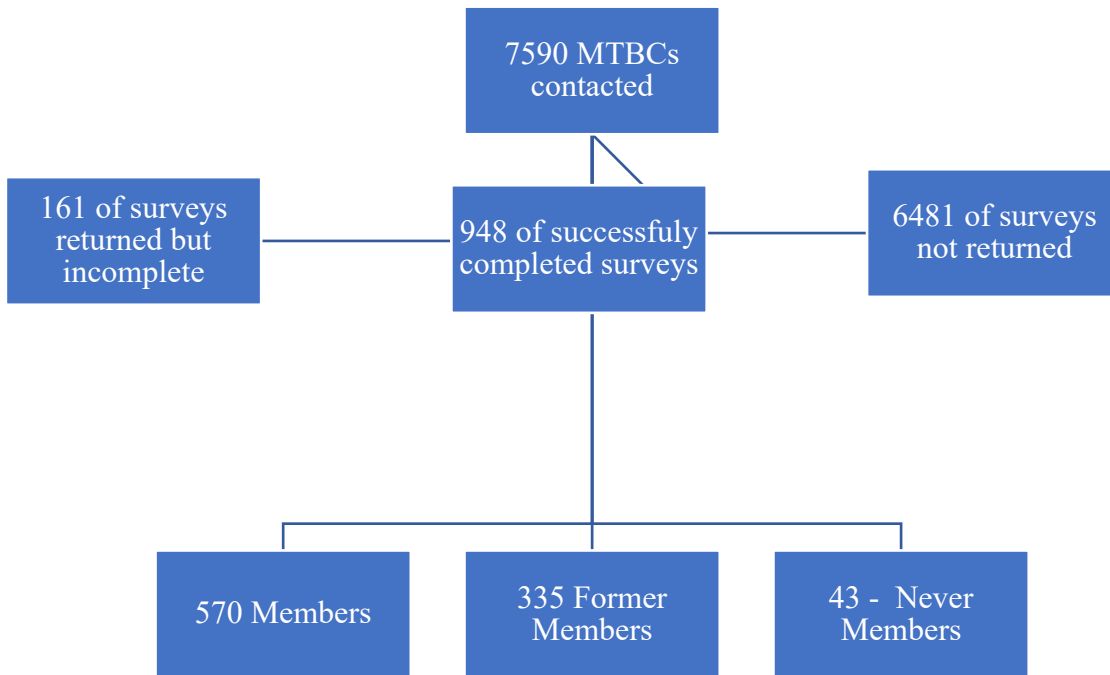


Figure 1. Number of returned surveys and membership status of participants.

Hypothesis 1: AMTA Satisfaction and Cost Exchange

Participants were asked to indicate rate the importance of organizational services and benefits within any professional organization. Table 1 illustrates the mean and standard deviations for the Likert scale ratings for how important personal and professional membership benefits were to participants (1 – not important; 5 – extremely important). Items are listed from the highest rated item to lowest.

Table 1. The importance of general membership benefits by mean

Question	Item	<i>N</i>	<i>M</i>	<i>sd</i>
6.2	Maintaining a code of ethics for practice	926	4.64	.62
6.1	Providing standards or guidelines that support quality	930	4.54	.71
6.3	Influencing legislation and regulations that could affect the field	927	4.52	.76
6.6	Promoting greater awareness of contributions to the field	930	4.44	.76
6.4	Gathering, analyzing, and publishing data on trends in the field	928	4.37	.80
6.7	Conducting research on significant issues affecting the field	928	4.33	.84
6.8	Supporting student education and entry into the field	930	4.32	.82
6.9	Attracting competent people into the field	930	4.29	.88
6.10	The association's role in defining critical competencies	929	4.26	.83
6.5	Promoting a greater appreciation of the role and value of the field among practitioners	930	4.22	.86
5.2	Professional development or educational programs	927	3.95	0.97
5.1	Access to up to date info available in the field	927	3.89	1.02
5.3	Opportunities for you to network with other professionals in field	929	3.54	1.07

5.4	Access to career information and employment opportunities	929	3.51	1.17
5.8	Member discounts or group purchasing activities	928	3.36	1.19
6.11	Providing awards or recognition for excellence in the field	929	3.22	1.14
5.7	A reference directory of members	927	3.11	1.16
5.5	Access to products, services, and suppliers	928	2.92	1.11
5.6	Opportunities to gain leadership experience	927	2.85	1.19

Through the lens of membership exchange, members are more likely to continue holding membership if they are satisfied with organizational services and membership benefits (Ki, 2018). To measure current members satisfaction with AMTA services and benefits, respondents were asked to rate their satisfaction on a 6-point Likert scale (1-extremely dissatisfied – 6 – extremely satisfied). Table two is a list of the means and standard deviations for participant’s current satisfaction with the membership benefits provided by the AMTA. Items are listed from highest to lowest mean.

