Using appreciative interviews to explore speech-language pathologists’ (SLPs’) views of their clinical values, clinical effectiveness, and work-related social support systems

DISSE...
Abstract

*Purpose:* This study discovered school-based speech-language pathologists’ (SLPs’) perspectives and opinions while they were engaged in an appreciatively focused interview process. Six research questions were answered:

1. When asked to think about their current clinical experiences, departments, and organizations, what positive values and conditions do school-based SLPs report as characterizing their work settings?

2. When asked to think of the future of their SLP departments and organizations in general, what do school-based SLPs report they would like to see happen?

3. What practices do SLPs currently engage in that make them feel like effective clinicians?

4. What changes in work conditions and resources do school-based SLPs say they believe would increase their use of these identified clinical practices?

5. Is there a positive relationship between SLPs’ level of work engagement and the number of social support systems they report?
6. Is there a positive relationship between SLPs’ level of work engagement and the quality of work-related social support systems they report?

*Method:* A mixed-methods (combined qualitative/quantitative research) descriptive study was used for this study, which included a scripted semi-structured interview portion and online survey portion.

*Results:* The analyses of the data revealed three key findings: (1) The job resource of social support was mentioned most frequently by participants as a valued aspect of their clinical practice; (2) Participants’ perceived effectiveness was related to several aspects of clinical practice—most notably, classroom-based service delivery, increased communication with teachers, families, and other professionals, technology, teacher education and support, and information regarding the classroom curriculum. Participants reported beliefs that these practices would increase with increased job resources, especially tangible and informational supports; (3) The hypothesis that the perceived quality of organizational and professional social support systems had a significant positive effect on participants’ self-reported level of work engagement was supported, while the quantity of the social support systems reported by participants did not have a significant positive effect on participants’ level of work engagement.

*Conclusion:* This study furthers our current understanding of what SLPs value and consider as positive aspects of their clinical experience. It provides information on the types of social support job resources that are available to SLPs and how those resources may relate to increased work engagement. This work also has implications for clinical
research and clinical training programs in two ways: first, by providing further insight into the practicing clinicians’ perspectives of quality clinical practice and second, by highlighting broader, organizational aspects of clinical practice, which may influence SLPs’ overall clinical effectiveness within schools.
This work is dedicated to my parents, Michael A. Cox and the late Linda S. Cox, for instilling in me the values of education, perseverance, and integrity. This work is also dedicated to my husband, Kyle, who provided not only technical support in reviewing this manuscript, but also the emotional support I needed to pursue this journey.
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Publications


Fields of Study

Major Field: Speech and Hearing Science
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Chapter 1: Introduction

“Empowering and supporting speech-language pathologists . . .” (American Speech-Language-Hearing Association, [ASHA], 2011, n.p.). This phrase succinctly captures the mission for the major U.S. professional organization of speech-language pathology, but how does one actually empower and support speech-language pathologists (SLPs), especially in the school setting? To help answer that question, this study was designed to gather SLP participants’ perspectives on their personal, organizational and clinical experiences, clinical effectiveness, and work-related social support systems. These data were gathered through an appreciative interviewing framework to highlight the positive aspects of school organizations and school-based clinical practice. Additionally, this study aimed to discover if the quantity and/or quality of the work-related social support systems reported by SLP participants were related to their levels of the occupational health concept of work engagement (Bakker, Schaufeli, Leiter, & Taris, 2008). These approaches to obtaining information about SLPs and their work environments have their roots in positive psychology, which focuses on enhancing personal and group well-being.
Background to the Study

Three types of background information inform the current study. The first relates to the current state of the field of speech-language pathology in the school setting. The second relates to positive psychology as the source of one occupational health concept, work engagement and the relationship of this concept to job resources, specifically social support. The third relates to investigating a specific methodology grounded in positive psychology, Appreciative Inquiry, which allows for investigation of the best of what currently exists in the school-based setting.

Speech-Language Pathology in the School Setting

Professional challenges abound in any profession, and the field of speech-language pathology is no exception. In the 2012 ASHA Schools Survey, school-based SLPs were surveyed regarding various aspects of clinical practice. These SLPs were asked to rank the biggest challenges they were facing from a list of fifteen possible choices. According to the results of the survey, SLPs from all school settings ranked caseload management issues (i.e., paperwork, planning time and caseload size), budget cuts and time for appropriate service delivery models as the top five challenges they currently face in their clinical practice. The next five most frequently reported challenges reported by SLPs working in the school setting included: out-of-pocket expenses, lack of understanding of the SLP role, implementing response to intervention (RTI), low salary, and both parental involvement and lack of training ranked tenth (ASHA, 2012a).

In addition to examining current issues affecting school-based clinical practice, potential sources of support are also important to investigate because these resources may
help lead to understanding what motivates SLPs to continue working in the school setting despite all of the challenges they currently face that are out of their control. This information would also allow administrators in school organizations and speech and language professional groups, like ASHA and the speech and language research community, to identify what resources are valued so they can discover ways to further maximize those resources. One potential source of support for school-based SLPs is collegial interactions. Literature on recruitment and retention of school-based SLPs indicated that availability of an experienced mentor was a positive feature of the public school working environment (Edgar & Rosa-Lugo, 2007). Harris Prater, Dyches, and Heath (2009) conducted a study investigating job stress of school-based SLPs and found that lack of professional supports was the strongest predictor of total stress for SLPs. In a review of special education occupational stress and burnout literature, Wisniekski and Gargiulo (1997) noted that professional interactions, such as professional isolation and limited opportunities for professional interactions, were important sources of stress for special education personnel. Analysis of the literature on the implementation of evidence-based practice (EBP) models of clinical decision-making into clinical practice revealed that the use of colleagues as a primary evidentiary source is consistently reported by practicing SLPs (Guo, Bain, & Willer, 2008; Mullen, 2005; Nail-Chiwetalu & Ratner, 2007; Zipoli & Kennedy, 2005). This reliance on colleagues could be attributed to a professional culture that begins during professional training and still exists in clinical practice (Nail-Chiwetalu & Ratner, 2007; O’Connor & Pettigrew, 2009).
Positive Psychology, Work Engagement, and Social Support

Positive psychology is a fairly recent concept, dating to around the turn of the 21st century. Two key investigators in the field of positive psychology, Martin Seligman and Mihaly Csikszentmihalyi, stated that the purpose of positive psychology is to “…catalyze a change in the focus of psychology from pre-occupation only with repairing the worst things in life to also building positive qualities” (Seligman & Csikszentmihalyi, 2000, p. 5). This focus on building qualities instead of repairing problems is not the traditional focus in most fields, including speech-language pathology. Nonetheless, it is beginning to gain attention as a viable approach to not only examining employees’ psychological status, but also to build from their strengths as a means of initiating organizational changes (Rodríguez-Carvajal, Moreno-Jiménez, de Rivas-Hermosilla, Álvarez-Bejarano, & Sanz Vergel, 2010).

Consideration of the positive psychology framework has extended into many areas, including occupational health psychology ([OHP]; Taris, Cox, & Tisserand, 2008). The focus of OHP is to “…enhance and promote worker health, safety, and well-being.” (Taris et al., 2008, p. 185). Work engagement was selected for investigation in this study because it relates to an employee’s involvement in her work. Work engagement “…refers to a positive, fulfilling, work-related state of mind…” (Schaufeli, Salanova, González-Romá, & Bakker, 2002, p. 71).

Work engagement has connection in the literature to the role of job resources in the work setting (Bakker & Demerouti, 2008). Job resources are physical, psychological or social aspects of the job that are available to an employee and can help the employee
achieve work goals, reduce the job demands or stressors, and stimulate the employee’s personal growth (Bakker & Demerouti, 2007). There are many job resources noted in the literature (see Bakker & Demerouti, 2008), including autonomy, performance feedback, and supervisory coaching; however, social support was the job resource selected for investigation in the current study because of its potential influence on school-based clinical practice.

The speech and language literature indicates that SLPs value and seek out collegial interactions. According to literature in OHP, interactions with colleagues are described as a form of social support (Bakker & Demerouti, 2007). Specifically, social support in this study is defined as “a flow of emotional concern, instrumental aid, information and/or appraisal (information relevant to evaluation) between people” (House, 1981, p. 26 as cited in Haines, Hurlbert, & Zimmer, 1991, p. 213). The individual and/or group of individuals who provide one or more forms of social support will be referred to in this study as social support systems.

Social support is considered a valuable job resource (Bakker & Demerouti, 2008). According to Bakker and Demerouti (2007), it is a well-known resource that acts as a potential buffer against job strain and stress. Challenges in clinical practice that create job stress, such as large caseloads, administrative duties, role ambiguity and lack of administrative supports have all been reported by school-based SLPs (e.g., ASHA, 2012; Blood, Ridenour, Thomas, Qualls, & Hammer, 2002; Edgar & Rosa-Lugo, 2007; Katz, Maag, Fallon, Blenkarn, & Smith, 2010; Pezzei & Oratio, 1991; Schetz & Billingsley, 1992). Therefore, investigating social support and the accompanying social support
systems as a viable job resource could have great potential for “... supporting speech-language pathologists ...” (ASHA, 2011, n.p.).

**Appreciative Inquiry**

One organizational management approach that is oriented to the positive framework is Appreciative Inquiry. This approach was the ideal theoretical perspective and major methodological framework for the current study because of the investigator’s deliberate focus on identifying SLPs’ values and positive practices of school-based clinical practice. Appreciative Inquiry selectively seeks to highlight those aspects of the organization that are positive (Cooperrider, Whitney, & Stavros, 2008). Cooperrider et al. (2008) identified two key tenets of Appreciative Inquiry. The first tenet is that organizations move in the direction of what they study; the second is that Appreciative Inquiry focuses on choosing to study what is the best about an organization, or its "positive core" (Cooperrider et al., 2008, p. 33). Building on the collective strengths of those within the organization, Appreciative Inquiry seeks to allow people to uncover their personal strengths, hopes, and dreams to create specific actions that transform their organizations.

In addition to being a theoretical framework of study, Appreciative Inquiry is also a methodology, the Appreciative Inquiry 4-D Cycle. This methodology has four phases: Discovery, Dream, Design, and Destiny. These phases are aimed at engaging members of organizations in Appreciative Inquiry through specific questions and activities (Cooperrider et al., 2008). Adaptations to the methodology are acceptable; however, a key component of Appreciative Inquiry is the appreciative interview (Whitney & Trosten-Bloom, 2010). These interviews can be conducted as one-on-one interviews or
within a larger, group setting (Whitney & Trosten-Bloom, 2010). In Appreciative Inquiry methodology, interview questions are designed from affirmative topics that are either collectively generated by participants or pre-selected by the interviewer (Whitney & Trosten-Bloom, 2010). The interview that was created specifically for this study was based in what will be referred to as an Appreciative Interviewing (AI) context. AI was grounded in the Appreciative Inquiry theoretical framework and adapted elements of the Appreciative Inquiry 4-D Cycle methodology. Using AI to investigate the research questions for this study integrates well with the positive psychology literature and can start “[e]mpowering . . . speech-language pathologists . . .” (ASHA, 2011, n.p.).

As noted by Bakker et al. (2008), modern organizations expect their employees to take initiative and responsibility for their own professional development and to demonstrate commitment to quality performance. Thus, ASHA members must embrace the need to focus on their clinical practice and feel empowered in the process. This study provides additional insight into the values and perspectives of school-based SLPs with the aim of providing a positive, powerful voice for SLPs. By doing so, the field can further strengthen ASHA’s mission statement: “[e]mpowering and supporting speech-language pathologists . . .” (ASHA, 2011, n.p.).

**Purpose and Significance of the Study**

The purpose of this study was to discover school-based SLPs’ perspectives and opinions while they were engaged in an appreciatively-focused interview. Specifically, this study sought to explore SLPs’ (a) positive views of their organizations and clinical experiences that currently exist, (b) positive views of their organizations and clinical
experiences that they would like to see exist more frequently within their organizations, 
(c) views on clinical effectiveness, and (d) identification and evaluation of their work-
related social support systems. An extension of exploring work-related social support 
systems was also conducted to discover if a relationship existed between the quantity 
and/or quality of work-related social support systems SLPs reported and one aspect of 
their occupational health, work engagement.

**Research Questions**

1. When asked to think about their current clinical experiences, departments, and 
organizations, what positive values and conditions do school-based SLPs report as 
characterizing their work settings?

2. When asked to think of the future of their SLP departments and organizations in 
general, what do school-based SLPs report they would like to see happen?

3. What practices do SLPs currently engage in that make them feel like effective 
clinicians?

4. What changes in work conditions and resources do school-based SLPs say they 
believe would increase their use of these identified clinical practices?

5. Is there a positive relationship between SLPs’ level of work engagement and 
the number of social support systems they report?

   **H5:** There is a positive correlation between the number of social support 
systems reported and SLPs’ level of work engagement.

6. Is there a positive relationship between SLPs’ level of work engagement and 
the quality of work-related social support systems they report?
H6: There is a positive correlation between the quality of the social support systems reported and SLPs’ level of work engagement.

**Objectives and Outcomes**

There were four specific objectives of this study. The first objective was to collect and analyze data from practicing school-based SLPs to identify aspects of their work and experiences that they view positively. The second objective was to better understand how practicing SLPs define clinical effectiveness and resources that facilitate effective practices. These first two objectives are tied into the context of a broader, third objective, which was to discover these views when engaged within the AI context. Finally, this study aimed to discover if and how work-related social support systems, available to SLP participants, affected their level of work engagement. Specifically, do the quantity and/or quality of work-related social support systems reported by SLPs influence their levels of work engagement?

**Assumptions**

There were three key assumptions under which this study operated. First, it was assumed that SLPs’ perspectives regarding their own clinical practice are valid measures of their views on these issues. The information participants provided were validated through member checking, or restating their responses throughout the interview to ensure understanding of their responses. Second, it was assumed that interaction within AI will guide these perceptions by focusing on targeted aspects of practice. The AI was specifically designed to guide participants’ thinking in order to elicit positive responses. Finally, it was assumed that the data collected in the online survey prior to the interview
were valid and reliable based on the use of a psychometrically evaluated instrument, the UWES, and honesty of the participant responses. The reliability of the overall UWES score was measured using Cronbach’s alpha and found to be a very reliable measure for this study (.95). Validating participants’ responses to meet the first assumption was used to help triangulate, or provide another form of data collected from participants, and support the third assumption.

**Definitions of Key Terms**

Appreciative interviewing (AI)—The interview context for this study. This was created from the theoretical framework of Appreciative Inquiry as well as by incorporating adaptations of the Discovery and Dream phases of the Appreciative Inquiry 4-D Cycle methodology (discussed in Chapter 2). From this framework, positively focused questions of clinical values and experiences were created. Questions focused on the affirmative aspects of the clinical experience, worded in a way to avoid or minimize negative comments from participants. This deliberate wording of questions in the affirmative is a tenet of Appreciative Inquiry (i.e., use of non-deficit language). It should be noted that in the literature, the acronym AI is more commonly associated with Appreciative Inquiry.

Interview/ Semi-Structured Interview—The interview created using the AI context. It was used during the one-on-one and focus group interviews for this study. The interview was semi-structured; the structured portion included the pre-selected questions created by the investigator. These questions were included in all interview protocols. The interview was not completely scripted, since all possible participant responses could not be
anticipated; therefore, some aspects of the interview, such as follow-up questions or acknowledging previous responses when discussing future questions, were adopted during the interview process itself.

Online survey—This study included an online survey portion for data collection. Within this online survey, there were two sections. The first section, known as the demographic survey, included seven questions pertaining to demographic information collected to help define the sample. The second section, the UWES was the standardized 17-item tool that was used to measure participants’ work engagement score.

Social support—The emotional, informational, tangible or companionship resources one can receive or provide in a work setting.

Social support system—An individual or group of individuals who provided one or more forms of social support to SLP participants.
Chapter 2: Literature Review

This literature review has been divided into three parts that interweave the theoretical, empirical and practical aspects of how one’s perceptions of the workplace are influential and can become an impetus for making changes within the organization. In the first part, beliefs and attitudes influencing school-based SLPs was presented. This information provided a general foundation of SLP values and conditions that facilitate positive clinical attitudes. This section was followed by information on the importance of positive organizational psychology and the OHP concept of work engagement in relation to the job resource of social support. The third part of this review provided the theoretical orientation to the organizational change perspective and methodology, Appreciative Inquiry, which grounded this study.

Beliefs and Attitudes Influencing School-Based Speech-Language Pathologists

Job Satisfaction

To understand school-based SLPs’ views and attitudes towards school-based clinical practice, research addressing job satisfaction was selected. Job satisfaction is a topic that has been widely examined in organizational behavior (Blood et al., 2002). Its importance lies not only in measuring SLPs’ attitudes about their jobs, job retention and job stress, but even more importantly in the finding that job satisfaction is also correlated with
improved job performance (Blood et al., 2002). Job satisfaction among school-based SLPs has been examined in the literature. Five studies conducted with public school SLPs in the United States within the last twenty-five years were identified (Blood et al., 2002; Edgar & Rosa-Luga, 2007; Hall, Larrigan, & Madison, 1991; Hutchins, Howard, Prelock, & Belin, 2010; Pezzei & Oratio, 1991). Among these five survey studies of public school SLPs, there was a range of participants from 75 participants (Hutchins et al., 2010) to 1,207 participants (Blood et al., 2002) with an average of 408 participants per study. Studies included both ASHA and non-ASHA members.

Results from the studies indicated that several factors contributed to SLPs’ feelings of job satisfaction and related issues of job retention. Lower caseload size (i.e., the number of students served; Blood et al., 2002; Hutchins et al., 2010), lower/decreased workload (i.e., including the amount of work, time to complete work and assistance with work; Edgar & Rosa-Luga, 2007; Pezzei & Oratio, 1991), a positive relationship with one’s supervisor (Pezzei & Oratio, 1991), and having relationships and the ability to collaborate with co-workers and other professionals (Hutchins et al., 2010; Pezzei & Oratio, 1991) all contributed positively to SLPs’ feeling of job satisfaction. Additional factors that related to SLP job satisfaction included professional advancement (Hutchins et al., 2010), parental involvement (Hutchins et al., 2010) and salary (Edgar & Rosa-Luga, 2007; Hutchins et al., 2010). Job satisfaction increased when SLPs could advance professionally, had greater involvement with the parents of their students, and had higher salaries. Edgar and Rosa-Luga (2007) found that school setting, school hours, school schedule, school assignment and working with children were favorable job factors that
were related to increased retention. Whereas there was not a significant, positive interaction between having a mentor and retention, there was a significant, positive interaction between having a mentor and longevity, or the number of years the SLP had worked in the public school setting (Edgar & Rosa-Luga, 2007).

