

Personal and Professional Characteristics of Music Educators: One Size Does Not Fit All

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Summary: Objectives/Hypothesis. The prevalence of voice disorders among various educator groups is well known, and voice disorders among music educators are higher than the general classroom educators. Music educators vary with respect to behavioral and personality factors, personal characteristics, type of music taught, job-specific environment, and governmental professional expectations. This study aims to identify risk factors for voice disorders in a heterogeneous population of music educators.

Study Design. An online survey was conducted with 213 respondents.

Methods. Survey questions addressed demographics, level of education, years of music teaching experience, specialty training, primary teaching assignments and instrument, vocal health behaviors, and diagnoses of voice disorders. Summary statistics and group comparisons are reported.

Results. Those whose primary instrument was voice reported a greater frequency of voice disorders. Female and older music educators also had a higher prevalence of voice disorders.

Conclusions. Music educators are a heterogeneous group of individuals who require more careful consideration in the prevention and treatment of occupational voice problems.

Key Words: Voice disorders—Music educators—Singers—Instrumentalists—Vocal health.

INTRODUCTION

Educators are at greater risk for vocal problems than the general population. Across several continents studies consistently point to educators as a ubiquitous group at risk for experiencing voice problems^{1–5} with nearly 50% of educators facing voice problems at any given point in time.⁶ The corpus of this literature has investigated specific groups of educators with the intention of informing interventions.^{7–10} Much of this research posits that addressing the unique challenges of the educator's discipline will ultimately lead to more focused treatments and better outcomes.

One such discipline of educators, music educators, is a particularly concerning group because they require consistent, clear, and in-tune vocal quality to perform their job. Bartlett and Hartwig¹¹ estimate that at some point in their career, over 90% of music educators at all levels and specialties experience work-related voice problems. Morrow and Conner⁷ noted that among educators, music educators are roughly four times more likely than classroom educators to develop voice-related problems. Most research involving music educators has been conducted with general music educators^{7,11–13} and choral educators.^{14–19} Since general music and choral music educators tend to sing more while teaching, they are usually singled out for studies of vocal problems more often than band and orchestra educators.^{20–22} Very little research has investigated band directors^{15–17,23} and even less focused on orchestra directors, who potentially raise their voices over loud music and who conceivably have less vocal training than do choir directors and some general music educators.^{20,24}

While some instrumentalists may have a strong vocal background, this is often not a requirement for working as an instrumental music educator. Due to the heterogeneity of the population of music educators, it is prudent to explore subpopulations of instrumental, choral, and general music educators to determine if the prevalence of vocal problems is widespread or concentrated within the profession. Investigating the unique characteristics of specialty and context within the music educator population and quantifying their individual teaching environments may enlighten our understanding of which music educators are particularly susceptible to experiencing voice problems.²⁵ In addition, taking into account the wide variability within this discipline will ultimately assist in more focused voice treatment strategies for this population.

Music educators can have wide variances based on personal characteristics, job-specific environment, professional expectations, and background and training, making the specific risk factors for voice problems of an individual educator unclear. Music educators have complex jobs that vary greatly by specialty (band/choir/orchestra/general music), funding (ie number of colleagues/private lesson availability/curricular and co-curricular ensembles), instrument (and whether the main instrument matches the area of specialty), level, and location. Personal characteristics including general health practices or level of experience add additional complexities to the study of this heterogeneous population. Therefore, voice use and environmental risk factors for music educators are not universal.

Purpose of the study

The purpose of this research is to estimate the prevalence of voice disorders/complaints among various subgroups of music educators. In addition, this study seeks to identify risk factors that create vulnerability to developing voice disorders in this heterogeneous population. To accomplish this goal, the results were analyzed from the quantitative portion of a mixed qualitative and quantitative survey.