Table 2. AMTA satisfaction ratings by mean

Item #	Item	<i>N</i>	<i>M</i>	<i>sd</i>
8.2	Maintaining a code of ethics for practice	906	5.10	1.09
8.1	Providing standards or guidelines that support quality	906	4.85	1.19
8.11	Providing awards or recognition for excellence in the field	896	4.61	1.10
8.10	The association’s role in defining critical competencies	901	4.60	1.25

8.4	Gathering, analyzing, and publishing data on trends in the field	901	4.59	1.22
7.7	A reference directory for members	895	4.56	1.17
7.1	Access to up to date information available in the field	899	4.52	1.19
8.3	Influencing legislation and regulations that affect the field	906	4.52	1.37
7.2	Professional development or educational program offerings	900	4.52	1.17
7.3	Opportunities for you to network with other professionals in the field	898	4.43	1.17
8.5	Promoting a greater appreciation of the role and value of the field among practitioners	903	4.42	1.29
8.8	Supporting student education and entry into the field	904	4.41	1.28
8.6	Promoting greater public awareness of contributions in the field	905	4.39	1.36
8.7	Conducting research on significant issues affecting the field	901	4.37	1.28
7.4	Access to career information and employment opportunities	893	4.36	1.22
7.5	Access to products, services, and suppliers	891	4.27	1.08
7.6	Opportunities to gain leadership experience	889	4.28	1.17
8.9	Attracting competent people into the field	901	4.21	1.28
7.8	Member discounts or group purchasing activities	893	4.12	1.24

Means for satisfaction did not average below 4 – slightly satisfied. There were 19 items related to satisfaction with AMTA’s current services, each on a 6-point Likert scale. The strongest rating on all satisfaction items total 114 points, by rating “extremely satisfied” on all questions. Based on the mean for total AMTA satisfaction, most respondents seemed to view

AMTA’s performance and membership benefits in a positive manner ($M = 85.13$) regardless of membership status. Current members were asked who pays for their membership dues (Q13: Who pays for your AMTA membership fee?). Former members and never members were asked if the decision to join could be impacted by financial assistance (Q16: If your employer or someone else was willing to pay your membership dues to AMTA, would you join or rejoin today?) The large majority of current members pay for their own membership dues (Table 3; $N= 457$).

Item	N	%
I pay my membership fee	457	81.2%
My employer pays my membership fee	80	14.2%
Other	26	4.6%

Participants who marked “other” included self-employed music therapists who pay for dues as a business expense, lifetime members, or use of a professional development fund through an employer to cover some of the cost. An analysis of variance (ANOVA) comparing how current members pay for dues and the summed AMTA satisfaction ratings in Q7 [$F_{(2,546)}=.052$, $p>.05$] and Q8 [$F_{(2,546)}=.187$, $p>.05$] revealed no significant differences. Former members and participants who have never been members of the organization (90.2%) said they would join the membership organization if someone else paid, while 36 (9.8%) said they still would not join if someone else paid membership dues.

Of the returned surveys, most participants indicated that they were familiar with AMTA ($M= 3.63$, $sd= .92$) using a five-point Likert scale (1 – not familiar at all; 5 – extremely familiar). Those who indicated that they were current members were asked to rate the likelihood (1 -

extremely unlikely; 5 – extremely likely) that they would recommend membership to a friend or colleague ($M=4.20$, $sd= 1.00$). Through the social exchange theory lens, members who recommend membership are more likely to have a positive view of the exchange for cost of dues and perceived benefits (Best et al., 2016). Current members were asked how likely they would recommend membership. Overall, members were moderately likely to recommend membership to others ($N= 564$, $M=4.20$, $sd=1.00$). The total number of respondents includes participants who indicated that they are currently members of the AMTA.