Reviewing all of the factors from the studies, it is clear that lower caseloads, adequate time and support for the workload, friendly and helpful relationships with colleagues, supervisor quality, and appropriate salary all have a positive correlation with SLPs’ feelings of job satisfaction (Blood et al., 2002; Edgar & Rosa-Luga, 2007; Hutchins et al., 2010; Pezzei & Oratio, 1991). Conversely, when caseloads and workload demands are high, relationships with colleagues and one’s supervisor are not supportive and/or are not available, salary is low compared to perceived job demands, and SLPs feel that their clinical effort are not adequately meeting students’ needs, these same professional issues can become challenges in clinical practice for SLPs (ASHA, 2012a).

Considering all the factors that influence job satisfaction in the public school setting, investigators can use overall job satisfaction to get a broad measure of general SLPs’ views. Authors of two of the studies inquired about SLPs’ overall level of job satisfaction (Blood et al., 2002; Hall et al., 1991). Both studies reported that over 75% of the participants in their studies indicated they were either “generally/fairly satisfied” or “highly/extremely satisfied.” Ninety percent of the urban SLPs in the Hall et al. (1991) study reported being overall satisfied with their jobs. These results are comparable to results of the 2007 ASHA survey that revealed 87% of participants (which included SLP and audiology respondents) reported being “satisfied” or “very satisfied” with their jobs.
(Ghazzawi, 2008). In short, when SLP participants were asked to consider all aspects of clinical practice, they seemed to be generally satisfied with their jobs.

Two caveats to confidence in these findings are warranted; these involve limitations related to the SLPs who participated in the studies and those who did not and the pre-selected information used in the study methodologies. As noted by the authors of these studies, those that participated in the job satisfaction studies may have done so because they are satisfied with their jobs. Examining the current framework of the studies reviewed, there was no way to determine if the SLPs who did not participate in the surveys chose not participate because they were not satisfied with their jobs or if there were other reasons. Additionally, these studies did not survey SLPs who were once employed in the public school setting and were no longer working in that setting, or in the field of speech-language pathology in any capacity. Despite the relatively high percentages of overall satisfaction, which are similar to or above the general workforce levels reported elsewhere (Zingeser, 2004), overall satisfaction has declined over time, with professionals reporting up to 97% satisfaction in the 1960’s (Zingeser, 2004).

The methodology used in these studies could have also influenced the results. The studies used Likert-scale responses to pre-selected variables related to job satisfaction questions within the survey instrument (Blood et al., 2002; Edgar & Rosa-Luga, 2007; Hall et al., 1991; Hutchins et al., 2010; Pezzei & Oratio, 1991). Therefore, all of the variables that were significantly noted in the studies were present in the surveys themselves, while other job variables, that may also have been significant, may not have been included as possible responses. For example, the Edgar and Rosa-Lugo (2007)
survey instrument had 23 pre-selected items in which participants provided a rated response. Consequently, those were the only variables participants were able to rate. Despite these considerations, the available data on public school SLPs’ perspectives can be used as a first step in understanding aspects that potentially shape SLPs’ abilities and beliefs regarding school-based clinical practice.

**Positive Beliefs and Attitudes in the Organizational Setting**

Although extant literature on SLP job satisfaction has been conducted from a problem-based approach, alternative ways of exploring employee attitudes exist. In this section, an overview of positive psychology has been presented. The OHP concept of work engagement will be discussed in the next section, including its conceptualization within the Jobs Demands-Resources model of work engagement. Finally, this section will conclude with occupational literature on the job resource, social support, and the available literature on school-based SLPs’ perspectives of supports they receive from both colleagues and administrators.

**Positive Psychology Overview**

In his work, *A Primer in Positive Psychology*, Peterson (2006) provides a comprehensive overview of positive psychology. “Positive psychology is the scientific study of what goes right in life. . .” (Peterson, 2006, p. 4). Although the field of psychology as a discipline is little over 100 years old, the subfield of positive psychology is even newer, officially named in 1998 by Martin Seligman, then president of the American Psychological Association (Peterson, 2006). Seligman and Csikszentmihalyi (2000) stated “[t]he aim of positive psychology is to begin to catalyze a change in the
focus of psychology from a preoccupation only with repairing the worst things in life to also building positive qualities” (p. 5).

The basic assumption that underlies positive psychology is that positive human qualities, such as goodness and excellence, are just as authentic and worthy of investigation as are disease and disorder (Peterson, 2006). The study of positive psychology can extend to all aspects of human life, and one area where positive psychology is gaining traction is the workplace. Donaldson and Ko (2010) conducted a review of the literature addressing positive psychology in the workplace from 2001 to 2009. The broad concept reviewed in this study, positive organizational psychology (POP), was defined by Donaldson and Ko (2010) as, “. . . positive psychology focused on work and organizational issues” (p. 178). Work engagement (Taris et al., 2008) was one of many concepts that emerged from the POP literature. It was included in the current study because it was linked to job resources.

**Work Engagement**

The concept of work engagement has emerged as a result of the positive psychology emphasis within the OHP literature (Taris et al., 2008). Two organizations concerned with occupational health, the Society of Organizational Health Psychology and the National Institute of Occupational Safety and Health, both touted the focus of OHP should “. . . enhance and promote worker health, safety and well-being” (Taris et al., 2008, p. 185). Instead of “fixing problems” associated with organizational health, OHP research identifies the need to develop a better understanding of what is right (Taris et al., 2008).
Using this positive perspective and applying it to the current research on occupational health, researchers took the well-researched and known construct of burnout to explore aspects that resulted in increased, not decreased, worker connections to their jobs. The result was the concept of work engagement (Bakker et al., 2008). Work engagement “. . . refers to a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption.” (Schaufeli, Salanova, González-Romá, & Bakker, 2002, p. 71). Vigor relates to the level of energy and resilience a worker possesses while working (Bakker & Demerouti, 2008). Dedication includes feelings of significance, enthusiasm and challenge related to work (Bakker & Demerouti, 2008). Absorption refers to feelings of concentration and positive, happy engrossment that allow time to pass quickly and create some difficulty detaching from work (Bakker & Demerouti, 2008). Taken together, these qualities create employees who have the energy, drive, and willingness to work in a challenging environment, feeling happy and fully occupied.

An aspect of work engagement that is particularly relevant for the current study includes the link between work engagement and the role of job resources, particularly social supports, and job demands (Bakker & Demerouti, 2008; Bakker et al., 2008). As noted by Bakker and Schaufeli (2008), studying positive organizational behaviors can provide new and valuable information for organizational outcomes, over and above the information obtained from examining only negative aspects of the job. When discussing SLP beliefs and attitudes about school services, researches have noted factors of the job that (a) positively influence job satisfaction (e.g., professional advancement, parental involvement, manageable caseload/workload, salary, and collaborating with other
professionals) and (b) negatively influence job satisfaction (e.g., large caseloads/workloads, unsupportive supervisor, feeling inadequate, etc.). These factors that positively and negatively influence job satisfaction are known as job resources and job demands respectively. While job demands are associated with cost and negatively affect an employee’s performance, job resources are “. . . those physical, psychological, social, or organizational aspects of the job that are either/or:

- Functional in achieving work goals.
- Reduce job demands and the associated physiological and psychological costs.
- Stimulate personal growth, learning, and development.” (Bakker & Demerouti, 2007, p. 312).

Job resources are not only available to counteract job demands, but are important as a separate construct (Bakker & Demerouti, 2007). The relationship among job resources, job demands and work engagement has been addressed in the next section.

**Job resources, job demands and work engagement.**

Bakker and Demerouti (2008) expanded the aspect of job resources to create the Job Demands-Resources (JD-R) model of work engagement. This model incorporates two assumptions regarding job demands and job resources. The first assumption is that job resources begin the motivational process that eventually leads to work engagement, which then leads to work performance (Bakker & Demerouti, 2008). This would place work engagement along the line between job resources and organizational performance. The second assumption Bakker and Demerouti (2008) incorporated into their JD-R model of work engagement is that job resources gain greater motivational potential when job demands are high. In settings where SLPs may feel overwhelmed by the job demands,
providing job resources could have an even greater benefit for participants. Additionally, Bakker and Demerouti (2008) created a model that showed that both job resources and personal resources (optimism, self-efficacy, resilience, self-esteem, etc.) are related, but also independent, predictors of work engagement.

Both job resources (autonomy, performance feedback, social support, supervisory coaching) and personal resources (optimism, self-efficacy, resilience, self-esteem, etc.) influence work engagement (Bakker & Demerouti, 2008). Additionally, job demands (work pressure, emotional, mental and physical demands) mediate the relationship between resources and engagement (Bakker & Demerouti, 2008). For this study, the emphasis was on the job resource social support and its relationship to work engagement, so the other job resources and personal resources as well as job demands were not studied. Additionally, the model includes the relationship of work engagement on work performance. Although not specifically addressed in the current study, work performance is a future goal for research.

Some interesting findings related to job resources and demands were reported in the literature. Studies support the notion that job resources become more influential when job demands are high (see Bakker & Schaufeli, 2008 for review). Additionally, job resources can act as a buffer against dealing with job demands (Bakker & Schaufeli, 2008). While there are several job resources that could have been explored, the job resource of social support was analyzed in the current study. A discussion of social support and its influence on school-based SLPs will be discussed in the next section.
The Nature of Social Support

In a general sense, social support is “the availability of helping relationships and the quality of those relationships” (Leavy, 1983, p. 5). Although social support can come from a variety of places (i.e., home, work, religious affiliations, etc.), this study focused specifically on social support within the workplace. Ng and Sorensen (2008) reported that social support is a resource that can enhance an employee’s ability to function within an organization. Social supports within the workplace have been categorized into one of two categories: instrumental and affective/emotional (Chiaburu & Harrison, 2008; Ng & Sorensen, 2008). Instrumental support consists of task-related information, such as direct helping, mentoring and behavioral assistance, that coworkers and supervisors provide to an employee (Chiraburu & Harrison, 2008; Ng & Sorensen, 2008). Emotional or affective support includes friendliness to an employee, showing concern, caring, comfort, encouragement, and empathizing (Chiraburu & Harrison, 2008; Ng & Sorensen, 2008). Instrumental support provides an employee with resources to adjust and learn about an organization, while affective or emotional support promotes an employee’s attachment to the organization (Ng & Sorensen, 2008). Overall, researchers believe that instrumental and affective interactions are a valuable resource that warrants consideration in the occupational literature (Chiaburu & Harrison, 2008; Ng & Sorensen, 2008; Viswesvaran, Sanchez, & Fisher, 1999).

The job type (customer support v. non-customer support) was examined in a two meta-analyses (Chiaburu & Harrison, 2008; Ng & Sorensen, 2008). Ng and Sorensen (2008) found that job type was significant, with a stronger relationship seen between
support and job satisfaction for those in customer-contact than in non-customer contact job settings. Similar to Ng & Sorensen, Chiaburu & Harrison (2008) found that coworkers in jobs with high intensity social requirements (including nurses, counselors and salespeople) had more influence on each other than those employees in low social intensity jobs. What makes these occupations high intensity is that they are constantly in interpersonal contact with their patients, clients, and customers, and also must rely on coworkers to clarify job tasks (Chiaburu & Harrison, 2008). This reliance on coworkers for job task clarification, and social support, may be the result of the autonomous nature of the daily job interactions in which an employee does not have direct or easy access to her supervisor (Ng & Sorensen, 2008). Since school-based speech-language pathology is similar in nature to the job of a nurse or counselor in terms of a high level of interpersonal contact, investigating SLP participants’ perceived support from coworkers was of interest in the present study.

Social support, as the name implies, denotes positive support received by an employee (Chaiburu & Harrison, 2008; Ng & Sorensen, 2008; Viswesvaran et al., 1999). Overall, social support is believed to enhance an employee’s job satisfaction, job involvement and organizational commitment (Chiaburu & Harrison, 2008). However, the literature reports that not all work interactions are considered supportive. Chiaburu and Harrison (2008) investigated non-supportive social interactions, labeled as coworker antagonism. These antagonistic behaviors included incivility, social undermining and interpersonal abuse (Chiaburu & Harrison, 2008).
It is understood that antagonistic acts, such as unfriendliness or unwillingness to assist or listen to a coworker, are overtly negative and considered detrimental to employee support; however, some actions considered to be supportive and designed to enhance an employee’s job experience, may in fact be perceived as harmful by the employee (Beehr, Bowling, & Bennett, 2010; Ng & Sorensen, 2008). Ng and Sorensen (2008) noted that supports provided by an employee’s coworker may be perceived differently than similar supports provided by one’s supervisor. Specifically, the support an employee received from a coworker may be perceived as motivated by the giving coworker’s desire to gain favor; therefore, that support was perceived negatively by the employee (Ng & Sorensen, 2008). Since coworkers are considered equals, receiving support from a coworker may make the employee feel incompetent and lower her self-esteem, whereas receiving support from one’s supervisor is seen as expected and non-threatening (Ng & Sorensen, 2008).

Beehr et al. (2010) conducted a study to empirically investigate social supports, specifically types of social supports that may be perceived by employees as harmful. The authors presented three types of social interactions that were potentially harmful for employees: (a) interactions that focus on how stressful the workplace is, (b) help that is provided and makes the employee feel incompetent, and (c) unwanted assistance (Beehr et al., 2010). An online survey was completed by 403 university faculty (29% response rate) and included measures for the proposed types of support provided by both the participant’s supervisor and closest colleague. Results of the study revealed that focusing on the stressful aspects of the work setting during social exchanges with one’s supervisor...
and closest colleague are significantly related to increases in the employee’s work strains (Beehr et al., 2010). Additionally, interactions that focus on workplace stress were the most strongly related to strains, by both supervisor ($r = .29$ with physical symptoms and $r = .55$ with emotional exhaustion, $p < .01$) and closest colleague ($r = .21$ with physical symptoms and $r = .49$ with emotional exhaustion, $p < .01$; Beehr et al., 2010). This finding highlighted the importance of what is said during the social interaction, and that a social interaction does not automatically equate with increasing support for an employee.

Specific information on school-based SLPs’ social support structures and perceptions of support comes from only one study (Schetz & Billingsley, 1992). This study was an exploratory, qualitative study that investigated 20 female, school-based ASHA-certified SLPs’ perceptions of administrator support and non-support. These SLPs worked in both rural and non-rural schools with an average of 10 years of experience as an SLP and 7 years of experience in their current position (Schetz & Billingsley, 1992). The interview questions were created by the authors and consisted of five open-ended questions (Schetz & Billingsley, 1992). Four major themes emerged for both support and non-support. In terms of support, the participants reported that administrators demonstrated this through providing: (a) adequate working conditions and resources (including time management and reducing caseload), (b) advocacy for SLPs and the speech and language program, (c) facilitation for SLP staff development (such as in-services and collaboration with fellow SLPs), and (d) help with program activities (including service delivery issues, such as student scheduling; Schetz & Billingsley, 1992). Interestingly, these same four topics (written in the negative) were also noted in responses of non-support. The main finding
the authors reported was that support is multidimensional and related to situations encountered on a daily basis (Schetz & Billingsley, 1992).

**Appreciative Inquiry**

In this section, an overview of two organizational change strategies, deficit and abundance approaches, will be presented. This will be followed by a discussion of the selected abundance approach to organizational change, Appreciative Inquiry, including the theoretical framework, methodology, and applied studies in the field of education.

**Organizational Change Literature—Overview**

Organizational change is an important topic for discussion in the current study because the issues facing school-based SLPs specifically, and the profession of speech-language pathology more broadly, need to be addressed. Information on organizational change is important because school-based SLPs are involved in their workplace organizations, as well as their professional organizations.

Within the organizational literature, two major approaches to organizational change are noted: deficit approaches and abundance approaches (Rodríguez-Carajal et al., 2010). Deficit approaches, also known as problem-solving or problem-based approaches, focus on problems and challenges (Rodríguez-Carajal et al., 2010). Schools traditionally use problem-based approaches to handle situations within their organizations (Calabrese, Hester, Friesen, & Burkhalter, 2010). Within this approach, the following steps are delineated: (1) identifying the key problem or challenge, (2) analyzing the causes of the problem, (3) developing possible solutions, (4) evaluating and selecting the most optimal solution, and (5) implementing the selected solution to solve the problem (Cooperrider et
al., 2008; Rodríguez-Carajal et al., 2010). The focus in a problem-based approach is on trying to solve problems related to the negative aspects of an organization, such as job burnout, distress, and dissatisfaction; consequently, time, energy and resources of the organization are invested in these negative issues with the goal to reduce costs to an organization (Rodríguez-Carajal et al., 2010). Within this framework, issues facing SLPs are seen as problems that need to be solved.

Drawing on positive psychology literature, researchers are now creating approaches that tap into constructs through applied positive psychology, which “...is the application of positive psychology research to the facilitation of optimal functioning” (Linley & Joseph, 2004, p. 4). The results of the focus on positive organizational change are abundance approaches (Rodríguez-Carajal et al., 2010), in which the goal is to search for mutual gains to maximize the potential for both the organization and its people (Rodríguez-Carajal et al., 2010). Unlike the deficit approach that focuses on the organization only, an abundance approach considers the health and well-being of employees in their own right (Rodríguez-Carajal et al., 2010).

Appreciative Inquiry is an abundance approach to organizational change that includes a theoretical perspective and also specific methodology. It is about identifying a “solution to be embraced” rather than a “problem to be solved” (Cooperrider et al., 2008, p. 5). The Appreciative Inquiry approach is a bold shift from the traditional, deficit approach (Whitney & Trosten-Bloom, 2010). With the Appreciative Inquiry approach, SLPs are at the heart of developing the collective knowledge to move forward, not relegated to waiting for someone else to create the dictates. The language used is
affirmative, with the goal of creating a positive core built on past strengths, not weaknesses, to extend dreams and design a future to shape their own destiny (Cooperrider et al., 2008; Whitney & Trosten-Bloom, 2010). This shift may raise skepticism with those in the profession, especially since the traditional, deficit model is one with which most are familiar. However, Appreciative Inquiry has been successfully used in places from schools to businesses, where one would expect the bottom line to be more about productivity than human resources (Whitney & Trosten-Bloom, 2010).

**Appreciative Inquiry—Defined**

To fundamentally understand Appreciative Inquiry, one must acknowledge two key points. “First, organizations move in the direction of what they study. Second, Appreciative Inquiry makes a conscious choice to study the best of an organization, its positive core” (Cooperrider et al., 2008, p. 33). Despite being a theoretical perspective and methodology to organizational change, the goal of Appreciative Inquiry is not to change anything within the organization (Whitney & Trosten-Bloom, 2010). This recognition of the positive aspects sparks future actions that transform the organization. The change occurs as a by-product, not as the sole intent.