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METHODS

Participants

The participants were music educators from the state of Illinois who were members of the professional organization, the Illinois Music Educators Association (ILMEA), which is the state chapter of the National Association for Music Education. The ILMEA represents the largest professional organization for K-12 music educators in the state and one of the primary investigators for this study is a member. Members were contacted *via* their regional representatives through an e-mail requesting participation on a survey about vocal health. Three separate e-mails between 2011 and 2012 were sent to active members to ensure a maximal response rate. The research was approved by the Internal Review Board on Human Subjects Research at Northern Illinois University. All consenting participants were provided a copy of their Health Insurance Portability and Accountability Act (HIPAA) rights and an explanation of the survey. No compensation was provided.

Instrumentation and collection

The survey was designed to be both a source of quantitative and qualitative data to optimize both the population characteristics and the personal experiences that contribute to the variability among music educators. Data collection was *via* an original survey that was developed based on past research²⁴ and current research questions. It was made available through [SurveyMonkey.com](https://www.surveymonkey.com) where a link was distributed to all potential participants. The survey questions were a combination of forced choice and open-ended answers designed to gather information on demographics, level and type of music education, proficiency in various instruments, work load and employment contracts, vocal behaviors, and vocal health. See Appendix for an outline and description of the survey.

Variables for analysis

Subgroups of music educators

Age. The participants open-endedly reported on their chronological age.

Sex. The respondents reported their sex as “male,” “female,” or “other.”

Level of education. Level and type of education categories for respondents included bachelors in music education with vocal emphasis, music education with instrumental emphasis, vocal performance, instrumental performance, theory and composition, and history and literature. Advanced degree choices included masters in music education (with a vocal or instrumental), masters of performance (vocal or instrumental), masters in conducting, masters in theory and composition, and masters in history and literature. Doctoral degree reporting was open-ended.

Years of experience. The participants stated the years of experience in an open-ended format.

Specialty training. The specialty training included advanced training and certifications in specific music pedagogies and included endorsements in Suzuki, Kodály, Orff, Dalcroze, Kindermusik, Feldenkrais, and Alexander. An additional area was included to report on other endorsements not listed.

Primary instrument. The participants listed what they considered to be their primary instrument in a choice format. For analysis, data were divided between those reporting voice as their primary instrument and those reporting instruments from the wind, brass, string, or percussion family as their primary instrument.

Primary teaching assignment. The participants reported whether their primary teaching assignment was in the elementary, middle, or high school level and whether their primary teaching assignment was general music, choir, band, or orchestral conducting. Because in Illinois, licensure is inclusive of all levels and subject area, a preliminary analysis was conducted to verify primary teaching assignment matched reported area of expertise.

Voice disorders

The strictest definition of voice disorder requires a medical diagnosis from a physician. Additional definitions employ a complex of symptoms and complaints from a set number of symptoms experienced,²⁶ a complex of symptoms and physical signs (ie videoendoscopy signs of lesions),²⁷ and the achievement of a score above a cutoff on self-reported measures such as the Voice Handicap Index-10 (VHI-10).²⁸ To gain a complete picture of the voice difficulties, we employed two definitions of a voice problem in this research, report of a diagnosis/treatment, and a VHI-10 score. The list of symptoms and complaints occurred in the qualitative portion of the survey and was not included in this analysis.

Diagnosis and treatment. The participants reported if they received a diagnosis of a voice disorder and treatment by responding “yes” or “no.” If they responded “yes,” then they open-endedly clarified the type of voice disorder and treatment.

VHI-10. Previous investigations^{28–31} employed the standardized VHI-10³² to determine a functional or clinical presence of a voice disorder. The VHI-10 total score for each participant was calculated and used as a third marker of the presence of a voice disorder.

Additional identifiers of a voice problem included a high score on the Singing Voice Handicap Index-10 (SVHI-10),³³ a report of personal concern about their voice functioning during work through direct questioning, and *via* an informal survey about the stress they felt during their work relating to voice performance.

SVHI-10. Because music educators, regardless of formal voice training, are likely to sing during their work day, the SVHI-10³³ provided information about perceived impairment in their singing voice.

Vocal concerns. The participants were asked despite receiving a formal diagnosis of a voice disorder, if they had any

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