Hypothesis 2: Professional and Organizational Identity Scales

The Professional and Organizational Identity scales (Mael & Ashcroft, 1992; Mael & Tetrick, 1992) measured the strength of music therapist’s identity as a professional music therapist and as a member of AMTA. The Professional identity scale (PID) and the Organizational identity scale (OID) were made up of six questions with a 5-point Likert scale (1-strongly disagree; 5 – strongly agree). The strongest or highest score on either scale would be a total of 30 points, by rating “strongly agree” on all six questions. Based on the total summed mean of each individual scale, participants scored higher on the PID scale ($M= 23.92$) than OID scale ($M=17.87$). Table 4 and Table 5 include the means by item on the Professional Identity Scale and the Organizational Identity Scale, respectively, organized by item.

Item #	Item	<i>N</i>	<i>M</i>	<i>sd</i>
21.1	When someone criticizes music therapy, it feels like an insult	931	3.65	1.16
21.2	I am very interested in what others think about music therapy	930	4.20	.80
21.3	When I talk about music therapy, I usually say “we” rather than “they”	931	4.56*	.73
21.4	Music therapy’s successes are my successes	931	4.07	.93
21.5	When someone praises music therapy, it feels like a personal compliment	931	3.89	1.00

21.6	If a story in the media criticized music therapy, I would feel embarrassed.	929	3.48	1.16
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Table 5. Organizational Identity Scale means by item

Item #	Item	<i>N</i>	<i>M</i>	<i>sd</i>
22.1	When someone criticizes AMTA, it feels like a personal insult	920	2.56	1.11
22.2	I am very interested in what others think about AMTA	919	3.25	1.07
22.3	When I talk about AMTA, I usually say “we” rather than “they”	919	2.67	1.28
22.4	AMTA’s successes are my successes	916	3.18	1.13
22.5	When someone praises AMTA, it feels like a personal compliment	918	2.76	1.08
22.6	If a story in the media criticized AMTA, I would feel embarrassed.	917	3.34	1.18

The PID, OID, and AMTA satisfaction ratings were entered into a regression model. Standardized residuals were shown to be normally distributed ($M=0.00$, $sd =1.00$). The model was shown to be significant for the Organizational identity scale and AMTA satisfaction ($p <.05$) while the Professional identity scale was not. Participant’s AMTA satisfaction score could be predicted by their score on the organizational identity scale. This is congruent with the existing research where professional identity was not shown to be a predictive variable of membership satisfaction or membership status. Table 6 shows the regression coefficients by variable.

Table 6. Regression Coefficients by Variable

Variable	β	<i>SE</i>	Upper CI	Lower CI	<i>p</i>
Constant	48.79	3.22	55.12	42.46	.00
OID	1.78	.12	2.02	1.55	.00
PID	.19	.16	.496	-.12	.23

Note: CI = 95% confidence interval for β ; $R^2= .29$

The desire to belong impacts the decisions we make when deciding to affiliate with group (Lee, Park, & Koo, 2015). Organizational identity can indicate how strongly an individual

accepts or is satisfied with the organization's goals and values, his or her willingness to work hard for the organization, and a strong desire to remain in the organization (Riketta, 2005).

Results indicate that those with who have developed a stronger identity as a member of AMTA separate from an identity as a professional music therapist can impact and predict satisfaction with membership in AMTA.

DISCUSSION

The purpose of this study was to identify predictive variables that determine if a professional music therapist becomes a member, former member, or never a member of the professional membership organization. The study aimed to answer the following research question: What variables predict music therapy professional association membership status as current, former member, or never a member?

Hypothesis 1: Participants who report a high perceived value of membership exchange will most likely become members of the professional organization.

Hypothesis 2: Participants reporting high organizational and professional identification will most likely recommend membership in the professional organization.

The following discussion will contextualize the current findings within the previous literature.

Hypothesis 1: High perception of membership exchange

The decision to join a professional membership organization, or any organization, seems to be dependent on the perception of the value of membership. Professionals will be more likely to join an organization if they believe that membership is a wise investment of time and resources (Cropanzano et al., 2017; Hager, 2014; Ki, 2018; Philips & Leahy, 2012). Satisfaction with AMTA's member services and the likelihood of recommending membership to others were analyzed to determine if the cost exchange of membership is a predictive variable to choosing membership. If the organization is perceived as successful and membership is indeed worth the time and money that members and potential members are more likely to choose and recommend membership (Jacobs, 2014; Philips & Leahy, 2012)

Respondents indicated that the most important personal and professional services that an organization should provide were: "professional development or educational programs"