There are four practical propositions of Appreciative Inquiry (Cooperrider & Srivastva, 2000; Cooperrider et al., 2008). First, inquiry into “the art of the possible” in an organization should begin with appreciation. This involves looking for the “exceptional moments” that exemplify when the organization is at its best (Cooperrider et al., 2008, p. 4), since every organization works effectively to some degree (Cooperrider & Srivastva, 2000). Appreciative Inquiry builds on the foundation of a positive core of
experiences, taking those “exceptional moments” forward to create positive momentum. Second, inquiry needs to be applicable. The study of the organization should generate knowledge that can be used, applied and valued in the actions of the organization. The knowledge created is not confined to the academic realm with little regard for those within the organization who could use the knowledge to transform their organization (Cooperrider & Srivastva, 2000). The purpose for conducting an Appreciative Inquiry is for employees within the organization to gain knowledge and skills they can immediately apply in their work settings, illustrating the practicality of this type of organizational development approach. Third, inquiry into what is possible needs to be stimulating. The knowledge an organization has of “what is” becomes a catalyst for future action and organizational change. Fourth, inquiry into the human potential of an organization needs to be collaborative. This collaboration is at the level of the investigator and the members of an organization (Cooperrider & Srivastva, 2000).

**Theoretical Foundations of Appreciative Inquiry**

There were four core theoretical constructs of Appreciative Inquiry that were the guiding framework for this study: 1) the Constructionist Principle, 2) Non-Problem-Solving Approach, 3) Use of Non-Deficit Language, and 4) Liberation of Power.

The constructionist principle proposes that idea that meaning is made through conversation and that “words create worlds” (Whitney & Trosten-Bloom, 2010, p. 51). This principle acknowledges the importance of the wording and dialogue created within an organization. The non-problem solving principle relates to the abundance approach discussed at the beginning of this section in the overview of organizational change.
approaches, and focuses on finding strengths to maximize growth (Rodríguez-Carajal et al., 2010). Related to the non-problem solving principle is the use of non-deficit, positive language. The shift from deficit to positive language allows researchers to ask different questions, participate within the organization in different ways and get different results (Whitney & Trosten-Bloom, 2010). Finally, the liberation of power principle states that use of Appreciative Inquiry provides people with personal and collective power within their organizations (Whitney & Trosten-Bloom, 2010).

**Appreciative Inquiry Methodology**

In addition to being a theoretical research perspective, Appreciative Inquiry is also a methodological approach. The approach, known as the Appreciative Inquiry 4-D cycle, includes four phases: Discovery, Dream, Design and Destiny. These are based on underlying affirmative topic(s) either co-created by the investigator and participants in the organization or pre-selected by the investigator. Each phase builds from the previous one to move an organization from its positive core of past experiences (Discovery), to creating shared positive imagery of the future (Dream), putting those dreams created by the organization into a provocative statement (Design) and finally maintaining those new visions through action (Destiny; Cooperrider et al., 2008).

For the current study, adaptations of the Discovery and Dream phases of the Appreciative Inquiry 4-D Cycle were incorporated. Affirmative topics were pre-selected by the investigator and questions about discovering the positive current state of clinical practice were asked. Additionally, participants were asked questions about aspects of the future within their organizations.
Overview of Appreciative Inquiry Research

Since the formal beginnings of Appreciative Inquiry in 1985 (Whitney & Trosten-Bloom, 2010) the use of this theory and methodology has grown. There are well over 125 texts and articles and 40 recorded dissertations on Appreciative Inquiry (Cooperrider et al., 2008). A variety of institutions, both domestic (e.g., McDonald’s; NASA; Cleveland Clinic) and international (e.g., ANZ Bank, Melbourne, Australia; Imagine Nagaland (India); Nutrimental Foods, Curitiba, Brazil), have implemented Appreciative Inquiry into their organizations (Cooperrider et al., 2008).

Appreciative Inquiry research in education.

The field of education has also used Appreciative Inquiry to conduct case study research locally within K-12 education (Calabrese et al., 2010; Calabrese, Hummel, & San Martin, 2007; Calabrese, Patterson, Liu, Goovin, Hummel, & Nance, 2008; Calabrese, San Martin et al., 2008), higher education (Calabrese, Roberts, McCleod, Niles, & Berry, 2008; Calabrese, Zepeda, & Peters, 2007), and school-university partnerships (Calabrese, 2006). Additionally, Appreciative Inquiry has been used within the field of education at the city-wide (Academy for Educational Development, Addis Abada, Ethiopia), state-wide (Utah Education System) and even country-wide (Scandinavian School System) levels (Cooperrider et al., 2008) To address myriad issues pertinent to the particular school district, Calabrese with various colleagues have conducted several appreciatively focused studies with generally positive results (Calabrese, 2006; Calabrese et al., 2010; Calabrese, Hummel et al., 2007; Calabrese, Patterson et al., 2008; Calabrese, San Martin et al., 2008).
One such study that may foreshadow some of the findings from the current study involved a follow-up with the participants (Calabrese, 2006). Calabrese (2006) in an inner city school district and found improvement in math and science scores, a traditional academic measure. The researcher reported a potential, though not definitive, correlation between the Appreciative Inquiry study conducted within that high school and improved student outcomes (Calabrese, 2006).

Although results from the studies were overwhelmingly positive, Calabrese, Hummel et al. (2007) did find use of deficit language by the teacher participants when talking about students. The teachers described students as “hard to reach” kids who “don’t want to do anything” (Calabrese, Hummel et al., 2007, p. 287). The teachers also used negative-deficit language to attribute the child’s academic struggles to “no parental support”, “home life” and coming “from poor families” (Calabrese, Hummel et al., 2007, p. 287). This is not uncommon, as we come to new situations with our current beliefs and language (Barrett et al., 1995). Overall, Appreciative Inquiry has been used successfully in a variety of school settings and with different topics as a way to provide additional, qualitative data to traditional evaluative measures of teacher and student success. However, it is possible that appreciative inquiry methods can reveal both positive and negative perspectives on the issue studied.

**Conclusion**

This chapter reviewed the current literature regarding aspects of practice SLPs value, information on work engagement and social support, and information on Appreciative Inquiry, the theoretical and methodological perspective that guided this study. Literature
on SLPs’ perspectives of job satisfaction provided an insight into what school-based SLPs value. Although focusing on the challenges and problems of an employee or group of employees is common practice in organizational research, the emergence of positive organizational psychology is shaping our understanding of employees’ strengths and discovering mutual benefits for employees and their organizations. Research also revealed that the kind of information researchers gather on employee perspectives influences the data collected. When one engages in appreciative, thought-provoking conversation that uses affirmative language, one can uncover and highlight the best of an employee’s experience, while still providing space for employee’s to express their negative perspectives as well. This framework was used to conduct appreciative interviews to examine school-based SLPs’ views of their clinical values, clinical effectiveness, and social support systems. The next chapter will describe the methods used in the current study.
Chapter 3: Methods

A positive psychology framework and appreciative inquiry research perspective were used in the development of the design used in this study. A mixed methods descriptive design was used in which data were collected using semi-structured individual interviews, a semi-structured focus group interview, and a quantitative online survey. The use of these various methods allowed the investigator to connect specific responses across methods, thus creating a more complete picture of participants’ beliefs. These methods were used in order to characterize important positive aspects of school SLPs’ work experiences and contribute to thinking about how these may be further maximized for the benefit of SLPs and ultimately the children they serve.

Research Questions and Hypotheses

Six research questions were addressed in this study. The first four addressed SLPs’ perceptions of positive aspects of their current work situations, organizations, and experiences and how they would like to see these enhanced further. Individual interview and focus group interview data were used to address these questions. The final two questions addressed the relationship between the SLPs’ levels of work engagement and the number and quality, respectively, of work supports they reported. Data from a widely used work engagement scale, the Utrecht Work Engagement Scale (UWES), and from the
individual interviews were used to address these research questions. These 6 specific questions are listed below:

1. When asked to think about their current clinical experiences, departments, and organizations, what positive values and conditions do school-based SLPs report as characterizing their work settings?

2. When asked to think of the future of their SLP departments and organizations in general, what do school-based SLPs report they would like to see happen?

3. What practices do SLPs currently engage in that make them feel like effective clinicians?

4. What changes in work conditions and resources do school-based SLPs say they believe would increase their use of these identified clinical practices?

5. Is there a positive relationship between SLPs’ level of work engagement and the number of social support systems they report?

   H5: There is a positive correlation between the number of social support systems reported and SLPs’ level of work engagement.

6. Is there a positive relationship between SLPs’ level of work engagement and the quality of work-related social support systems they report?

   H6: There is a positive correlation between the quality of the social support systems and SLPs’ level of work engagement.

Participants

The sample for this study consisted of speech-language pathologists who were currently employed directly by a school district, Educational Service Center (ESC), or
private company contracting to one or more schools in Central Ohio or select counties in Southeast Ohio. Specifically, participants were recruited from a convenience sample that included recruitment in 13 counties; 11 counties comprising the Central Ohio region (Delaware, Fairfield, Fayette, Franklin, Knox, Licking, Madison, Muskingum, Perry, Pickaway, and Union) and select Southeast Ohio counties (Hocking and Ross).

Participants were recruited through personal contact by the investigator explaining the study through an e-mail indicating the nature and purpose of the study. E-mail addresses for potential participants were obtained through internet searches of selected school and agency websites. In an effort to minimize sampling bias by only recruiting from school districts and agencies known to the investigator, a list of city, exempted village, and local school districts from the Ohio Department of Education’s Educational Directory (ODE, 2012) was used. For school districts in Franklin County, the school district and university policies required an additional application procedure before possible participants could be approached. Since this application process required specific contacts and knowledge of anticipated school districts, and the investigator only had a point of contact for three districts in the county, those three districts were chosen to ask for permission to recruit. Of the three districts, only one school district provided the necessary permission during the time-frame of recruitment and data collection. However, participants from other organizations, such as the ESC of Central Ohio, who worked in Franklin County, were eligible to participate.

Procedures for recruitment included one initial e-mail invitation, and if no response was received, one follow-up email invitation. During scheduling and data collection, one
follow-up e-mail was sent if the participant did not respond to a communication. If no response was obtained after this follow-up, it was assumed the participant wished to refrain from further participation in the study. Recruitment information for each county was calculated and the results are summarized in Table 3.1.

Table 3.1

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</tbody>
</table>

Note. <sup>a</sup> If an e-mail was returned, the address was checked against the posted address and resent. If it was still returned, no further attempts were made to locate the address. If the address was provided by a third party contact, the third party was contacted to verify the address.

<sup>b</sup> Participants were counted under the county in which they provide services, even if the employer serves multiple counties.

<sup>c</sup> The address for one SLP listed on a website was unable to be located.

<sup>d</sup> One SLP address was located; she volunteered to send the invitation to the three other SLPs in the district, but those were not sent directly.

As noted in Table 3.1, 161 individual e-mail addresses and 13 third party e-mail addresses were located and sent initial e-mails. Of these 174 e-mail addresses, nine were undeliverable, for a total of 165 deliverable e-mails. Since it was unclear how many
SLPs were contacted through the third party contacts, a specific response rate based on total number of SLPs could not be calculated. Reviewing individual e-mails, the response rate was 20.5% (33/161). This response rate was lower when compared to the job satisfaction survey studies, which ranged from a 41% to 64.5% response rate (Blood et al., 2002; Edgar & Rosa-Lugo, 2007; Hall et al., 1991; Hutchins et al., 2010; Pezzei & Oratio, 1991). A more comparable study involving 20 SLP interviews was conducted by Schetz and Billingsley (1992); however, a specific response rate was not reported or calculable. Between direct and indirect contact, 35 individuals agreed to participate in the study and signed consent forms. Two participants left the study for personal reasons—one after completing the online survey and the other after completing the interview—for the attrition rate of 5.4%.

For this study, 33 individuals participated. They were all female (100%), primarily identified themselves as White (96.9%) and as having a master’s degree (93.9%). Compared to the demographic information collected by the Ohio Department of Education, this sample had an overrepresentation of females and those who self-identified as White or Multiracial. Table 3.2 shows the frequency count and percentage of occurrence for these demographic characteristics for the sample.
Table 3.2

Demographic Characteristics of Participants (N = 33)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Female</td>
<td>33</td>
<td>100</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Black</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>American Indian</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Multiracial</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>White</td>
<td>32</td>
<td>96.9</td>
</tr>
<tr>
<td>Highest Degree Earned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Degree</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Associate</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bachelors</td>
<td>2</td>
<td>6.1</td>
</tr>
<tr>
<td>Masters</td>
<td>31</td>
<td>93.9</td>
</tr>
<tr>
<td>Education Specialist</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Doctorate</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Additional demographic data related to work experience and years since completion of their last degree was collected for this study. The participants reported working an average of 16.27 years as an SLP, with a range of 2 years to 37 years. In terms of their time spent at their current organization, the average was 9.20 years, with a range of 2 to 35 years. They also reported their time since their last degree; the average was 17.13 years, range 2 to 42 years. This information is reported in Table 3.3.
Table 3.3

Work and Educational History of Participants (N = 33)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years Practicing as an SLP</td>
<td>33</td>
<td>16.27</td>
<td>10.296</td>
<td>2</td>
<td>37</td>
</tr>
<tr>
<td>Years at Current Position(a)</td>
<td>33</td>
<td>9.20</td>
<td>7.646</td>
<td>2</td>
<td>35</td>
</tr>
<tr>
<td>Years Since Most Recent Degree</td>
<td>31</td>
<td>17.13</td>
<td>11.546</td>
<td>2</td>
<td>42</td>
</tr>
</tbody>
</table>

Note. \(a\) Years at current position included the current academic year.

Unit of Analysis

For research questions 1, 2, 3, and 4, the individual interviews and the focus group interview were analyzed for key words and phrases which were then grouped into categories (Calabrese, Zepeda, et al., 2007; “Coding of Qualitative Data,” n.d.). For research questions 5 and 6, specific content from the individual interviews was compared to the UWES overall work engagement score. The focus group participants did not answer interview questions used in the analyses for research questions 5 and 6.

Research Instruments

This study had two instruments: (a) an online survey and (b) semi-structured interview. The online survey consisted of a demographic survey and the UWES. Two versions of the semi-structured interview were created for the individual interviews and focus group interview. A copy of the complete online survey, individual interview and focus group interview are located in Appendices A, B, and C, respectively. The study was approved by
the Ohio State University’s Office of Responsible Research Practices-Internal Review Board for Behavioral and Social Science.

Online Survey

Three of the demographic questions, gender, race and highest degree earned, were included to correspond with the demographic information collected by the Ohio Department of Education. The four additional demographic questions included an identification question (for analysis purposes), the year of each participant's most recent degree, number of years in clinical practice and the number of years of clinical practice with the current school agency.

The UWES has been used widely to measure work engagement within various fields, such as social work and teaching (Schaufeli et al., 2006). It consists of 17 items using a seven-point Likert scale ranging from 0 (Never) to 6 (Always/Every Day). The reliability and validity of the UWES as a measure of work engagement have been examined in a variety of work contexts. Measured using Cronbach’s alpha, internal consistency reliability estimates between .80 and .90 have been obtained for a variety of groups, including newspaper managers (Montgomery, Peeters, Schaufeli, & Den Ouden, 2003), human services professionals (Durán, Extremera, & Rey, 2004), insurance companies (Schaufeli & Bakker, 2004) and a home care institution (Schaufeli & Bakker, 2004; see Schaufeli et al., 2006 for a complete list of studies). The internal consistency for the current study was .95 for the overall UWES score and .87, .90, .89 for the subscales of Vigor, Dedication, and Absorption respectively. These values suggest acceptable internal consistency reliability for the current project. Construct validity for the UWES was examined using confirmatory factor analysis, which revealed the three-factor model of the UWES is superior to a one-factor model, thus
supporting the 3 scales comprising the instrument (Schaufeli et al., 2006). The correlations between the scales exceed .65 (see Schaufeli et al., 2006), which suggests the variables are closely related. Analysis of the internal consistency reliability data from the current study indicated that only the removal of item 1, “At work I feel bursting with energy,” would slightly increase the alpha from .951 to .952. Finally, the UWES was found to serve as an unbiased instrument, acceptable for use with different racial groups (Storm & Rothmann, 2003 cited in Schaufeli et al., 2006).

**Interview**

The individual interview consisted of 15 questions, presented in a semi-structured interview context; the focus group interview consisted of only 12 questions, as questions related to the social support systems were not included. The questions were adapted from Cooperrider et al. (2008) and also designed by the investigator specifically for use with clinical speech-language pathologists. Individual and focus group interview questions 1, 2, 3 were created to answer research question 1 based on the Discovery phase of the Appreciative Inquiry 4-D Cycle methodology. Individual interview questions 13, 14, and 15 (focus group questions 10, 11, and 12) were created to answer research question 2 and based on aspects of the Dream phase of the Appreciative Inquiry 4-D cycle methodology. The interview questions for these two research questions were adapted for use with SLPs. Individual and focus group interview question 4 was created to answer research question 3 and individual and focus group interview question 5 was created to answer research question 4. Finally, individual interview questions 6, 7, and 8 were used to answer research questions 5 and 6. The focus group participants were not asked these questions because of limited interview
time and feasibility of obtaining accurate responses for all questions from all participants in
the group setting.

Four additional individual interview questions, 9, 10, 11, and 12 (focus group questions 6, 7, 8, 9), were also included in the interviews, but were not analyzed for this study. The interview questions were designed with one main, open-ended question, with individual interview questions 2, 3, 5, 6, 7, 8, 9, 10, 11, 12 and 14 (focus group questions 2, 3, 5, 6, 7, 8, 9 and 11) containing between two to five sub questions. Questions 6d, 7d, and 8d from the individual interviews contained a five-point Likert scale from 1 (Strongly Disagree) to 5 (Strongly Agree). See Appendices B and C to review the individual and focus group interviews respectively.

Pilot Study

The interview was created by the investigator with expert input and review. Prior to use in the study, the interview was piloted with a certified clinician with school-based experience who was also a student in the investigator’s doctoral program to gauge the timing of the interview and to address any confusing or potentially offensive wording. During the interview, suggestions regarding wording or clarification were made. As a result of the pilot study, question 8 was added to the individual interview and a visual of the Likert scale was created and provided for individual interview questions 6d, 7d, and 8d.

Research Variables

This study looked at several variables related to each specific research question. Table 3.4 provides information on research questions 1, 2, 3 and 4 and the interview questions
used to generate that data. For each of the research questions, the variables of interest were the number and nature of themes identified in participant responses.

Table 3.4

*Research Questions and Interview Questions Used for Research Questions 1, 2, 3 and 4*

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Interview Questions Used to Analyze the Research Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Question 1: “When asked to think about their current clinical experiences, departments, and organizations, what positive values and conditions do school-based SLPs report as characterizing their work settings?”</td>
<td>Individual and Focus Group Questions 1, 2, and 3</td>
</tr>
<tr>
<td>Research Question 2: “When asked to think of the future of their SLP departments and organizations in general, what do school-based SLPs report they would like to see happen?”</td>
<td>Individual Questions 13, 14, and 15 Focus Group Questions 10, 11, and 12</td>
</tr>
<tr>
<td>Research Question 3: “What practices do SLPs currently engage in that make them feel like effective clinicians?”</td>
<td>Individual and Focus Group Question 4</td>
</tr>
<tr>
<td>Research Question 4: “What changes in work conditions and resources do school-based SLPs say they believe would increase their use of identified clinical practices?”</td>
<td>Individual and Focus Group Question 5</td>
</tr>
</tbody>
</table>

Research questions 5 and 6 were experimental, and included independent and dependent variables. Table 3.5 provides information on the variables of interest for each research question and the interview questions used to generate that data.
Table 3.5

Research Questions, Variables of Interest and Interview Questions Used for Research Questions 5 and 6

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Dependent Variable</th>
<th>Independent Variable</th>
<th>Interview Questions Used to Analyze the Research Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Question 5: “Is there a positive relationship between SLPs’ level of work engagement and the number of social support systems they report?”</td>
<td>• Participants’ overall score on the UWES</td>
<td>• Average number of social support systems (individuals and/or groups of individuals) that were reported by each participant</td>
<td>Individual Interview Questions 6a, 7a, and 8a</td>
</tr>
<tr>
<td>Research Question 6: “Is there a positive relationship between SLPs’ level of work engagement and the quality of work-related social support systems they report?”</td>
<td>• Participants’ overall score on the UWES</td>
<td>• Average rating of how positive the interactions were as reported by each participant</td>
<td>Individual Interview Questions 6d, 7d, and 8d</td>
</tr>
</tbody>
</table>

Data Collection Procedures

For this study, data collection procedures were reported for the two instruments used in the study: the UWES and the interview. Data collection occurred online for the UWES and in-person for the interviews. Data formatting occurred prior to data analysis and included cleansing the data of filler words and identifying information and placing all participants’ responses together by interview question. Data analysis included the qualitative procedures used with the individual and focus group interview questions for answering research questions 1, 2, 3 and 4 as well as the quantitative procedures used with data collected from
both the individual interviews and the UWES scores for answering research questions 5 and 6. A summary of the data collection, data formatting and data analysis of the study components is provided in Figure 3.1.

Figure 3.1. Summary of Study Data Collection, Formatting and Analysis

Figure 3.1. A summary of the data collection, data formatting and data analysis of the UWES and individual and focus group interviews.

The demographic survey was not included in this graphic because that information was not included in data formatting or data analysis.

Survey Data Collection

The initial invitation to participate was distributed between January and March, 2012; (see Appendix D). The SLPs who agreed to participate in the study were sent a follow-up
e-mail two to seven days before the scheduled interview. The e-mail contained an online consent form and waiver of consent documentation with a link to the online survey to complete prior to the interview (see Appendix E). For this study, the survey was presented to participants through Survey Monkey (www.surveymonkey.com), an online survey engine.

Participants were asked to put their first name and last initial on each survey. This information was used only to match individual responses to the interview data and to ensure completion of the surveys. Failure to complete a survey resulted in the investigator's contacting the participant individually with one follow-up contact. There was a low level risk to participants—identifying information provided by participants was not shared by the investigator with the participants’ employers. The data submitted through Survey Monkey was submitted through the Secure Sockets Layer (SSL) encryption to provide a secure online transmission of data. Also, data were identified using pseudonyms and not the participants’ actual names. To further reduce the risk, participants were allowed to withdraw from the study at any point.

Raw data were stored on the Survey Monkey site, with SSL encryption and also on one secured computer located in a locked laboratory with limited access (Room 007, Pressey Hall). A key with pseudonyms of participants’ names was created; the key as stored in a separate location from the coded data. The coded, but de-identified, data will be stored for five years in a secured computer located in a locked laboratory with limited access for re-examination of data, should that be required in the publication process if there is a need to re-examine the data.
Interview Data Collection

Both the individual interviews and the focus group interview were scheduled at the participants’ convenience. The meeting locations were scheduled at a location selected by the participants. Locations selected for this study included the participants’ office at their work sites, public restaurants and coffee shops and participants’ homes. The interviews lasted an average of 79.2 minutes for the individual interviews, with a range of 55 minutes to 159 minutes. The focus group interview lasted 110 minutes. Prior to completing the interview, participants signed an informed consent (see Appendix F) and also received a $10 cash incentive. Each interview was audio-recorded and field notes were taken.

Data Analysis

To assist in describing the qualitative themes for research questions 1, 2, 3 and 4, the transcribed data was reorganized by question and analysis of the data was completed by the investigator. Select words and phrases were grouped into categories by interview question and analyzed for key findings. For research questions 5 and 6, data from the individual interviews and the overall UWES score were analyzed in the statistical software, SPSS.

Data from the individual interviews and focus group interview were uploaded using the Sony Sound Organizer software and transcribed verbatim into individual Word documents. During transcription, the data underwent a cleansing process, in which filler words (e.g., “um”) and identifying information (e.g., specific names) were removed. Once the transcription was completed, the investigator sent an electronic copy of the
transcript to each participant to allow for further member checking of the data. The letter that accompanied the transcript is provided (see Appendix G). Once the data were checked by each participant, the investigator proceeded to the analysis of the data. Only one participant noted a misprint in her transcript (putting “iPad Touch” instead of “iPod Touch”).

**Data Analysis Procedures—Research Questions 1, 2, 3 and 4**

The individual and focus group interview questions used in the analyses for research questions 1, 2, 3 and 4 are indicated in Table 3.6.

Table 3.6

*Research Questions 1, 2, 3 and 43 with the Related Individual and Focus Group*

**Interview Questions**

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Interview Questions Used in Data Analysis (focus group question numbers in parenthesis)</th>
</tr>
</thead>
</table>
| Research Question 1: “When asked to think about their current clinical experiences, departments, and organizations, what positive values and conditions do school-based SLPs report as characterizing their work settings?” | 1. (focus group—1.) What circumstances, conditions, and/or factors support your work in [insert organization] when you have felt most successful and effective?  
2. (focus group—2.) Tell me about a **positive or high point** clinical experience, a time when you felt most **positively** impacted as a speech-language pathologist here at [insert organization]. With this experience, recall the following: a.) When did the experience occur? b.) What was the setting/environment? c.) Who was there? d.) What was happening? e.) How did you feel afterwards?  
3. (focus group—3.) Without being humble, what do you most value about: a.) Yourself and the way you do your work? That is, what unique skills and gifts do you bring to this SLP department and school district? b.) Your work? |

(Continued)
Table 3.6: Continued

c. )Your SLP department at [insert organization]?

Research Question 2: “When asked to think of the future of their SLP departments and organizations in general, what do school-based SLPs report they would like to see happen?”

13. (focus group—10.) Looking toward the future, what is the [insert name] SLP department being called to become?

14. (focus group—11.) If you could have any three wishes granted to heighten the health and vitality of the [insert name] SLP department, what would they be?

15. (focus group—12.) Imagine your organization five years from now, when everything is just as you always imagined it would be. a.) What has happened? b.) What is different from what you currently do? c.) How have you contributed to this future?

Research Question 3: “What practices do SLPs currently engage in that make them feel like effective clinicians?”

4. (focus group—4.) What are you doing now in your clinical practice that you would like to do more of in the future that makes you feel like an effective clinician?

Research Question 4: “What changes in work conditions and resources do school-based SLPs say they believe would increase their use of identified clinical practices?”

5. (focus group—5.) You have identified [responses from question 4]. a.) What needs to be in place at [insert organization] to [insert responses from question 4] for you to continue to provide effective clinical services? b.) What needs to be in place at the professional level to [insert responses from question 4] for you to continue to provide effective clinical services?

To assist in describing the qualitative themes for research questions 1, 2, 3 and 4, the transcribed data from all participants in both the individual interviews and focus group were reorganized by interview question into new Word documents and a content analysis of the data by interview question was manually completed by the investigator. From the content analysis, an open coding procedure was used in which the investigator manually
went through the data and reviewed all participant responses from the raw data and identified key words and phrases to analyze for further analysis. Once these coded words and phrases were identified, a second, axial coding procedure was conducted to place coded data into thematic categories (Calabrese, Hummel et al., 2007; “Coding of Qualitative Data,” n.d.). Due to the amount of data collected and the simple coding scheme, qualitative software was not used in the current study. During the axial coding process, all of the coded words and phrases from each interview question were manually reviewed by the investigator. Then, categories were created to help sort the codes into larger groups. A new Word document was created and the categories and corresponding open codes were placed into the document by the investigator. Determination of a word or phrase into a particular category was made by the investigator. Initially, a non-hierarchical coding scheme was used, in which the coded words and phrases were placed into large categories. Example categories included collaboration, support, knowledge, etc. This was done for interview question 1 data.

Once the data had been coded into these categories, they were re-examined by the investigator considering the broader context of the study in terms of seeking to identify concepts related to organizational aspects, such as job resources. This re-examination of the data resulted in recoding the open codes using a hierarchical axial coding procedure. With this procedure, new axial categories were created, such as job resources, job tasks, etc. These parent categories were then subdivided when applicable; therefore, the category job resources included the sub-categories of social supports, autonomy, and performance feedback. Since the concept of social supports was broad, subcategories
were needed to further analyze responses in this category. The two broad categories of social support, instrumental and affective/emotional, were further reviewed and subdivided into four categories of social support, *tangible* (providing resources), *informational* (providing information), *emotional* (providing appraisal/esteem) and *companionship* (providing a sense of belonging) (Cohen & Wills, 1985; Scott, 2010). Additional analysis of the data indicated the need for two more social support subcategories: *SLPs as informational supports* and *general support*. Responses in which participants mentioned providing informational support to others were labeled *SLPs as informational supports* and general statements of support with no specific information to code into one of the defined social support categories was labeled *general support*. Data that could not be recoded into these job resources categories maintained their original categories. The content analysis, open coding, and hierarchical axial coding process was repeated with individual interview questions: 2 (part e), 3, 4, 5, 13, 14, 15 (focus group questions: 2 (part e), 3, 4, 5, 10, 11, 12). A new Word document containing the axial categories and open codes was created for each interview question.

Once categories for each question were created, interview questions pertaining to a specific research question were grouped together into a table format for further analysis.

**Data Analysis Procedures—Research Questions Five and Six**

The individual interview questions used in the analyses for research questions 5 and 6 are indicated in Table 3.7.
Table 3.7

*Research Questions 5 and 6 with Related Interview Questions*

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Interview Questions Used in Data Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Question 5: “Is there a positive relationship between SLPs’ level of work engagement and the number of social support systems they report?”</td>
<td>6. One specific type of support is collegial support, or the support you receive from others in your work environment. I would like for you to tell me about your current social supports here at [insert organization]. For each social support (person and/or group), please tell me the following: a.) Who is involved in this social support?</td>
</tr>
<tr>
<td></td>
<td>7. Now, I would like for you to consider professional collegial supports within your current work setting. These are people, such as other SLPs at [insert organization], with whom you can discuss SLP-specific information. For each professional collegial support, please tell me the following: a.) Who is involved in this social support?</td>
</tr>
<tr>
<td>Research Question 6: “Is there a positive relationship between SLPs’ level of work engagement and the quality of work-related social support systems they report?”</td>
<td>6. One specific type of support is collegial support, or the support you receive from others in your work environment. I would like for you to tell me about your current social supports here at [insert organization]. For each social support (person and/or group), please tell me the following: d.) On a scale of 1 to 5 (1 being you strongly disagree, 2 being you disagree, 3 being you are not sure, 4 being you agree, and 5 being you strongly agree), you spend the majority</td>
</tr>
</tbody>
</table>

(Continued)
of your time interacting with [insert person/group] engaged in discussion that makes you feel supported, positive and good about what you are doing.

7. Now, I would like for you to consider professional collegial supports within your current work setting. These are people, such as other SLPs at [insert organization], with whom you can discuss SLP-specific information. For each professional collegial support, please tell me the following:  
d) On a scale of 1 to 5 (1 being you strongly disagree, 2 being you disagree, 3 being you are not sure, 4 being you agree, and 5 being you strongly agree), you spend the majority of your time interacting with [insert person/group] engaged in discussion that makes you feel supported, positive and good about what you are doing.

8. Now, I would like for you to consider professional collegial supports you currently use that are NOT within your current work setting. These are people, such as other SLPs at other organizations, with whom you can discuss SLP-specific information. For each professional collegial support, please tell me the following:  
d) On a scale of 1 to 5 (1 being you strongly disagree, 2 being you disagree, 3 being you are not sure, 4 being you agree, and 5 being you strongly agree), you spend the majority of your time interacting with [insert person/group] engaged in discussion that makes you feel supported, positive and good about what you are doing.

For research questions 5 and 6, the data collected from the individual interviews was analyzed as the focus group participants did not answer the individual interview questions
6, 7, and 8. In addition to the selected interview questions, the overall score from the UWES obtained for each individual participant was transferred from the Survey Monkey site, calculated in an Excel program and imported into SPSS software for analysis.

To address research question 5, a frequency count of the number of social support systems identified by the participant was obtained for each participant for each response to interview questions 6a, 7a, and 8a (see Table 3.7). Participants were asked about three kinds of social support systems available: (1) those individuals or groups available on-site at their physical locations, (2) those individuals or groups available to them through their SLP departments and (3) those individuals or groups available to them through professional networks outside of their current organizations. The overall sum score and individual sum scores for 6a, 7a, and 8a were calculated; only the overall social support quantity sum score for each participant was used in the analysis for this study. To calculate the overall social support system quantity score for each participant, the question totals were summed. If a social support system was reported in more than one section (e.g., an SLP who is on-site and also in the department), the support was counted in each section in which he or she appeared, but was only counted once when calculating each participant’s overall quantity score.

For research question 6, Likert responses were generated for each social support system participants identified from interview questions 6d, 7d, and 8d (see Table 3.6). Participants were asked to rate the overall quality of each individual or group they identified in questions 6, 7, and 8. A 5-point Likert scale (1 = strongly disagree; 3 = not sure; 5 = strongly agree) was used. Participants rated how positive they felt the overall
interactions were with the social support system they had identified. Participants’ responses were calculated to create an average quality score for each social support type (e.g., on-site, SLP department, and outside professional).

**Bias and Error**

Bias in reporting the data is a consideration, given the author’s role as both an active participant and investigator. Control for this bias occurred at different levels in the study. Member checking, or asking participants for their feedback on the way the investigator rephrased their responses, occurred online during the interview. Also, participants were asked to review a written transcript of the interview and provide feedback on the precision of the information to the investigator. Additionally, a research assistant selected a random sample of 30% (10) of the individual interviews and the focus group interview and recoded those samples at three randomly selected five-minute segments of each interview to ensure transcribing reliability. The results of this reliability check revealed over 99% agreement between the original transcription and the recoded transcription. Another random sample of 30% (10) of the individual interviews and the focus group interview were reviewed by the research assistant to ensure fidelity of procedural treatment. The research assistant listened to the audio recordings of each of the selected interviews and recorded whether or not each question (including the parts of multi-part questions) was included in the interview. Results of the review indicated that 100% of the random sample interviews included all of the questions in the interview.
Validity and Reliability

Survey Component—UWES

The reliability and validity of the UWES portion of the online survey were discussed in the research instrument portion of this chapter and found to be acceptable with an overall internal consistency reliability of .95.

In terms of the administration of UWES and demographic survey through an online, survey format, there were five main threats to internal validity in survey methodology that were addressed in this study: mortality, location, instrumentation, instrument decay (Fraenkel & Wallen, 2006), and nonresponse error (Dillman et al., 2009). To reduce mortality of the survey instrument, this survey included only relevant information that could be used when analyzing the results. For the study, there was mortality of two participants. The study content or objections to the study were not reported causes of withdrawal. Additionally, these participants shared similar characteristics to the remaining sample, indicating that there were no known differences between them and the sample. Since participation in the surveys was conducted at the participant’s convenience there was a threat of bias from location. To minimize this, participants were provided with the same online survey to help create some standardization of the data collected from the survey. Instrumentation error was minimized by including a pre-defined scale that had been used successfully in other samples and by presentation of the survey in the same format with all responses being collected and calculated through the Survey Monkey database. Instrument decay was minimized by having participants’ responses to the survey recorded by Survey Monkey and uploaded into the Excel and
SPSS software instead of manually by the investigator. Nonresponse error was minimized in this study in two ways: through data collection procedures and through the design of the survey. First, a follow-up e-mail was sent to participants who did not complete the survey within the first 48 hours after receiving the link to the survey. Second, the design of the Survey Monkey survey engine required a response to all answers on a page before allowing the participant to continue with the survey. However, for open-ended responses, participants could still put a response that was unable to be analyzed.

**Interviewing Component**

Although handled differently than in quantitative research, the basic principles of a valid and reliable study are present in qualitative research (Merriam, 2002). Internal validity essentially asks if what is intended to be observed is actually observed. Methods that help establish internal validity in qualitative research that were used in this study included triangulation and member checking (Merriam, 2002). The investigator triangulated the data using multiple sources of data. These data collection methods, used in applied studies (e.g., Calabrese et al., 2010; Merriam, 2002) included: using multiple sources of data, including participant-generated documents, direct observations, field notes, and audio recording the sessions. Additionally, the study included data collected in the context of individual interviews, a focus group interview and participant-specific locations (i.e., where the surveys were completed). Member checking occurred at two levels. Member checks occurred during the interviews through the investigator
rephrasing each participant’s responses and in the form of a written transcript sent via e-mail to the participant for review.

Reliability, or how consistent or replicable the results were for a study, is also addressed in qualitative research (Merriam, 2002). Used to establish internal validity, triangulation was also used in this study to help build reliability of the data. Since the investigator facilitated the interviews based on the dyad and group dynamic, there was the potential for variability or inconsistency in the presentation of the interview questions to each participant. To reduce this variability and increase reliability, the investigator followed a scripted protocol (see Appendices B and C) for the interview questions that were analyzed by a research assistant to check procedural fidelity. The sessions were audio recorded to have a record of the interview and to check for consistency.