($M=3.95$) and “maintaining a code of ethics for practice” ($M=4.64$). The lowest rated items were: “opportunities to gain leadership experience” ($M= 2.85$) and “providing awards or recognition for excellence in the field” ($M=3.22$). Compared with satisfaction Likert type satisfaction question, participants indicated that they were generally satisfied with the services they rated as one of the most important membership services: “maintaining a code of ethics for practice” ($M=5.10$). The music therapists in this study seemed to feel positive towards AMTA’s overall performance, not only on the two items rated to be most important. Satisfaction items were predominately in the slightly satisfied to extremely satisfied range (1 – extremely dissatisfied and 6 – extremely satisfied) regardless of membership category. Members of an organization are more likely to renew or subscribe to membership by their positive experiences with the association and existing attitudes. They may be most satisfied if the organization is providing the services they find most important (Marinova & Singh, 2015). In the current study, this seemed to also be true. Music therapists has a positive perception of AMTA’s performance and member benefits that they find to be important.

Current members were very likely to recommend membership to friends and colleagues. At the time the questionnaire was disseminated, according to AMTA (2018b), there were 1,877 board certified music therapists that were professional members in AMTA. Professional members made up 46.7% of the professional membership in 2018. This percentage does not account for music therapists who fall into different membership categories (lifetime members, honorary members, retired, inactive, graduate). In the current study, 570 music therapists indicated they were members, capturing about 30% of the professional MT-BC membership of AMTA. It seemed that of the members that participated, most were also satisfied with the current membership benefits of AMTA and were willing or likely to recommend membership to others.

The non-members or former members seemed to have little interest in recommending membership. Interpreting this finding was dependent upon social exchange theory. A professional who is willing or likely to recommend membership, finds enough value in membership to pay the membership dues. Previous membership research supports this finding that individuals who dropped membership in an organization were less likely to renew or recommend membership. Members perceiving that membership dues were a wise investment, or that the cost of dues is worth the value of the benefits, were more likely to renew or recommend membership (Hager, 2014; Ki, 2018; Philips & Leahy, 2012). More research needs to be done into exploring repeated customers compared to generating new customers and exploring which membership factors are most motivating.

A large factor in weighing the cost of membership and membership benefits is the price of membership dues and how those membership dues are paid. Music therapists who pay their own dues were no more or less satisfied with AMTA's performance and member services than people who had assistance paying dues by an employer. Of the people who identified as former members and never members, 90% ($n=331$) indicated that they would become members if an employer or someone else paid their dues, leaving 9.8% ($n=36$) who would still not join the organization even if they had financial assistance.

Hypothesis one. It was hypothesized that participants who report a high perceived value of membership exchange will most likely recommend membership in the professional organization, which seems supported. Despite being generally satisfied with AMTA's performance overall, there were former members and music therapists who have never been members who were still satisfied with AMTA's services and abilities to deliver services. Some were not willing to recommend membership, but most would become members if there was

financial assistance or incentive to join. It seemed that those therapists were interested in obtaining membership and viewed it positively enough to express interest in joining; however, the price of dues may have been a barrier. Current findings are substantiated by previous research where the cost and value of membership were linked to participation in membership organizations (Khaliq & Walston, 2012; Ki, 2018). Financial incentives at the regional or national level may enable music therapists, who have a neutral attitude towards membership, to join. Currently, there are regions who are offering financial assistance for membership dues. The Mid-Atlantic (MAR), Great Lakes (GLR), Midwest (MWR) and Northeastern (NER) regions of the AMTA have some type of fund or scholarship for non-members to access in order to join AMTA (AMTA, 2018b). Data from these newly established programs might help researchers and organizational leadership see if providing financial assistance does increase membership over time. Additional future research inquiries could investigate the perceived value of membership in terms of the actual financial cost and the perceived value of the goods and services. Future research could also examine which factors and incentives actually motivate music therapists to join the organization and what marketing strategies might be most effective.

Hypothesis 2: Professional and Organizational Identities as Predictors.

Professional identities are often developed through a professional organization where the thoughts and practices of a profession highly impact a professional's identity, values, and behaviors (Hall, 2005; Lee, Park, & Koo, 2015) and can provide necessary resources for professionals to gain standing (Hager, 2014). Organizational identity can indicate how strongly an individual accepts the organization's goals and values, his or her willingness to work hard for the organization, and a strong desire to remain in the organization (Ricketta, 2005). The strength with which someone identifies as a music therapist and the level of intensity that the organization

promotes being a music therapist may determine the quality and content of their relationship with the organization and therefore, the individual's desire to choose membership (Tavares, 2014). Overall, participants had stronger ratings on the professional identity scale ($M = 23.92$) than the organizational scale ($M = 17.87$), based on totaled means and standard deviations of each six-question scale. These scores are not the same, most likely due to the voluntary nature of membership. One does not have to be a member of AMTA or affiliate with AMTA in order to be a board-certified music therapist. These identities are separate, but related.