External validity or how generalizable the results from the current study are to other situations is approached in qualitative research through reader or user transferability or generalizability (Merriam, 2002). Reader generalizability is the extent to which the reader of the research understands the nature of the current study and makes the determination as to whether or not the results from the current study are applicable to his or her own situation (Merriam, 2002). Since this relies on the reader’s understanding of the study, providing a detailed description is a strategy to accomplish this (Merriam, 2002). The investigator provided a description of the participants and methods so readers have an accurate description of what happened in the current study. Although participants were a convenience sample selected from one geographical region in Ohio, attempts were made to maximize the variation within the sample by attempting to recruit
from as many public school sites within the selected region, which included potential SLP participants from different settings (e.g., urban, suburban, rural). Also, participants were not limited by full or part-time employment or whether or not they were ASHA certified.
Chapter 4: Results

This chapter presents the results of the study for 33 participants—30 who participated in individual interviews and 3 who participated in a focus group interview. The main body of this chapter is divided into four sections. Three sections address research questions 1, 2, 3 and 4 investigating (a) current clinical views and experiences, (b) desired clinical views and experiences, and (c) clinical effective practices and necessary resources. The fourth section addresses research questions 5 and 6, which includes information on (d) the relationship between the quantity of social support systems and work engagement, and (e) the relationship between the quality of social support systems and work engagement. The chapter concludes with an overall summary of research findings and a chapter summary. Specific sources of data consisting of quotations ascribed to participants using their pseudonyms are provided below to illustrate particularly important themes; real first names are not used.

Research Question 1

Research question 1: “When asked to think about their current clinical experiences, departments, and organizations, what positive values and conditions do school-based SLPs report as characterizing their work settings?”
In order to answer Research question 1, two data components were included: (a) data on participant views regarding aspects of themselves, their work, their SLP departments and their organizations, and (b) data on participants’ high point clinical experiences, which were specific events they recounted that made them feel successful in their roles as school-based SLPs within their organizations.

**Interview Data related to Current Supports and Views**

Interview questions 1 and 3 from both the individual interviews (n =30) and focus group interview (n =3) were analyzed to discover the current supports and values participants’ reported.

*Interview Question 1.* What circumstances, conditions, and/or factors support your work in [insert organization] when you have felt most successful and effective?

*Interview Question 3.* Without being humble, what do you most value about:

a. Yourself and the way you do your work? That is, what unique skills and gifts do you bring to this SLP department and school district?

b. Your work?

c. Your SLP department at [insert organization]?

d. [Insert organization] and its larger contribution to society and the world?

The summary of the axial categories and frequency data of participant responses corresponding to those categories for interview questions 1 and 3 is provided in Table 4.1.
Table 4.1

Summary of Results for Interview Questions 1 and 3

<table>
<thead>
<tr>
<th>Interview Questions</th>
<th>Existing circumstances, conditions, and factors that support participant [Interview Question 1]</th>
<th>What participants most value about themselves [Interview Question 3, part a]</th>
<th>What participants most value about their work [Interview Question 3, part b]</th>
<th>What participants most value about their department [Interview Question 3, part c]</th>
<th>What participants most value about their organization [Interview Question 3, part d]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Supports (140)</td>
<td>Personal Attributes (77)</td>
<td>Social Support (Emotional) (17)</td>
<td>Social Supports (82)</td>
<td>Impact on Students (40)</td>
<td></td>
</tr>
<tr>
<td>Performance Feedback (17)</td>
<td>Providing Social Support to Others (66)</td>
<td>Student Aspects (15)</td>
<td>Department Composition (45)</td>
<td>Conditions (35)</td>
<td></td>
</tr>
<tr>
<td>Student Factors (9)</td>
<td>Professional Abilities/Aspects (25)</td>
<td>Performance Feedback (13)</td>
<td>*Negatives (7)</td>
<td>Impact on SLPs (17)</td>
<td></td>
</tr>
<tr>
<td>Job Tasks (7)</td>
<td>Empathy (2)</td>
<td>Professional Aspects (11)</td>
<td>Overall Quality (12)</td>
<td>Perceived Values of the Organization (14)</td>
<td></td>
</tr>
<tr>
<td>Autonomy (3)</td>
<td></td>
<td>Job Tasks (7)</td>
<td></td>
<td>Impact on Community (9)</td>
<td></td>
</tr>
<tr>
<td>Personal Factors (1)</td>
<td></td>
<td>*Negatives (4)</td>
<td></td>
<td>SLP Contributions (5)</td>
<td></td>
</tr>
<tr>
<td>Interaction of Factors (1)</td>
<td></td>
<td>Shared Philosophies (1)</td>
<td></td>
<td>Impact on Parents (5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Limitations (4)</td>
<td>Overall Quality (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Perceived Value of SLPs by Parents (1)</td>
<td></td>
</tr>
<tr>
<td>Total Number of Responses</td>
<td>178</td>
<td>170</td>
<td>64</td>
<td>139</td>
<td></td>
</tr>
</tbody>
</table>

Note: Numerals in parentheses represent the number of interview statements with this code.
Interview Question 1—Existing circumstances, conditions and factors.

When asked what existing job circumstances, conditions and factors support them, 140 of the 178 total participant responses (79%) pertained to social support. The remaining responses (21%) addressed the following supportive factors: performance feedback (10%), student factors (5%), job tasks (4%), autonomy (2%), personal factors (> 1%) and interaction of factors (> 1%).

Social support was the most frequent theme reported by participants. General subcategories within the social support theme were (a) tangible, (b) companionship, (c) emotional, , as well as (d) SLPs as informational support and (e) general statements of support. Each of these subcategories is described with examples below.

**Tangible supports** cited by participants in 32 comments alluded to the availability of time (for planning therapy, consulting with teachers, meeting with other SLPs); materials; funding (for materials and continuing education); reduced caseload (which provides additional time and reduces travel between buildings); flexible work day schedule (don’t travel between buildings); and physical amenities (large office with windows; a central meeting place for all SLP staff).

**Companionship support** cited by participants in 32 comments included responses that signaled collaboration, teamwork and a sense of belonging. When describing participant responses, pseudonyms were used instead of actual names to maintain confidentiality. Examples provided by participants included work with classroom teachers as Danielle noted, “Working with other colleagues, special education teachers [and] co-teaching to do a lesson.” Nancy discussed working with other professionals, “Collaboration with my Reading Recovery Teacher . . . working together to create the
best environment for the child.” Pam addressed the support from administration, “[I feel] Comfortable going to my boss and talking about things.” Companionship support from the SLP department was also noted by many participants. Barbara stated “[Contact, meetings, professional sharing] that’s what keeps me going, keeps me effective”.

**Emotional support**, as defined in this study, was observed in 19 comments by participants. These comments included responses by participants that address the perceived impact of the SLP on the lives of others and awareness and/or acknowledgement of others regarding SLP services. Vivian noted, “So I think just getting that acknowledgement [from] other people that they notice the progress that has been made with the kid.” Similarly, Beth noted, “I guess personally when I feel like I’ve succeeded with the kids . . . you know they just got it.” Brandy, focus group participant, indicated, “I feel most successful when people value what I do . . . If I feel like the teacher is understanding what I’m wanting, or the administrator, or whoever, even [Superintendent] or whoever, if I feel like if they know what I’m doing and have a value for [it] . . .” Olivia highlighted the importance of parent acknowledgement as something she valued: “. . . [W]hen parents state that they appreciate what I’ve done or what things I have put in place for their child. . .” In addition to acknowledgement, emotional support was expressed in terms of validation of the services SLPs provide by direct actions of others. Eve indicated this kind of support was received from her special education director and classroom teachers:

“. . .[I]n order to facilitate those types of ideas that I had, I definitely needed my direct supervisor support in getting some of those issues ironed out in the beginning. . . to get back to that supervisor and that teacher support, without both
of those, you really cannot successfully treat your kids. You really do need that supervisor and teacher support. And especially for that teacher support, that generalization within the classroom.”

**Informational support** was divided into two separate categories for this study: *informational support*, in the form of information SLP participants noted they received from others, and *SLPs as informational supports*, indicating the support the SLP participants provided to others. Examples of informational support included communication with and input from parents, teachers, other staff, other SLP staff and administration. Informational support from other SLPs in the organization was noted by 14 participant responses. Individual interview participants, such as Beth, Cathy, Danielle, Francis, Zoe and focus group participants, Ann, Brandy and Cindy all acknowledged the informational support they received from their fellow SLPs in terms of the ability to share ideas and get specific information on a professional question. This specific information received from SLP co-workers was highlighted by Francis, “... [I]t’s also very nice to have another therapist nearby or co-workers to bounce ideas ... they really understand when you’re successful or not successful [laughter], so that’s always nice.”

Participants also provided comments related to valuing serving as a source of informational support for others. A total of 11 responses related to SLPs as sources of informational support were included. Teresa reported, “I have felt most successful and effective when teachers have utilized suggestions across their whole classroom. And recently, suggestions have also been part of whole faculty meetings, so we’ve been asked to present on certain topics as part of a whole faculty meeting, an initiative.” Wendy
stated, “I like being able to be a resource . . . I love it when teachers say, ‘I didn’t know you could do that.’” [laughter]

Twenty-one general statements of support were reported and included statements made by participants that alluded to support, but were not able to be classified as falling into one of the specific social support categories. These statements usually included the word “support” but did not provide additional information that would allow the investigator to classify the statement into a specific social support category. For example, Barbara stated, “All that support,” and statements similar to Chris’s “support of administration” and Beth’s “teacher support”. These statements mention a general, overall feeling of support, but the specific type of support is not ascertainable from the response.

Participants’ values.

Participants were asked about what they valued in themselves, their work, their department, and their larger organization. In terms of values about themselves, their work and their departments, 44% (165/373) of all participant responses to these questions related to one or more types of social support. About themselves, participants valued being an informational support to others in their organizations (39%; 26/66 social support responses). Emotional support was the most frequently reported value (100%; 17/17 social support responses) participants reported about their work. Informational support was the most reported social support participants valued from their SLP departments (55%; 45/82 social support responses).

Other noted categories that were reported by participants regarding their personal, work and departmental values included: personal attributes, student aspects, performance
feedback, and department composition. In their responses, they described themselves as valuing positive personal attributes (45%; 77/170 responses), such as being open, flexible, positive, personable, willing to try anything. Of the 64 total responses participants reported for what they valued in their work, 23% (15/64) related to student involvement. These included comments such as those from Rachel, Danielle, and Cathy, respectively, “really like working with the kids”; “students I work with”, and “validated … in small ways . . . by kids . . .”,” Another work value was the performance feedback (20%; 13/64) participants received, as highlighted by Nancy who stated, “. . . I help them to speak clearer or to understand language concepts better or that I see improvement.”

In addition to positive aspects of work, 6% (4/64) of participant responses indicated the negative aspects of their work. For example, Hannah noted, “I think it’s a lot of work outside of the day, the workday.” Zoe mentioned difficulty with educating teachers and parents, indicating that it is “. . . still an obstacle”.

Thirty-two percent of the participant comments (45/139) pertained to the department composition. Although 84% (38/45) of these responses were positive, such as “strong skill set,” “everyone specialized,” “strong department, “ 16% of responses related to department composition were negative. When the work context of the 4 SLPs who responded negatively was examined, they were found to be among those who were the sole SLP in their organizations or from small departments of 1 or 2 additional SLPs who don’t make much contact. This was exemplified by Wendy who stated, “I’m it . . . which is very unfortunate, but yeah, I am the only one.”

Finally, within their larger organizations, participants reported 133 total responses regarding what they valued. Participants noted that their organizations have an impact on
various members, including students (30%), parents (4%), the community (7%) and themselves (13%). Specific conditions about the organization (26%), perceived SLP values of the organization (11%), SLP contributions to the organization (4%) and perceived value of SLPs (4%) were also reported. Limitations were also noted within the organization (3%).

Section Summary

Overall, social supports were highlighted as supports participants receive but also as features of what they value in themselves, their work, their departments and overall organizations. Participants reported that not only do they obtain supports from others in their organizations, but that they also provide support in their organizations. Negative perspectives, or comments on limitations, were also evident in some participants’ responses. Despite the appreciative structure of the questions, approximately 2% of all responses consisted of negative comments and limitations.

High Point Clinical Experiences Data

Interview question 2 from both the individual interviews (n =30) and focus group interview (n =3) was analyzed to discover the clinical experiences viewed as participant “high points”. This source of data further addressed the current values and experiences reported by participants in the form of clinical examples of a time they felt positively impacted in their jobs.

_Interview Question 2_. Tell me about a **positive or high point** clinical experience, a time when you felt most **positively** impacted as a speech-language pathologist here at [insert organization]. With this experience, recall the following:

a. When did the experience occur?
b. What was the setting/environment?

c. Who was there?

d. What was happening?

e. How did you feel afterwards?

The summary of the axial categories and frequency data of participant responses corresponding to those categories for interview question 2 is provided in Table 4.2.

Table 4.2

**Summary of Results for Interview Question 2**

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>The high point experience</th>
<th>Others involved in the high point experience?</th>
<th>How the experience made the participant feel afterwards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[summary of Interview Question 2, parts a, b and d]</td>
<td>[Interview Question 2, part c]</td>
<td>[Interview Question2, part e]</td>
</tr>
<tr>
<td>Students (32)</td>
<td>Students (32)</td>
<td>Positive Personal Emotions (72)</td>
<td></td>
</tr>
<tr>
<td>Informal Communication with others (6)</td>
<td>Professional Staff (24)</td>
<td>Social Supports (50)</td>
<td></td>
</tr>
<tr>
<td>Formal Communication with Others (Meetings) (4)</td>
<td>Parent (9)</td>
<td>Student Progress (28)</td>
<td></td>
</tr>
<tr>
<td>Paperwork (2)</td>
<td>Grandparent (1)</td>
<td>Perceived Emotions of Others (17)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Student Intern (1)</td>
<td>Academics/Classroom (12)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Job Tasks (5)</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL: 44 Events

TOTAL: 67 Individuals

TOTAL: 184 responses

Participants were asked to recall one high point clinical experience. Once they recalled that experience, they were asked one follow-up question, related to whether they had any other experiences they would like to share. Twelve participants recalled one
additional experience and one participant recalled two additional experiences. However, of the 17 participants that recalled one high point experience, 15 participants provided a general statement indicating they had several similar kinds of positive experiences.

A total of 44 experiences were reported. Seventy-three percent of the experiences related to student interactions, such as therapy sessions, or observations and assessment of students receiving special education services. Additionally, one student interaction related to providing services in the general education classroom was reported. Informal communication with others (14%), formal communication with others (9%), and paperwork related to student needs (4%) were also elements included in participants’ descriptions of these high point experiences.

All but two experiences involved direct contact with at least one other individual. Those two non-interpersonal experiences, student progress review and grant writing, were completed individually, but related to student needs. Individuals who were part of the participants’ high point experiences included students, a variety of professional staff, parents and grandparents. One participant, Iris, recalled an experience with a former student intern.

“So a lot of the things I was trying to teach her didn't meet with a whole lot of motivation and enthusiasm. It's almost like she went through the motions . . . And then six months later I got a card from her thanking me for all that I had done . . . She admitted she wasn't thrilled, that wasn't her thing to be there, but what I had taught her was exactly what she needed for her first job that she took. And she thanked me for that. And that's the only person, [out of] nine student teachers, the
only person I ever got a written thank you note from . . . Sometimes you don't know how you're affecting [someone] . . .”

These experiences generated 184 responses from participants regarding the impact of these experiences on them and highlighted their positive emotions (39%), social support they received as a result of the experience (27%), student progress made (15%), the perceived emotions of others, (9%), the connections to academics and the classroom (7%), and the positive challenges of these job tasks (3%).

Section Summary

Overall, the high point experiences reported by participants included interactions with students, informal and formal communication with others and paperwork related to students’ needs. These interactions highlighted the value participants put in their relationships and social interactions with others, reiterating the social support they reported in interview questions 1 and 3.

Summary of Research Question 1 Findings

There were two key data components for research question 1, “When asked to think about their current clinical experiences, departments, and organizations, what positive values and conditions do school-based SLPs report as characterizing their work settings?” The first component addressed the discovery of the current views reported by participants within their organizations. The second component provided examples of experiences participants had that they valued and felt made them feel positively impacted as a school-based SLP.

Reviewing the data, several job resources were valued by school-based SLPs. The most frequently reported job resource was social support. The support SLP participants
reported from the organization were primarily companionship and tangible supports. Social support they valued within their SLP departments was primarily informational supports. Participants’ value of informational support in their departments seems to verify also what they felt they provided to their organizations, as informational support was the most reported social support they valued about themselves. When describing their work, emotional support was the most frequently cited job resource participants reported, indicating that when describing their work, the emotional connections to their students and others within the organization were important.

The finding that social support is a highly valued job resource was supported by the high point experiences reported by participants; 95% of the experiences shared by participants involved direct contact with at least one other individual. Participants felt most impacted and discovered their positive core revolved around their relationships with students, students’ families, and their co-workers. The most often reported work value from interview question 3 was emotional support, which was the social support most frequently cited by participants in interview question 2 when describing how they felt when discussing their high point experiences.

**Research Question 2**

Research Question 2: “When asked to think of the future of their SLP departments and organizations in general, what do school-based SLPs report they would like to see happen?”

Interview questions 13, 14 and 15 of the individual interviews (n = 30) and interview questions 10, 11 and 12 of the focus group interview (n = 3) were analyzed to identify the
imagined future of the SLP department and organization along with specific participant actions taken towards creating this imagined future.

*Interview Question 13 (Focus Group Question 10).* Looking toward the future, what is the [insert name] SLP department being called to become?

*Interview Question 14 (Focus Group Question 11).* If you could have any three wishes granted to heighten the health and vitality of the [insert name] SLP department, what would they be?

*Interview Question 15 (Focus Group Question 12).* Imagine your organization five years from now, when everything is just as you always imagined it would be.

a. What has happened?

b. What is different from what you currently do?

c. How have you contributed to this future?