A regression test revealed a significant predictive relationship between respondents scores on the Organizational Identity Scale and AMTA satisfaction ratings. Using this regression model, a respondent's score on the OID could predict their score on the AMTA satisfaction questions. Professional identity was not found to be predictive in the participants level of satisfaction with AMTA benefits and services. This was congruent with previous research findings (Philips & Leahy, 2012; Tavares et al., 2014). Within the theoretical framework of this current study, these results make sense. Strong identity as a member of AMTA impacted the satisfaction level with membership benefits and organizational services. Professionals who choose to strongly affiliate with the membership organization are those who were linked to membership renewal and recommending membership to peers (Marinova & Singh, 2015).

Music therapists who were satisfied were more likely to recommend membership in AMTA if they have a stronger organizational identity. The satisfaction ratings of AMTA benefits were fairly positive throughout, with mean scores greater than or equal to four – or very satisfied. The ratings on the professional identity scale were higher than the organizational identity scale. AMTA may be doing a good job of providing benefits, but music therapists in this study appeared to identify more strongly as music therapists than as members of the organization.

Statistical tests did not reveal professional identity to be a significant predictor of membership. These findings are similar to previous findings (Ashforth, Harrison, and Corley, 2008; Philips & Leahy, 2012; Tavares et al., 2014). It seemed that all music therapists identified strongly as music therapists, based on the total mean score from the PID ($M= 23.92$). Music therapists identify as music therapists but not necessarily as strong as members of AMTA.

Hypothesis two, that participants reporting high organizational and professional identification will most likely become members of the professional organization, is partially supported which is in line with previous literature (Mael & Ashforth, 1992; Philips & Leahy, 2012). Data from the current study suggested a predictive relationship between organizational identity and satisfaction with the AMTA. The strength of professional identity was not found to be a significant predictive variable. More research is needed to examine correlational and predictive analyses for factors impacting the choice to affiliate with the membership organization and the development organizational culture and identity. It would be helpful to investigate the level at which members are willing to volunteer and what sort of relationships exists between desire to serve and years in the profession. Most music therapists first learned about the organization from their university programs. Another line of inquiry may examine the link between educational legacies of university programs, their founders, and their own philosophical roots as it relates to promotion of the membership organization, membership recruitment, and retention. On a larger scale, future research should also look into organizational cultural change as it relates to membership motivation and leadership, especially as pre-unification leaders retire, leadership change at the national office takes place, and music therapists who have only known AMTA as the only membership organization step into leadership positions.

Limitations

This study was limited by the small sample size. Literature suggests that 35% response rate is the ideal response rate for survey research (Baruch & Holton, 2008) and 20-25% response rate for web-based survey research (Fan & Yan, 2010). In the current study, the response rate was 12.5 % of music therapists from the Certification Board for Music Therapists, which is half the optimal response rate. In addition, members comprised 60% of the sample, former members at 35%, and never members at 5%. This is not necessarily an accurate representation of the entire professional board-certified music therapist population, however, it is a much higher sample of the AMTA membership at the time of the survey. Given the theoretical frameworks, this is not a surprise. Professionals do not necessarily contribute to the profession if they feel like membership is not a worthwhile investment (Ki, 2018) or do not identify with it (Riketta, 2005). Music therapists with low organizational identity and less strong professional identity would not necessarily be expected to respond. According to the 2018 AMTA Workforce study, the number of board-certified professional members totaled 1,877 members (AMTA, 2018a). Compared to the 7,590 questionnaires distributed in this study, the percentage of board-certified music therapists that are also members is only 24% of the population. This percentage is not entirely accurate given the various tiers of membership including graduate students who may be board certified, honorary life members, and retired music therapists. The sample in this study is not clearly representative of the population and therefore generalizability is done with caution. Limited statistical analysis with the garnered data was also a limitation. There are not many examples of research that utilizes the professional identity and organizational scales. It is possible that there are more ways to compare data and uncover the predictive variables.

Conclusion

Membership or the decision to join the membership organization is not limited to perceptions or attitudes towards AMTA or music therapy. Professional and organizational identities reach far into the historical and philosophical foundations of a profession (Hall, 2005). The field of music therapy is diverse in geographic locations, philosophical perspectives, theoretical thought, and practice (Hryniw Byers, 2016). The breadth and depth of music therapy and its music therapists has stemmed from a variety of factors: music therapy pioneers, change makers, healthcare, and environmental and client needs. Over the past 50 years, we have had to change the way music therapy is taught, publicized, and presented (Lloyd et al., 2018). Diversity does not only affect research or education, it also affects the development of the field (Hryniw Byers, 2016). It is very possible that the relationship between professional and organizational identity is not a one-way relationship. Strong organizational identity may shape the perception of the value membership exchange and even the currency of membership exchange. A healthy attitude towards the professional association may define or change how much a member is willing to pay and serve for the benefits available (Tavares et al., 2014). The diverse past, present, and future of music therapists and development of practice has shaped the professional and organizational identities of music therapists over time.

Most participants who identify as members are generally satisfied with the services AMTA provides. Members have a higher perception of exchange and value in membership. When membership is worth the cost of dues, music therapists are more likely to recommend membership, and identify as members of the organization. When organizational identity is strong, members are more satisfied with association services. There is still a minority percentage of the population that, even with financial assistance, will never renew or become members of

the professional organization. Those music therapists may never be convinced that the exchange is worth the price. Programs offering financial assistance with dues available to professionals and students at the university level, where AMTA is most commonly introduced to future therapists, may produce higher membership numbers over time.

It also seems like the strength of one's organizational identity does impact a music therapist's decision to continue membership. Therapists who scored higher on the organizational identity scale were more satisfied with the services AMTA provides. Therapists who identified strongly as an AMTA member were predicted to be more satisfied with professional membership. At this point in time in our professional development, the music therapy profession may have a healthy concept of being a music therapist, and less so a member of AMTA. Professional identity was rated stronger than organizational identity. More research needs to be done, however, this could be explained by the diverse historical roots of coming from two different membership organizations that were so vastly different and the lasting positive and negative effects of unification. Membership recruitment and marketing efforts may consider creating new ways of driving membership utilizing this perspective.

Based on these data, it may be more effective to drive membership from the perspective of professional identity and service rather than asserting an organizational identity. Those who have a strong organizational identity are already more likely to continue and recommend membership. Appealing to music therapists as music therapists instead of members, might instead change the organizational identity of AMTA into something more akin to the professional identity of music therapists. The professional identity of therapists could help shape the organizational identity of the profession to more accurately reflect the people in which they represent, creating a more symbiotic relationship. Membership drives focused on asserting the

professional identities as music therapists instead of an organizational identity, may invite some of those music therapists who are not as likely to recommend membership or who have a weaker organizational identity to join or rejoin the organization. When looking at membership marketing materials the emphasis is on becoming one with AMTA. The benefits of membership are listed out in a way that communicates what a music therapist receives as a member of AMTA. Instead of approaching the marketing of membership from that perspective, it might be better to assert that AMTA is in service of all music therapists and that is why membership is valuable. When creating materials, marketing campaigns, social media drives, and video spotlights, a better question might be, “how do we serve all music therapists?” instead of “how do we create more members?” A change in that central question or goal in membership recruitment might appeal more to all therapists, instead of those who already have a strong organizational identity.

Social identity theory and social exchange theory complement each other in the desire to explain the decision to join membership organizations. There has to be some exchange of goods or services for the price of dues and the investment of time. Our desire to affiliate impacts our decision making when choosing the right groups to join. Strong organizational identity, in this study, predicted satisfaction with AMTA. Satisfaction with AMTA impacted the likelihood of recommending membership to others. Organizations are not in the business of solely maintaining repeat customers. Organizations also need to generate new customers too. AMTA continues to put membership at the forefront of organizational issues. The 2015 initiative to “increase the percentage of MT-BCs who are professional members from the current 32% to 50% by 2019” (AMTA, 2016d, p. 13) is a work in progress. The number of members will need to grow proportionally to the number of new board certified music therapists entering the field in order to maintain membership numbers. For the association to continue the important legislative,

advocacy, and professional representation work it does on behalf of all music therapists, it needs a healthy membership body. Despite the overwhelming diversity of thought, practice, and identities represented in the field music therapy, all professionals have a common thread: a professional identity as a music therapist. In 2019, the association is in the middle of a research initiative, changing in leadership at the executive director level, and working hard to gain licensure and legislative recognition around the country. The profession is in a substantial time of change. It is the right time to rethink and rebrand what it means to be a music therapist and a member of AMTA.