The summary of the axial categories and frequency data of participant responses corresponding to those categories for interview question 2 is provided in Table 4.3.
Table 4.3

Summary of Results for Interview Questions 13, 14 and 15 (Focus Group Questions 10, 11 and 12)

<table>
<thead>
<tr>
<th>Interview Questions</th>
<th>What is the SLP Department being called to become [Interview Question 13 (focus group, 10)]</th>
<th>Three wishes to heighten the health and vitality of the SLP Department [Interview Question 14 (focus group, 11)]</th>
<th>Imagined future changes that have happened [Interview Question 15, part a (focus group, 12, part a)]</th>
<th>Differences in the imagined future from the current organization[Interview Question15, part b (focus group, 12,part b)]</th>
<th>Actions taken by SLPs to contribute to this future [Interview Question 15, part c (focus group, 12,part c)]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roles (29)</td>
<td>Social Supports (98)</td>
<td>Social Supports (108)</td>
<td>*Negative Comments (73)</td>
<td>Social Supports (77)</td>
<td></td>
</tr>
<tr>
<td>Services (24)</td>
<td></td>
<td>Improved Job Tasks (17)</td>
<td>Social Supports (61)</td>
<td>Job Task (12)</td>
<td></td>
</tr>
<tr>
<td>*Negative Comments (22)</td>
<td></td>
<td>Conditions (10)</td>
<td>Improved Job Tasks (19)</td>
<td>Perspective (5)</td>
<td></td>
</tr>
<tr>
<td>Awareness (11)</td>
<td></td>
<td>[Comments on answering the question] (5)</td>
<td>Conditions (5)</td>
<td>Perceived Aspects Outside of SLPs’ Control (4)</td>
<td></td>
</tr>
<tr>
<td>Undefined (11)</td>
<td></td>
<td>*Negative Comments (2)</td>
<td>Comment on question (1)</td>
<td></td>
<td>*Negative Comments (3)</td>
</tr>
<tr>
<td>Status Quo (4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number of Responses</td>
<td>101</td>
<td>98</td>
<td>142</td>
<td>159</td>
<td>101</td>
</tr>
</tbody>
</table>
In this study, 101 participant responses were generated when they were asked how they see their current SLP departments. Participants characterized their current departments in terms of the defined roles (29%), services (25%) and awareness of roles and services (21%) of SLPs within their organizations. Additionally, 21% of the comments indicated that the department’s future was undefined, 4% indicated maintaining the status quo, and 11% of the statements regarding the views of the SLP department were negative (e.g., “not viewed as an asset”; “a funding source for general education”).

Considering the future of the SLP department, in terms of the three wishes granted, the changes that have happened, and what steps participants were taking to contribute to their imagined futures, social support was again the most frequently reported theme, with 83% of the responses from those three questions (283/341). Tangible support was the most reported social support for their three wishes and imagined future, specifically, more funding, additional staff, increased time, reduced caseload, improved physical working conditions and paperwork reduction were supports participants reported would strengthen their SLP departments. Five comments related to the imagined future were made in reference to the question itself (e.g., “this is fun”; “[I’m] not good at imagining”), and 2 comments were negative (e.g., “[I] imagine those [answers to question 14] not granted”; “don’t see that [answer to question 14] happening”).

The participants provided 101 comments on how they have actively shaped their imagined futures; again, social supports (76%, 77/101) were the most reported theme. Examples included ways to address emotional support (e.g., 4/77; “keeping tension rate low [among staff]”); “building others’ confidence in me as a professional”; SLP as
informational support (41/77; e.g., “educating administrators”; “talking to colleagues”; “advocate for workload”); tangible (23/77; e.g., “more time in the classroom”; “pay my taxes”; “schedule more time with teachers”); companionship (9/77; e.g., “involved in helping choose peer models”; “plan more with teachers”) Additionally, improving therapeutic practices (12%, 12/101; e.g., “flexible scheduling”; “individual therapy sessions”) and developing positive, engaging perspectives of themselves as change agents (5%, 5/101; e.g., “shift between thinking [I] learned in school to thinking about what I need to do to help the child be academically successful”; “What can I do to make things better?”) were responses obtained in response to this question. Six percent of the comments (4/101) related to aspects participants noted were out of their control, such as the number of students they have, or negative comments related to trying to make positive changes and getting resistance from administration.

Despite the investigator framing the discussion in a positive framework, participants still had a difficult time envisioning the differences and the transformed future; 46% of the 159 comments (73 comments) from participants related to the challenges of current practice, rather than the proposed question related to a transformed future. Specifically participants noted that they valued available supports, but also that they noticed that currently supports are not sufficiently available. For example, focus group participant Cindy noted the need for “a lot of workload stuff at home”. Several participants stated that caseload and time were important aspects of current practice. Francis reported that “. . . caseload is higher” and Nancy, that, “There’s no time to do any of those things [in the imagined future] really.” Current lapses in companionship support were also mentioned by Francis, who noted “. . . not totally supportive parents. . .” Cathy summarized the
desire for resources by indicating the current state of providing clinical services is at whatever is needed to meet the minimum requirements, “I feel like we provide… everything’s about minimum [providing services to students].”

**Section Summary**

SLPs participants reported that they are being called to examine the roles, services, and awareness of those roles and services of SLPs. To address the future calling for their SLP departments, participants stated that more tangible social supports would create an imagined future that included increased social supports, improved job tasks and improved conditions. Participants reported they actively contributed to this future by providing informational, tangible, companionship and emotional supports, initiating actions to improve therapeutic services and maintaining a positive perspective as a change agent. When participants responded to questions about an envisioned future, negative responses were not uncommon, comprising 16% (100/613) of all responses.

**Summary of Research Question 2 Findings**

This question asked participants to think beyond their current situations and imagine their departments, free of constraints they may currently self-impose upon their situations.

When considering the future, addressing aspects of the job tasks, providing more informational support and improved companionship supports were the most reported job resources participants’ felt were the future of their SLP departments. Considering resources that participants would like to have available, 82% of responses from participants were related to tangible supports, particularly funding, time and additional staff. By including these job resources into current practice, participants envisioned a
future that had a balance of social supports, improved diagnostic and therapeutic job tasks and improved organizational conditions. Tangible supports and improved job tasks were two resources that participants most frequently reported would differ from current practice in their imagined future. The efforts participants reported they were making to start actualizing their envisioned futures included additional informational support to parents, teachers and other professionals, providing or advocating for more tangible support and addressing therapeutic tasks, like scheduling and service delivery.

Research Questions 3 and 4

Research question 3: “What practices do SLPs currently engage in that make them feel like effective clinicians?”

Research question 4: “What changes in work conditions and resources do school-based SLPs say they believe would increase their use of identified clinical practices?”

Interview question 4 from both the individual and focus group interviews was analyzed to identify what participants were currently doing in clinical practice that makes them feel effective. Interview question 5 from both the individual and focus group interviews was a follow-up question to interview question 4 and the responses to that question was used to answer research question 4 by discovering ways their organizations and the profession can contribute to the continued or increased use of these practices.

Interview Question 4. What are you doing now in your clinical practice that you would like to do more of in the future that makes you feel like an effective clinician?

Interview Question 5. You have identified [responses from question 4] that you would like to do more of in the future.
a. What needs to be in place at [insert organization] to [insert responses from question 4] for you to continue to provide effective clinical services?

b. What needs to be in place at the professional level to [insert responses from question 4] for you to continue to provide effective clinical services?

Table 4.4 provides a summary of the axial categories and open codes along with frequency data of participants’ responses for interview question 4.

Table 4.4

*Summary of Axial Codes and Open Codes for Responses to Interview Question 4*

<table>
<thead>
<tr>
<th>Therapeutic Services/Job Tasks (29)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom-based Services (17)</td>
<td></td>
</tr>
<tr>
<td>Therapy Techniques (4)</td>
<td></td>
</tr>
<tr>
<td>Scheduling/Service Delivery (3)</td>
<td></td>
</tr>
<tr>
<td>Individual Therapy (2)</td>
<td></td>
</tr>
<tr>
<td>Therapy Interactions (2)</td>
<td></td>
</tr>
<tr>
<td>Practice Perspectives (1)</td>
<td></td>
</tr>
<tr>
<td>Informational Support (16)</td>
<td></td>
</tr>
<tr>
<td>Teacher Education/Support (7)</td>
<td></td>
</tr>
<tr>
<td>Knowledge of Curriculum (5)</td>
<td></td>
</tr>
<tr>
<td>Student Involvement (2)</td>
<td></td>
</tr>
<tr>
<td>Knowledge/Efficiency Administrative Aspects (1)</td>
<td></td>
</tr>
<tr>
<td>Eligibility Standards (1)</td>
<td></td>
</tr>
<tr>
<td>Tangible Support (16)</td>
<td></td>
</tr>
<tr>
<td>Technology (10)</td>
<td></td>
</tr>
<tr>
<td>Therapy Materials (4)</td>
<td></td>
</tr>
<tr>
<td>Professional Development (2)</td>
<td></td>
</tr>
<tr>
<td>Companionship Support (12)</td>
<td></td>
</tr>
<tr>
<td>Interactions/Communication (12)</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL RESPONSES:** 73

Participants provided a total of 73 responses to interview question 4. These responses were categorized into one of four axial categories: job tasks (40%); informational support (22%); tangible support (22%) and companionship support (16%). The five most often
used open-coding categories across the 4 axial categories comprised 70% of the total responses; these were classroom-based services (17/73 responses); interactions/communications (12/73 responses); technology (10/73 responses); teacher education and support (7/73 responses) and knowledge of the academic curriculum (5/73 responses).

As a follow-up to this question, interview question 5 asked participants to provide information on what should be in place at the organizational and professional levels to increase the practices participants reported in interview question 4. Table 4.5 provides a summary of the axial categories and frequency data of participants’ coded responses for the top five responses from interview question 4 and the follow-up questions from interview question 5.

Table 4.5

*Summary of Results for Research Question 3 and 4 (Interview Questions 4 & 5)*

<table>
<thead>
<tr>
<th>THERAPUTIC SERVICES/JOB TASKS:</th>
<th>Organizational supports [Interview Question 5, part a]</th>
<th>Professional supports [Interview Question 5, part b]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Classroom-based services (17)</td>
<td>Tangible supports (5) Emotional Support (3) Companionship Support (2) Job Tasks (2) Informational Support (1) Informational Support provided by SLPs (1) Conditions (1)</td>
<td>Informational Support (11) *Feel professional level is providing enough support (4) Tangible (2) Emotional Support (1)</td>
</tr>
</tbody>
</table>

(Continued)
Table 4.5: Continued

INFORMATIONAL SUPPORTS:

1. Teacher Education/Supports (7)
   - Tangible Support (7)
   - Teacher perspectives (3)
   - Informational Support (1)
   *Feel profession is providing support (3)

2. Knowledge of Curriculum (5)
   - Tangible Support (4)
   - Informational Support (3)
   - Emotional Support (1)
   Informational Support (4)

TANGIBLE SUPPORTS

1. Technology (10)
   - Tangible Support (11)
   - Informational Support (4)
   - Organize existing materials (1)
   Informational (10)

COMPANIONSHIP SUPPORT

1. Interactions/Communications (12)
   - Tangible Support (11)
   - *Already in place (1)
   - Informational Support (3)
   - Companionship Support (2)
   Informational Support (7)
   *Nothing at professional level (2)
   Tangible Supports (1)

Total Responses: 67 48

Of the 67 responses related to the organizational level, tangible (38/67) and informational (13/67) supports were consistently reported by participants as supports at the organizational level that could facilitate increasing the use of desired clinical
practices. Tangible supports included: time (e.g., “recognition of time besides time face-to-face with [the] child”; “collaboration time with the teacher”), lower caseloads, appropriate equipment/tools (e.g., “access to more devices”; “equipment to run the iPad”), more staff, and funding for materials. Getting and providing information to teachers and other staff were important informational supports participants believed would benefit them at the organizational level (e.g., “awareness [by staff] of special education and SLP services”). Karen’s comment summarized how she needed to provide information to a variety of staff, “Getting everybody to buy in, teachers to be willing for me to be in the classroom with their students; guidance counselors in terms of scheduling students, so that's possible; administration support for recognizing that’s more beneficial [classroom-based services] for the kids and that it may be harder to “track,” [participant quoted], but just having the confidence that a difference is being made.” At the professional level, 67% (32/48) of responses related to informational support were reported and included information from clinical research (e.g., “research on the effectiveness of group size”) and additional information provided in professional development opportunities (e.g., “continuing professional development at OSLHA and OSSPEAC on how to incorporate what you’re doing into the classroom”; “professional development—linking what I know with therapy into the bigger picture”). Several positive comments indicated that participants believe that their professional organizations are providing the tools they need. One participant, Iris, even reported that the professional support is in place, but the organizational support of time to access the professional support is still needed, “The professional development is there—just taking time to look through it.”
Section Summary

To answer research question 3, five of the most frequently reported effective clinical practices were: classroom-based services, interactions/communication with others, technology, teacher education/support and knowledge of the curriculum. To answer research question 4, participants indicated these identified practices would be enhanced at the organizational level by the availability of tangible, informational, emotional and companionship supports and job tasks and at the professional level by the provision of informational and tangible supports.

Research Questions 5 and 6

Research question 5: “Is there a positive relationship between SLPs’ level of work engagement and the number of social support systems they report?”

Research question 6: “Is there a positive relationship between SLPs’ level of work engagement and the quality of work-related social support systems they report?”

This section included data from interview questions 6, 7 and 8 from the individual interviews (n = 30); these questions were not asked during the focus group. Descriptive and inferential statistical data were reported.

To answer research question 5, data from part a from interview questions 6, 7 and 8 of the individual interviews were used.

Interview Question 6. One specific type of support is collegial support, or the support you receive from others in your work environment. I would like for you to tell me about your current social supports here at [insert organization]. For each social support (person and/or group), please tell me the following:

a. Who is involved in this social support?
Interview Question 7. Now, I would like for you to consider professional collegial supports within your current work setting. These are people, such as other SLPs at [insert organization], with whom you can discuss SLP-specific information. For each professional collegial support, please tell me the following:

a. Who is involved in this social support?

Interview Question 8. Now, I would like for you to consider professional collegial supports you currently use that are NOT within your current work setting. These are people, such as other SLPs at other organizations, with whom you can discuss SLP-specific information. For each professional collegial support, please tell me the following:

a. Who is involved in this social support?

To answer research question 6, data from part d from interview questions 6, 7 and 8 of the individual interviews were used.

Interview Question 6. One specific type of support is collegial support, or the support you receive from others in your work environment. I would like for you to tell me about your current social supports here at [insert organization]. For each social support (person and/or group), please tell me the following:

d. On a scale of 1 to 5 (1 being you strongly disagree, 2 being you disagree, 3 being you are not sure, 4 being you agree, and 5 being you strongly agree), you spend the majority of your time interacting with [insert person/group] engaged in discussion that makes you feel supported, positive and good about what you are doing.
Interview Question 7. Now, I would like for you to consider professional collegial supports within your current work setting. These are people, such as other SLPs at [insert organization], with whom you can discuss SLP-specific information. For each professional collegial support, please tell me the following:

d. On a scale of 1 to 5 (1 being you strongly disagree, 2 being you disagree, 3 being you are not sure, 4 being you agree, and 5 being you strongly agree), you spend the majority of your time interacting with [insert person/group] engaged in discussion that makes you feel supported, positive and good about what you are doing.

Interview Question 8. Now, I would like for you to consider professional collegial supports you currently use that are NOT within your current work setting. These are people, such as other SLPs at other organizations, with whom you can discuss SLP-specific information. For each professional collegial support, please tell me the following:

d. On a scale of 1 to 5 (1 being you strongly disagree, 2 being you disagree, 3 being you are not sure, 4 being you agree, and 5 being you strongly agree), you spend the majority of your time interacting with [insert person/group] engaged in discussion that makes you feel supported, positive and good about what you are doing.

Table 4.6 provides a summary of the work engagement scores reported for the participants. The mean for the overall UWES score was 4.46 (SD = .806, range = 2.59-
5.88, maximum score possible = 6.00). Information on the quality and quantity of social supports is also recorded here.

Table 4.6

Descriptive Statistics of Work Engagement, Quality of Social Supports and Quantity of Social Supports

<table>
<thead>
<tr>
<th>Measure</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>UWES</td>
<td>30</td>
<td>4.46</td>
<td>.806</td>
<td>2.59</td>
<td>5.88</td>
</tr>
<tr>
<td>Quantity of Supports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-Site</td>
<td>28</td>
<td>15.82</td>
<td>12.70</td>
<td>3</td>
<td>69</td>
</tr>
<tr>
<td>SLP Department</td>
<td>30</td>
<td>5.20</td>
<td>4.80</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Outside</td>
<td>28</td>
<td>7.64</td>
<td>8.80</td>
<td>0</td>
<td>35</td>
</tr>
<tr>
<td>Professional</td>
<td>30</td>
<td>26.60</td>
<td>15.95</td>
<td>7</td>
<td>77</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of Supports</td>
<td>28</td>
<td>4.24</td>
<td>.607</td>
<td>2.30</td>
<td>5.00</td>
</tr>
<tr>
<td>On-Site</td>
<td>28</td>
<td>4.56</td>
<td>.527</td>
<td>2.80</td>
<td>5.00</td>
</tr>
<tr>
<td>SLP Department</td>
<td>27</td>
<td>4.51</td>
<td>.692</td>
<td>2.50</td>
<td>5.00</td>
</tr>
<tr>
<td>Outside</td>
<td>30</td>
<td>4.41</td>
<td>.379</td>
<td>3.15</td>
<td>4.94</td>
</tr>
<tr>
<td>Professional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

To examine research questions 5 and 6, linear regression analyses were conducted; one examining the extent to which work engagements scores could be predicted by the total quantity of social support systems and the other, the extent to which work engagement could be predicted by the total quality of social support systems.

Assumptions for the linear regression analyses were examined. The assumptions of normality and equal variance were assessed through inspection of a normal probability plot and residuals versus fits plot, respectively, with the help of a master’s-level trained statistician. The independence assumption was met because each participant’s data was
collected independently of one another given the use of the interview data. All assumptions were satisfied for this study.

There was no evidence of a linear relationship between quantity of total work support systems and overall work engagement. Specifically quantity of total work support systems did not significantly predict the overall UWES scores at the .05 level of significance, $b = .001$, $t(28) = .160$, $p = .437$ (one-tailed). One-tailed tests were conducted because of the specified directionality in the hypotheses.

Quality of total work support systems, however, did significantly predict overall UWES scores at the .05 level of significance, $b = .714$, $t(28) = 1.853$, $p = .037$ (one-tailed). Quality of total work support systems explained a small proportion of variance in work engagement scores, $r^2 = .109$, $F(1, 28) = 3.423$, $p = .037$ (one-tailed). The correlation was $r(28) = .330$, $p < .05$, one-tailed, indicating a weak linear association between total positive support values reported and the overall score on the UWES scale. The unstandardized regression coefficient slope of this linear regression was .714. For every one point increase in average total quality of social supports, there is an expected .714 increase in the average overall work engagement score.

**Overall Summary of Findings**

The overall results from this study revealed three key findings. The first finding concerned the current job resources and experiences that SLP participants reported that they value in their work settings as part of research questions 1 and 2. The broad job resource, social support, was reported throughout the appreciative interview in terms of what participants currently value and what they would like to build from to move forward within their organizations.
The second key finding from the data from research questions 3 and 4 highlighted participants’ view of clinical practices they would like to continue to provide in the school setting that they believe contributed to their clinical effectiveness. These questions also defined the broader job resources identified in research questions 1 and 2 that would help them achieve the desired clinical practices. Specifically, participants reported therapeutic job tasks that allowed for classroom-based service delivery, informational supports for SLPs in the form of curriculum as well as informational support for teachers, tangible support in the form of technology and companionship support in terms of increased collaborative communications as clinical practices that made them feel effective. Overall, tangible supports of funding and time at the organizational level would allow participants to engage in these desired clinical practices. From a professional level, providing increased informational support could benefit participants by creating and disseminating specific information to SLPs related to improved clinical practice and also providing information participants could use to advocate for access to needed tangible supports that then lead to increased use of desired clinical practices.

The third key finding provided quantitative support to the first two findings, specifically that the perceived quality of the social support systems participants have in place within their organizations does have a small, but significant impact on aspects of their occupational health, specifically work engagement. The more positive the overall interactions with social support systems were rated, the higher the overall work engagement score reported. This finding supports the first two findings by highlighting the importance of social support within the organizational setting.
Chapter 5: Discussion

To provide a richer understanding of the (a) clinical values and experiences, (b) clinical effectiveness, and (c) social support systems of school-based SLPs, this study used semi-structured interviews and online surveys that had been developed within a positive psychology framework and Appreciative Inquiry research perspective. This conceptual framework was selected in order to foster a dialog between the participants and the investigator that enabled participants to speak from a strengths-based perspective regarding school-based speech and language services, rather than from a traditional problem-focused, deficit-based model.

Key Finding 1: The job resource social support was mentioned most frequently by participants as an aspect of their clinical practice that they value.

Key Finding 2: Participants’ perceived effectiveness was related to several clinical practices, most notably, classroom-based service delivery, increased communication with teachers, families, and other professionals, technology, teacher education and support, and information regarding the classroom curriculum. Participants reported that these practices would increase with increased job resources, primarily tangible and informational supports.
Key Finding 3: The hypothesis that the perceived quality of organizational and professional social support systems had a significant positive effect on participants’ self-reported level of work engagement was supported. The hypothesis that the perceived quantity of organizational and professional social support systems had a significant positive effect on participants’ self-reported level of work engagement was not supported by the results of the study.

**Discussion of Findings**

This section was organized by the three key findings discovered from the data analysis. Each key finding was presented along with a discussion in relation to the current literature related to that finding.

**Key Finding 1**

The job resource social support was mentioned most frequently by participants as an aspect of their clinical practice that they value.

Social support as a key resource was very powerful for some of the SLP participants and marked defining moments for them. One participant, Janice, stated that the companionship support from the SLP department at her organization was a reason for her selecting that position, “Really nice collaboration . . . [it’s] why I chose this position”. Participants valued the emotional power of their high point clinical experiences and confirmation of their skills as Janice shared how her high point experience provided this needed confirmation:

“You know it was validation that what I'm doing has purpose and it's needed, it's worthy I guess is kind of where I was going because if you work on the same
thing for so long, and you don't hear about any good of it happening you start to think, ‘Well, am I doing the right thing? Is this what I need to be targeting? How else can I be doing this?’ And so when it actually happens, and somebody tells you it does [laugh] then you think, ‘Okay, that is what our end goal was and [we] did it.’ [slight laugh].”

Yvette emphasized her high point experience, “…was the highlight of my 34 years.”

The high point experience was so powerful for Rachel, who shared, “…I was debating if I was in the right field and then I saw that [the student’s progress] and it was like, ‘Okay, I’ve made a difference.’”

Participants also reported that their experiences provided validation for why they are school-based SLPs. Danielle reported, “…[S]uch a good feeling of, ‘Okay, this is why you do the job,’”. Uma stated, “And when IEPs get to be too burdensome, some kid walks in and does something surprising and it’s just great. It reminds me why I’m doing what I’m doing.” Deanna noted her experience was a motivation for her, “when I have a bad day, you have that kid who’s so apraxic that can’t get anything, and then I think, ‘Why do I do this job?’ and he’s [student described in high point clinical experience] always one of the two that come to mind, and I think, ‘Oh, this is why.’”

The specific job resources that participants reported receiving from their organizations varied, but the results from this study highlighted that when framed in an Appreciative Inquiry perspective, participants verbalized the job resources they felt existed in their organizations. The importance of discovering and defining these job resources within the organization relates ultimately to organizational outcomes. From a theoretical
perspective, these job resources may not only increase motivation, which positively affects organizational outcomes such as job performance, but may also mediate the impact of job demands and the resulting strain that can result and ultimately lead to decreased organizational outcomes (Bakker & Demerouti, 2008).

In the research literature, job aspects identified in relation to job satisfaction, retention and longevity included caseload, time and assistance to complete work, relationships with administrators and co-workers, parental involvement, professional advancement, salary, and organizational aspects (i.e., school hours, schedule, school population and school assignment; Blood et al., 2002; Edgar & Rosa-Luga, 2007; Hutchins et al., 2010; Pezzei & Oratio, 1991). Adequate time, manageable caseloads/workloads and increased, positive interactions are values that participants reported more frequently in the current study; these values were also reported in the literature and found to have an interaction with SLPs’ job satisfaction, retention and longevity in their organizations (Blood et al., 2002; Edgar & Rosa-Luga, 2007; Hutchins et al., 2010; Pezzi & Oratio, 1991).

Other values reported by participants included salary, organizational aspects and professional development. Salary was a variable mentioned in the literature that had a correlation with longevity (Edgar & Rosa, 2007), retention (Hutchins et al., 2010) and the interaction of longevity and retention (Edgar & Rosa-Luga, 2007). Participants also mentioned additional organizational level job features they would like to see in the future, such as block scheduling and placement of kids in particular classrooms to facilitate classroom-based services. These specific job features were not mentioned in the literature although other organizational aspects of the job were reported (e.g., school
hours and school schedule; Edgar & Rosa-Luga, 2007). Professional advancement, in the form of being considered highly qualified professionals and consideration of placement on an administrative contract were noted by one participant each in the current study. Being considered a highly qualified professional or placed on an administrative contract were not specifically examined in the literature; however, opportunity for professional advancement was significantly correlated with retention and workload satisfaction (Hutchins et al., 2010). Overall, this study included values reported in the literature as well as additional values that have not been previously examined.

**Key Finding 2**

Participants’ perceived effectiveness was related to several clinical practices most notably, classroom-based service delivery; communication with teachers, families, and other professionals; technology; teacher education and support; and information regarding the classroom curriculum. Participants indicated these practices would increase with increased job resources, specifically tangible and informational supports.

**Classroom-based service delivery** was the most frequently reported clinical practice that participants noted makes them feel like effective clinicians. The desire for engaging in a classroom-based service delivery option appears to be a reflection of the changing role and expanding scope of practice of the school SLP that is gaining more consideration in the field (ASHA, 2001; Blosser & Kratcoski, 1997; Prelock, 2000).

Despite the desire of participants in this study to increase classroom-based services, pullout or individual/small group services continue to be the primary service delivery
option used in school-based services (ASHA, 2012a; Mullen & Schooling, 2010).

According to ASHA (2002), this disparity in what SLPs say they would like to do with what they are actually doing may be due to SLPs deciding which service delivery options to use based on the size of their caseloads. Several studies focusing on caseload have noted the effects caseload has on the types of service delivery options provided and the quality of those services (Dowden et al., 2006; ASHA, 2002; Huang et al., 1997; Hutchins et al., 2010; Katz et al., 2010; McLaughlin et al., 2008). Results of the 2012 ASHA Schools Survey caseload characteristics (2012a) indicated that on average, school SLPs engage in pullout therapy 19 hours a week versus classroom-based language activities 3 hours a week.

Other factors may be impacting the current choice of service delivery and lack of classroom-based services. In their survey of over 2,000 school-based SLPs, Katz et al. (2010) found that SLPs with large caseloads (defined as greater than 47 students) who reported higher levels of collaboration, also reported greater unmanageability of their caseloads. These researchers noted that the relationship between the SLP and teacher affect service delivery choices. Other factors that can positively or negatively increase the use of collaborative, or classroom-based, services include the availability of administrative support, awareness of each professional’s roles, and time for collaboration (Katz et al., 2010). Prelock (2000) noted that role changes related to increased collaboration come with challenges, such as role confusion and concerns about accountability measures for speech and language services. These challenges may
ultimately influence an SLP’s service delivery decision even though the desire is to engage in more classroom-based, collaborative service delivery.

Practices related to classroom-based services, teacher knowledge/support and increased communication with teachers were also frequently reported by participants in this study as making them feel more effective. Literature on SLPs’ perspectives on classroom-based services revealed that the critical factor for implementing a classroom-based intervention was the necessary involvement of the classroom teacher (see Beck & Dennis, 1997 for relevant articles). Beck and Dennis (1997) conducted a study to examine both SLPs’ and classroom teachers’ views regarding classroom-based intervention in three school districts in Wisconsin and Illinois. From open response answers pertaining to the advantages and disadvantages of this type of service delivery, the most frequently cited disadvantage of both SLP participants and teacher participants was planning time, followed by the SLP not being able to target children’s identified speech and language goals (Beck & Dennis, 1997). Finally, one-third of SLP participants in their study noted lack of teacher support as a disadvantage for implementing a classroom-based service delivery option (Beck & Dennis, 1997). In the present study, seven participants expressed a desire for more teacher education/support. One participant, Opal, indicated that teacher attitudes affect her ability to do classroom-based services, “There’s a reluctance I think on the part of teachers to do the group. . . I don’t know they just don’t seem receptive to it usually”.

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With the increased support and education desired by this study’s participants, teachers would be able to become effective collaboration partners who are needed for implementing successful classroom-based services.

Improved student outcomes as a noted advantage of classroom-based service delivery were appreciated by participants in the Beck and Dennis (1997) study and also supported more generally in the current study. Classroom-based services were cited by participants in this study as making them more effective in their clinical practice. Although not addressed in the present study, Beck and Dennis (1997) reported that their participants reported being more effective when providing classroom-based services because of their ability to target functional goals, students not missing classroom activities, and improved social interactions of students with their peers. SLP participants in the Beck and Dennis (1997) study also reported that classroom-based SLP services enhanced carryover of speech and language skills and increased communication with professionals. According to the Beck and Dennis study, the benefit of effectiveness was not just for SLP participants; teacher participants felt they were better able to understand their students’ speech and language goals and target those in the classroom.

Five participants in the current study also reported that knowledge of the classroom curriculum would facilitate providing effective clinical services. This would be accomplished by helping them create relevant speech and language goals that integrated more seamlessly with the students’ classroom curriculum. Due to the transition to the Common Core Standards educational initiative in Ohio, there is an emphasis on the importance of speech and language-related skills in the classroom (Dunkle & Flynn,
As a result, SLPs who are more knowledgeable about their organization’s classroom curriculum can not only provide more educationally-relevant speech and language services, but also become more influential in educating classroom teachers on connection of speech and language to the classroom curriculum. Effectively understanding and sharing information with teachers can increase their understanding and acceptance of SLPs in the classroom (Dunkle & Flynn, 2012).

In this study, communication with teachers, families, and other professionals was the second most frequently cited code related to effective clinical practice. The desire to increase communication with teachers and increase interaction with parents was similar to results found in a study on SLP retention (Hutchins et al., 2010). In their study, Hutchins et al. (2010) found significant correlations between retention of SLPs and endorsements of the statements: “like collaborating with other professionals” and “like parental involvement” (p. 147).

Technology as an aspect of clinical practice that made them feel like they were providing effective clinical services. Specifically, participants noted that access to and knowledge of augmentative and alternative communication (AAC) devices and also access and available software for iPads were particularly useful. The profession has moved towards the use of new and sophisticated AAC devices as well as using everyday technology, such as the iPad, in therapy (Bratti, 2010; Fernandes, 2011).

Participants reported that tangible supports at the organizational level and informational supports at the professional level would facilitate the increased use of these desired clinical practices. Several tangible supports for organizations to provide
included: (a) time for participants to conduct the desired practices, learn new information, and interact with teachers, other SLPs and parents; (b) funding for equipment, materials, professional development, and additional staff; (c) lower caseloads; (d) adequate facilities; and (e) organizational conditions, such as blocked scheduling for students, which would make service delivery more efficient. Two of the reported resources, time and caseload, were the second and third most frequently reported challenges reported by school-based SLPs in a national survey (ASHA, 2012b).

Although the results of the current study were consistent with the results from other studies, this study’s emphasis on inquiry regarding what makes school-based SLPs believe they are effective discovered the “why” behind the desire for these job resources. Participants did not ask for more time or lower caseloads just to make their professional lives easier. The participants connected their desire for increased resources to specific clinical practices they engaged in within their organizations that they believed made them more effective clinicians. For participants who provided classroom-based services, certain supports were described as necessary for those services to happen, such as time for collaboration, a better working relationship with teachers and more information about and understanding of the classroom curriculum. These responses come from engagement in clinical practice and having a specific understanding of what resources are required for that practice to be effective, not hypothetical or idealized lists of desired resources.

The current literature on SLP clinical practice supports the influence of caseload on SLPs’ perceptions of the overall quality of student services (ASHA, 2012a; McLaughlin, Lincoln, & Adamson, 2008), service delivery options (ASHA, 2002a; Brandel & Loeb,
2011; Dowden, Alacron, Vollan, Cumley, Kuehn, & Amtmann, 2006; Hutchins et al., 2010; Katz et al., 2010), and aspects of practice, such as assessment (Huang, Hopkins, & Nippold, 1997). The present study supported the importance of caseload as a clinical aspect that has direct and indirect effects on the accessibility to many other job resources. Looking closely at the supports valued by participants, it is clear that there is a synergy that results from positive outcomes. For example, with an additional SLP staff member, caseloads would be lower for all SLPs. This would, in turn, provide all of the SLPs the tangible resource of time. With more time, SLPs could gain access to other job resources, specifically other social support like materials for therapy (tangible), information about desired clinical practice (informational) and meetings with teachers and interactions with parents (companionship and/or emotional). This demonstrates that social supports are not just valued in and of themselves, but they are also valued for their effects on access to other social supports.

This study also sought to understand what professional level supports could prove instrumental in helping school-based SLPs provide effective clinical practices. In the current study, professional level organizations that provide professional support were assumed to include ASHA, the state professional organizations (e.g., Ohio-Speech-Language Hearing Association (OSLHA) and the Ohio School Speech Pathologists and Educational Audiologists Coalition (OSSPEAC)), and state legislative bodies, such as the Ohio Board of Speech-Language Pathology and Audiology (OBSLPA). Several participants expressed that these professional organizations were already providing considerable informational support, in the forms of professional literature and continuing
education on several areas of practice and policy statements. Where participants would like to obtain additional support is in the form of advanced professional development opportunities and more policy statements and guidelines, such as the policy statements and guidelines issued by ASHA on aspects of clinical practice and SLP roles and responsibilities. They would like professional development opportunities to go beyond the basics of just describing clinical practices to include opportunities to explore classroom-based services. As Danielle noted: “. . . not just ‘how to,’ but also, ‘what to do when you are in there.’ I think that would be helpful to go to a conference and come back with materials . . .” Also, specific professional development opportunities focused on curriculum, such as how to use the classroom curriculum in clinical practice were desired, along with more advanced professional development opportunities overall.

In terms of policies, participants wanted professional organizations, such as ASHA, to publish reviews on the multitude of technology software and apps and provide endorsements for those with the greatest evidence of success with specific clinical populations. A policy statement on the funding of AAC devices would help SLPs advocate appropriately for their role in the acquisition of devices for their students. Also, specific policy statements on collaboration with teachers and other professionals were desired. These policy statements would provide participants with informational support they could share with their organizations, with the goal of advocating for other resources, such as time for collaboration and possibly additional funding, needed to engage in desired clinical practices.
Additionally, research conducted on desired areas of practice was also reported as a professional informational support. Empirical support on the effectiveness of classroom-based services, incorporating curriculum in therapy and the use of technology provides information critical for participants to have (a) a better understanding of the practices they are using and (b) solid data they can use to help advocate for increasing the use of these desired clinical practices. Teresa stated the importance of research for improving clinical practice: “I think we could probably use more research in that area [classroom-based services] probably because what does constitute effective classroom-based services?”

Although research has been conducted on school-based service delivery, this research does not yet support solid conclusions. Cirrin et al. (2010) noted that of the 462 studies on service delivery and school-age language services included in their systematic review, only five studies met their quality inclusion criteria; consequently, they could not make definitive conclusions on what service delivery model(s) were most effective for any areas of language. The SLPs who participated in this study indicated that they believe they can more effectively advocate in their organizations for the resources they need to engage in desired practices if they have the following: (a) more empirical support that clearly demonstrates the student benefits attributed to these desired clinical practices of classroom-based services, (b) increased use of curriculum content in therapy, (c) increased access and use of technology, (d) providing additional support and education to classroom teachers, and (e) increased interactions with other professionals and parents.
Key Finding 3

Study findings supported the hypothesis that the perceived quality of organizational and professional social support systems had a significant positive effect on participants’ self-reported level of work engagement. In contrast, no support was obtained for the hypothesis that the perceived quantity of organizational and professional social support systems had a significant positive effect on participants’ self-reported level of work engagement.

The sample included in this study was compared to other samples that have used the UWES to better understand how this sample’s responses compared. The overall mean score for this sample of 4.46 was higher than those obtained from studies investigating work engagement among a variety of professionals including police officers, health care workers, social workers and educators (see Schaufeli et al., 2006; Field & Buitendach, 2011). Since education is the most comparable occupation to participants in the current study, the data from educators in the Schaufeli et al. (2006) study were examined. Although an overall mean was not reported in the study, the subscale scores for education participants were reported. The overall UWES mean was calculated based on data for education professionals provided in Schaufeli et al. (2006) and found to yield a mean score of 4.17—somewhat lower than that reported in the current study. A similar study of work engagement in higher educational personnel in South Africa by Field and Buitendach (2011) provided a second source of comparison. Based on an overall reported score of 70.47 across all 17 items, a mean score of 4.15 was calculated. That average score was similar for Schaufeli et al. (2006) and lower than the results from the
current study. Thus, it appears that the SLPs in the current study overall showed levels of work engagement consistent or even better than those seen in participants in similar professions (i.e., educators).

In this study, social support systems referred specifically to individuals and/or groups of SLPs/colleagues with whom the participants interacted, either at their work site(s), within their SLP departments, or outside of their organizations. These social support systems facilitated access to a variety of job resources, including tangible, informational, companionship and emotional support for the individuals. The specific benefits these social support systems provided for the participants were not addressed in this study.