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APPENDIX A

Predictors of Membership In Music Therapy Professional Membership Organizations Survey

Start of Block: Default Question Block

Q31 Informed Consent information

We would like you to take an anonymous online survey. Participation will take approximately 15 minutes of your time. Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participation at any time without penalty. We will not collect your name or personal identifiers. When we report and share the data to others, we will combine the data from all participants. While there are no direct benefits to you, we hope to gain more knowledge on the factors that influence a professional's decision to join or not join a professional membership organization.

There are no known risks to your participation. It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known and potential (but unknown) risks.

To indicate your consent to participate in this research and to continue on to the survey, please click "Next"

Page Break

Q1 How did you first learn about AMTA?

- A professor or colleague at my academic institution (1)
- Workplace Institution (2)
- Mentor (3)
- Other (4) _____

Q2 Does your employer pay for or offer to pay for dues on your behalf to any association?

- Yes (1)
- No (2)

Q5 How important are the following personal benefits for joining a professional organization like AMTA?

	Not at all important (1)	Slightly important (2)	Moderately important (3)	Very important (4)	Extremely important (5)
Access to up to date info available in the field (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional development or educational program offerings (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Opportunities for you to network with other professionals in field (3)

Access to career information and employment opportunities (4)

Access to products, services, and suppliers (5)

Opportunities to gain leadership experience (6)

A reference directory of members (7)

Member discounts or group purchasing activities (8)

Q6 How important are the following benefits to the music therapy profession?

	Not at all important (1)	Slightly important (2)	Moderately important (3)	Very important (4)	Extremely important (5)
Providing standards or guidelines that support quality (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining a code of ethics for practice (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Influencing legislation and regulations that affect the field (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gathering, analyzing, and publishing data on trends in the field (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Promoting a greater appreciation of the role and value of the field among practitioners (5)

Promoting greater public awareness of contributions in the field (6)

Conducting research on significant issues affecting the field (7)

Supporting student education and entry into the field (8)

Attracting competent people into the field (9)

The association's role in defining critical competencies (10)

Providing awards or recognition for excellence in the field (11)

Page Break

Q10 How familiar are you with AMTA right now?

- Extremely familiar (1)
- Very familiar (2)
- Moderately familiar (3)
- Slightly familiar (4)
- Not familiar at all (5)

Q7 To what extent are you satisfied with the following AMTA member services?

	Extremely dissatisfied (1)	Moderately dissatisfied (2)	Slightly Dissatisfied (3)	Slightly Satisfied (4)	Moderately satisfied (5)	Extremely satisfied (6)
Access to up to date info available in the field (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional development or educational program offerings (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for you to network with other professionals in field (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Access to
career
information
and
employment
opportunities
(4)

Access to
products,
services, and
suppliers (5)

Opportunities
to gain
leadership
experience (6)

A reference
directory of
members (7)

Member
discounts or
group
purchasing
activities (8)

Q8 To what extent are you satisfied with the following AMTA benefits/services to your profession?

	Extremely dissatisfied (1)	Moderately dissatisfied (2)	Slightly dissatisfied (3)	Slightly Satisfied (4)	Moderately Satisfied (5)	Extremely Satisfied (6)
Providing standards or guidelines that support quality (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining a code of ethics for practice (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Influencing legislation and regulations that affect the field (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Gathering, analyzing, and publishing data on trends in the field (4)



Promoting a greater appreciation of the role and value of the field among practitioners (5)



Promoting greater public awareness of contributions in the field (6)



Conducting research on significant issues affecting the field (7)



Supporting student education and entry into the field (8)

Attracting competent people into the field (9)

The association's role in defining critical competencies (10)

Providing awards or recognition for excellence in the field (11)

Q12 What is your current membership status in AMTA?

- Former Member (1)
- Member (2)
- Never a Member (3)

Skip To: Q19 If What is your current membership status in AMTA? = Former Member

Skip To: Q13 If What is your current membership status in AMTA? = Member

Skip To: Q19 If What is your current membership status in AMTA? = Never a Member

Page Break

Q13 Who pays your AMTA membership fee?

- I pay my membership fee (1)
- My employer pays my membership (2)
- Other (3) _____

Q11 How likely is it that you would recommend membership in AMTA to a friend or colleague?

- Extremely likely (1)
- Moderately likely (2)
- Neither likely nor unlikely (3)
- Moderately unlikely (4)
- Extremely unlikely (5)

Q14 Do you expect to renew your membership in AMTA during the next year?

- Yes (1)
- No (2)

Skip To: Q21 If Do you expect to renew your membership in AMTA during the next year? = Yes

Skip To: Q21 If Do you expect to renew your membership in AMTA during the next year? = No

Q19 Have you ever been invited to join or rejoin AMTA?

- Yes (1)
- No (3)

Display This Question:

If Have you ever been invited to join or rejoin AMTA? = Yes

Q20 If yes, which of the following invited you to join or rejoin AMTA?

- A colleague or mentor (1)
- A fellow music therapist (2)
- A membership marketing campaign (3)
- Other (4) _____

Q16 If your employer or someone else was willing to pay your membership dues to AMTA, would you join or rejoin today?

- Yes (1)
- No (2)

Q17 In the next two years do you think you will join or rejoin AMTA?

- Yes (1)
- No (2)

Page Break

Q21 Please indicate how strongly you agree or disagree with the following statements

	1 - Strongly Disagree (1)	2- Moderately disagree (2)	3 - Neither Disagree nor Agree (3)	4 - Moderately Agree (4)	5 - Strongly Agree (5)
When someone criticizes music therapy, it feels like a personal insult. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very interested in what others think about music therapy (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I talk about music therapy, I usually say 'we' rather than 'they' (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Music
therapy's
successes are
my successes.
(4)

When
someone
praises music
therapy, it
feels like a
personal
compliment.
(5)

If a story in
the media
criticized
music
therapy, I
would feel
embarrassed.
(6)

Q22 Please indicate how strongly you agree or disagree with the following statements

	1 - Strongly disagree (1)	2 - Moderately disagree (2)	3 -Neither agree nor disagree (3)	4- Moderately agree (4)	5- Strongly agree (5)
When someone criticizes AMTA, it feels like a personal insult. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very interested in what others think about AMTA. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I talk about AMTA, I usually say 'we' rather than 'they'. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AMTA's successes are my successes. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When someone praises AMTA , it feels like a personal compliment.
(5)

If a story in the media criticized AMTA, I would feel embarrassed.
(6)

Page Break

Q34 The following section is to collect demographic information.

Q23 Gender

- Male (1)
- Female (2)
- Transgender Male (3)
- Transgender Female (4)
- Non-Binary (5)
- Different Identity (6)

Q24

Ethnicity:

- American Indian/Alaska Native (1)
 - Asian/Asian American (2)
 - Hispanic/Latin/Spanish origin (3)
 - Native Hawaiian/Pacific Islander (4)
 - White/Caucasian/European (5)
 - Multi-racial (6)
 - African American (7)
 - Other (8) _____
-

Q25 Age

- Under 20 (1)
 - 20-29 (2)
 - 30-39 (3)
 - 40-49 (4)
 - 50-59 (5)
 - 60-69 (6)
 - 70 & Over (7)
-

Q26 Years in the profession

- 1-5 years (1)
 - 6-10 years (2)
 - 11-15 years (3)
 - 16-20 years (4)
 - 21-25 years (5)
 - 26-30 years (6)
 - more than 30 years (7)
-

Q37 Annual Salary Range

- \$0 -\$24,999 (1)
 - \$25,000 - \$49,999 (2)
 - \$50,000 - \$74,999 (3)
 - \$75,000 - \$99,999 (4)
 - \$100,000 + (5)
-

Q27 Highest completed Level of Education

- Bachelor (1)
 - Masters (2)
 - Doctoral (3)
-

Q28 Employment Status:

- Employed as a music therapist (1)
 - Self-Employed or Private Practice (2)
 - Academic or Researcher (6)
 - Employed in a field outside of music therapy (3)
 - Unemployed or Not Practicing (4)
 - Other (5) _____
-

Q29 Geographic Location

- Great Lakes Region (Minnesota, Wisconsin, Illinois, Indiana, Michigan, Ohio) (1)
- Mid-Atlantic Region (West Virginia, Virginia, Pennsylvania, DC, Maryland, Delaware, New Jersey, Connecticut, New York) (2)
- Midwestern Region (Montana, Wyoming, Colorado, Kansas, Nebraska, South Dakota, North Dakota, Iowa, Missouri) (3)
- New England Region (Rhode Island, Massachusetts, New Hampshire, Vermont, Maine) (4)
- Southeastern Region (Arkansas, Louisiana, Kentucky, Tennessee, Mississippi, Alabama, Florida, Georgia, South Carolina, North Carolina) (5)
- Southwestern Region (New Mexico, Texas, Oklahoma) (6)
- Western Region (Hawaii, Alaska, California, Oregon, Washington, Nevada, Idaho, Utah, Arizona) (7)

End of Block: Default Question Block