The key finding is consistent with the current literature that indicates that the quality of interactions with co-workers, SLP colleagues and other professionals participants interact with outside of their organizations matters more for improving participants’ work engagement than the number of individuals with whom participants interact. This finding supports the findings by both Beehr et al. (2010) and Ng and Sorensen (2008) that revealed that not all support is beneficial for an employee. These studies found that the kind of support provided and the motivation behind an individual providing a specific support all matter. It is also important to note that for this sample of school-based SLPs, which may be considered a high intensity profession with a lot of social contact as reviewed in Chiaburu and Harrison (2008) and Ng and Sorensen (2008), that there was a small, but significant interaction of the quality of the social support systems reported and the occupational health concept of work engagement.
The current study took this general finding of the quality of social supports one step further by making a connection between the perceived quality of the participants’ interactions with others and the participants’ work engagement. This finding fits within the Job Demands-Resources model of work engagement (Bakker & Demerouti, 2008). Social support appears to have a relationship to participants’ reported level of work engagement. In this study, the relationship that was found was significant, but not very strong ($r(28) = .330, p < .05$, one-tailed), indicating that other factors influence work engagement. This seems plausible within the Job Demands-Resources model of work engagement, which includes other job resources and personal resources as potential areas that can positively influence work engagement along with the interaction with job demands. These additional job and personal resources and job demands were not addressed in the current study.

**Implications for Further Research and Practice Based on Participants’ Observations**

The usual implications for research and practice that arise from the limitations found by the study authors in the methods and outcomes of the study were included in this study. Additionally, the questions and methods used in this study were also explicitly designed to encourage participants to suggest implications for future research and practice, both directly and indirectly. Directly, participants mentioned the need for research to support desired clinical practices, such as the effectiveness of classroom-based speech and language services. They were keenly aware that stakeholders, like building principals, special education directors, and other administrative staff, rely on
data to make organizational decisions. Participants realized that with empirical support for desired clinical practices, such as the effectiveness of classroom-based services, they may more effectively advocate for specific job resources, such as time for planning or material supports, they believe they need to continue providing desired clinical services.

Several participants noted that considerable informational supports provided by professional organizations currently exist and include a wide-variety of professional development opportunities and policy statements and guidelines on issues, such as caseload/workload. These supports were acknowledged and appreciated by participants, but participants noted the need for additional supports of this kind; specifically, the need for more advanced and practical professional development workshops and seminars, and specific guidelines on SLP roles and policies related to issues such as AAC funding and classroom-based services.

The need for more tangible supports, such as additional SLP staff and funding, were frequently reported by participants. Although additional SLP staff appeared to have a cumulative effect in acquiring other job resources, such as time, additional informational and companionship support, and reducing caseload and consequently workload demands, additional staff was not the only avenue stakeholders could pursue to acquire some of these job resources. Participants also provided information on their clinical values that school administrators can feasibly consider implementing within their organizations. Participants that had strong SLP department support and who were supported by their administration reported that as something the value in their organizations. Taking the time to better understand what SLPs value and makes them feel effective and positive
about their jobs may not only have a direct impact on that employee, but also benefit the entire organization (see Rodríguez-Carvajal et al., 2010 for a review).

One way for administrators to help SLP staffs build informational and companionship supports within their SLP departments is by giving the SLPs in their organizations permission to meet with each other during the work week. For example, although the focus group participants noted that they have supportive administration, they indicated that they hesitated to take time away from the workday for meeting with fellow SLPs to discuss clinical issues, even though interacting with fellow SLPs was valued. They reported that there was a level of guilt associated with leaving their school districts to meet with each other, even if for an afternoon once a month. The participants reported if administration would approve and create the expectation that they meet as a department once a month, they would fully embrace that expectation and appreciate having time, designated by their administration, to meet and share information. For SLPs who may be the only such professional in their school districts, allowing time to meet with other SLPs, such as those in the same county, could provide that SLP with that additional informational and companionship support that may contribute to both work engagement and work outcomes (Bakker & Demerouti, 2008).

For diagnostic and therapeutic clinical practices, participants reported the need for tangible supports, such as funding and materials. A first step is for the organization to consider the quality and strategic use of how they are currently using their funding and resources. Is there a budget for speech and language materials? If not, why not? Is there a way to buy resources and materials that could be used by a variety of professionals?
Teresa noted how she and her fellow SLP used their speech and language budget to invest in a software program to install in every classroom:

“Last year, two of the three SLPs did buy Boardmaker for the school instead of using anything for our individualized budgets, we thought that was important. But before we invested, we had administration back up that we were going to have the technology support needed to do that. So that was kind of putting our money where our mouth is . . . I think that because it was recognized that it must be important if we’re doing that when the administrators relocated a color printer to put with it too.”

Although the money at issue was budgeted for speech and language, Teresa and her fellow colleague believed in the importance of having those supports in the classroom. Consequently, their advocated use of funds served a dual purpose of providing speech and language materials and also providing material support for the classroom teachers. When administration heard of this proposed use of speech and language funds, they were supportive in ensuring the technology was in place in the classroom. The investment by administration was in multi-purpose materials, the computers and printers, which not only supported the Boardmaker program, but also supported other educational purposes as well. Teresa noted that the administration saw that they were willing to “put their money where their mouths were” and that gave administration the confidence that the materials being invested were going to be used.

This example illustrated the benefits of an open dialogue between SLPs and their administration. This communication allowed SLPs and administrators to build a
relationship and understand the overall goals of the organization and specific goals for speech and language services. An Appreciative Inquiry conducted at the organizational level within the school district would be a potential way to open up this dialogue and start defining collective expectations, especially in organizations where participants might feel unsure or challenged by their administration (Cooperrider et al., 2008).

**Current Limitations and Future Directions for Additional Research**

Six noted limitations must be considered in the final interpretation of this study. First, participants for this study were selected from a limited geographic location (Central Ohio) and even within this region the ability to fully recruit all possible participants was limited due to the relative inaccessibility of the participant pool. Additionally, the sample did not include males or individuals who self-identify from races other than White and Multiracial. Future studies with these groups would help provide a fuller picture of the SLP school-based experience. Second, the SLPs who participated may comprise a subgroup within school-based SLPs, since participation in this study was completely voluntary. Despite this, SLPs from several school districts with different demographics were included in this sample. In future research, an online or distance-based technology approach to the recruitment of participants might eliminate or reduce these limitations.

Third, the methodology selected for this study was an exploratory, mixed-methods study. The lack of a more stringent methodology limits the generalizability of the results. Nonetheless, qualitative data collected for research questions 1, 2, 3 and 4 were invaluable to an understanding of SLP values and experiences and also provided an avenue through which to discover potential areas for additional quantitative research.
studies. Fourth, since only one job resource, social support, was examined in the analyses with work engagement, it was unclear what the actual impact of other job resources and job demands was on participants’ work engagement. However, this study began to establish initial quantitative support for job resources on the OHP constructs work engagement.

A fifth limitation of the current data lies in the subjectivity of the data. Only participant interviews and self-reports of work engagement were included. Future studies should investigate not only self-reports of work engagement or social supports, but others’ views of the participant’s work engagement, or others in the same organization rating the quality of the social support systems available to them. This kind of triangulation is consistent with a qualitative approach and would be useful in the application of this research to the organizational development of the schools and systems within which the participants work.

A sixth limitation of this study was the potential bias of the investigator in collecting and analyzing the data. In qualitative research, the investigator is also recognized as an active participant in the data collection process. This study guided participants’ responses by asking for information from an Appreciative Inquiry theoretical model and perspective. With this approach, the nature of the interview questions deliberately guides and shapes participants’ responses. However, as an organizational change model, this perspective-taking was purposeful and a necessary key to catalyzing future thought and action. Nonetheless, an additional step that might enhance the dependability of the current study would involve collecting participant respondents’ reactions to the identified
themes to indicate their agreement or disagreement with the way in which their own input was reflected.

**Significance of the Study**

This study has furthered the current understanding of what SLPs value and consider as positive aspects of their work. It also provided information on the types and kinds of social job support systems are available to SLPs and how those resources may relate to an existing measure of work engagement. Additionally, these topics were explored in the context of an AI process. This process provided a framework in which SLPs’ experiences were gathered and shared. This work could also be used to create interventions within clinical training programs to identify graduate clinicians’ views and experiences in the clinical training program. Their engagement in an Appreciative Inquiry mentorship program could be researched to discover if/how this process positively shapes measured clinical skills outcomes. This study has implications for clinical research by providing further insight into the practicing clinicians’ perspectives of quality clinical practice and also serves to highlight broader, organizational aspects of clinical practice, which impact SLPs’ overall clinical effectiveness within a school-based setting.

**Summary and Conclusion**

Three key findings emerged from this study: (1) The job resource social support was mentioned most frequently by participants as aspects of their clinical practice that they value; (2) Participants’ perceived effectiveness were related to several clinical practices, most notably, classroom-based service delivery, increased communication with teachers,
families, and other professionals, technology, teacher education and support, and information regarding the classroom curriculum. Participants indicated they believed these practices would increase with increased job resources, specifically tangible and informational supports; and (3) The hypothesis that the perceived quality of organizational and professional social support systems had a significant positive effect on participants’ self-reported level of work engagement was supported. The hypothesis that the perceived quantity of organizational and professional social support systems had a significant positive effect on participants’ self-reported level of work engagement was not supported by the results of the study.

**Personal Reflection**

I chose to conduct this study because I believe in the value of the profession of speech-language pathology and the services professionals provide to clients in the school setting. With 44% of all SLPs in the United States working in the school setting, a study with a focus on SLP professionals in this work setting was appropriate (U.S. Bureau of Labor Statistics, 2010). This study focused on examining the beliefs and values SLP professionals self-reported at various levels of their organizations as opposed to just professionally-specific information. It is important to remember that SLPs are not just professionals providing speech and language services, they are professionals providing speech and language services within a dynamic organization. The academic content and extensive clinical preparation that SLPs receive to become certified certainly shapes and builds their competencies and abilities to provide quality speech and language services,
but that content and preparation is not all SLPs need to be successful clinicians within their work settings.

My concern as a professional in this field is that if we do not discover and promote the best quality services to our students, our collective professional value in the eyes of other stakeholders, such as parents, other professional colleagues and school administrators, will diminish. Looking at this situation from an Appreciative Inquiry perspective, discovering and promoting the best of what we do, we can design and take actions to provide services that are notable and valued by others who see the impact we have on the lives of our students. Research on the best, evidence-based speech and language practices is obviously a critical component of maintaining and enhancing our professional knowledge and organizational value. However, understanding the values and perspectives of practicing SLPs and facilitating their ability to provide these quality services is also valuable.

Organizational changes are constantly occurring, and educational organizations are no exception. With political mandates, such as the No Child Left Behind (NCLB) Act of 2001, general and special educators are held to higher accountability standards to ensure that all students, regardless of demographic location, prior school experience, or academic ability, will be able to achieve. As current school policy and pedagogy are expected to meet these mandates, the issues faced by schools are how they can utilize current research, practices and personnel to create results for their students. The high-stakes, high-accountability atmosphere within which school personnel must perform puts pressure on school organizations to perform while dealing with logistical issues, such as
funding and personnel. It would be short-sighted to believe that SLPs in those settings will not be impacted as well. Since change is an inevitable part of organizations, considering the best way of embracing that change can benefit organizations. The reason Appreciative Inquiry was selected for this study was because it embraces organizational change, not by focusing on fixing deficits and expending energy dealing with challenges, but because it uses positive language to build a foundation from which to envision and embolden its members to take actions to realize their desired futures. This study was much more than an academic exercise; it was an opportunity to provide a platform for school-based SLPs, the professionals on the front lines who are providing some outstanding services for their students and who continually strive to do more.
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Appendix A: Online Survey: Demographic Survey and UWES

1. First Name and Last Initial:

2. Gender: Select one: (Male; Female; Prefer not to Answer)

3. Race: Select one: (Asian; Black; Hispanic; American Indian; Multiracial; White; Prefer not to Answer)

4. Highest degree earned: Select one: (Non-degree; Associate; Bachelors; Masters; Education Specialist; Doctorate; Other; Prefer Not to Answer)

5. In what year did you earn your most recent degree?

6. How many years have you been a practicing speech-language pathologist?

7. How many years have you worked for [insert organization] (including the current year)?

Instructions: The following 17 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, mark the “0” (zero) in the space after the statement. If you have had this feeling, indicate how often you felt it by marking the number (from 1 to 6) that best describes how frequently you feel that way.

<table>
<thead>
<tr>
<th>Never 0</th>
<th>Almost Never 1</th>
<th>Rarely 2</th>
<th>Sometimes 3</th>
<th>Often 4</th>
<th>Very Often 5</th>
<th>Always 6</th>
</tr>
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<tbody>
<tr>
<td>Never</td>
<td>A few times a year or less</td>
<td>Once a month or less</td>
<td>A few times a month</td>
<td>Once a week</td>
<td>A few times a week</td>
<td>Every day</td>
</tr>
</tbody>
</table>
1. At my work, I feel bursting with energy.

2. I find the work that I do full of meaning and purpose.

3. Time flies when I am working.

4. At my job, I feel strong and vigorous.

5. I am enthusiastic about my job.

6. When I am working, I forget everything else around me.

<table>
<thead>
<tr>
<th>Never</th>
<th>Almost Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
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<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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7. My job inspires me.

8. When I get up in the morning, I feel like going to work.

9. I feel happy when I am working intensely.

10. I am proud of the work I do.

11. I am immersed in my work.

12. I can continue working for very long periods at a time.

13. To me, my job is challenging.
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<tbody>
<tr>
<td>14.</td>
<td>I get carried away when I am working.</td>
</tr>
<tr>
<td>15.</td>
<td>At my job, I am very resilient mentally.</td>
</tr>
<tr>
<td>16.</td>
<td>It is difficult to detach myself from my job.</td>
</tr>
<tr>
<td>17.</td>
<td>At my work, I always persevere, even when things don’t go well.</td>
</tr>
</tbody>
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Appendix B: Individual Interview Protocol

(adapted from Cooperrider et al., 2008, p. 113)

**Introductory Text:**

“Before we begin, I would like to explain a little bit about what we are going to do because it may be a little different from what you are used to. This is going to be an appreciative interview process. I am going to ask you questions about your opinions regarding clinical values, positive experiences, clinical effectiveness, social supports, professional issues, and anticipations for the future. Many times we try to ask questions about things that aren’t working well, the problems, so we can fix them. In this study, I would like to try to learn about things at their best, the successes, so I can find out what works for you and also so we can discover ways to infuse more of these positive core clinical experiences into future clinical performance for yourself and others. This is similar to what we do in clinical practice, when we work with our children and affirm all of their successes and triumphs so they hold a positive image of themselves and envision even greater possibility. Research supports taking time to discover and voice the positive values and aspects within a setting. The end result of these interviews will help me understand the life-giving forces that provide vitality and distinctive competence to you as a clinician within the [insert specific school organization here]. Do you have any questions?”
Appreciative-Focus Interview Questions:

Clinical values and high point clinical experience(s)

1. What circumstances, conditions, and/or factors support your work in [insert organization] when you have felt most successful and effective?

2. Tell me about a positive or high point clinical experience, a time when you felt most positively impacted as a speech-language pathologist here at [insert organization]. With this experience, recall the following:

   a. When did the experience occur?
   b. What was the setting/environment?
   c. Who was there?
   d. What was happening?
   e. How did you feel afterwards?

Follow-up question: Are there any other experiences you would like to share?

3. Without being humble, what do you most value about:
   
   a. Yourself and the way you do your work? That is, what unique skills and gifts do you bring to this SLP department and school district?
   
   b. Your work?
   
   c. Your SLP department at [insert organization]?
   
   d. [Insert organization] and its larger contribution to society and the world?

Clinical effectiveness and job supports

4. What are you doing now in your clinical practice that you would like to do more of in the future that makes you feel like an effective clinician?
5. You have identified [responses from question 4].
   a. What needs to be in place at [insert organization] to [insert responses from question 4] for you to continue to provide effective clinical services?
   b. What needs to be in place at the professional level to [insert responses from question 4] for you to continue to provide effective clinical services?

6. One specific type of support is collegial support, or the support you receive from others in your work environment. I would like for you to tell me about your current social supports here at [insert organization]. For each social support (person and/or group), please tell me the following:
   a. Who is involved in this social support?
   b. How often do you interact with [insert person/group]? 
   c. How do you communicate with [insert person/group] (e.g., e-mail, notes in mailbox, face-to-face, etc.)?
   d. On a scale of 1 to 5 (1 being you strongly disagree, 2 being you disagree, 3 being you are not sure, 4 being you agree, and 5 being you strongly agree), you spend the majority of your time interacting with [insert person/group] engaged in discussion that makes you feel supported, positive and good about what you are doing.
   e. Would you like to increase interaction with [insert person/group]? If so, what steps could you take to do this?

7. Now, I would like for you to consider professional collegial supports within your current work setting. These are people, such as other SLPs at [insert organization], with whom you can discuss SLP-specific information. For each professional collegial support, please tell me the following:
   a. Who is involved in this social support?
   b. How often do you interact with [insert person/group]?
   c. How do you communicate with [insert person/group] (e.g., e-mail, written notes, face-to-face, etc.)?
d. On a scale of 1 to 5 (1 being you strongly disagree, 2 being you disagree, 3 being you are not sure, 4 being you agree, and 5 being you strongly agree), you spend the majority of your time interacting with [insert person/group] engaged in discussion that makes you feel supported, positive and good about what you are doing.

e. Would you like to increase interaction with [insert person/group]? What steps could you take to do this?

8. Now, I would like for you to consider professional collegial supports you currently use that are NOT within your current work setting. These are people, such as other SLPs at other organizations, with whom you can discuss SLP-specific information. For each professional collegial support, please tell me the following:

   a. Who is involved in this social support?

   b. How often do you interact with [insert person/group]?

   c. How do you communicate with [insert person/group] (e.g., e-mail, written notes, face-to-face, etc.)?

   d. On a scale of 1 to 5 (1 being you strongly disagree, 2 being you disagree, 3 being you are not sure, 4 being you agree, and 5 being you strongly agree), you spend the majority of your time interacting with [insert person/group] engaged in discussion that makes you feel supported, positive and good about what you are doing.

   e. Would you like to increase interaction with [insert person/group]? What steps could you take to do this?

**Professional topics**

**Caseload Management**

“Caseload is an issue that continues to gain a lot of attention within the profession, as noted by ASHA guidelines, discussion within the literature. According to ASHA (2002) *caseload* “typically refers to the number of students with Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs) who school SLPs serve through direct and/or indirect service delivery options” (p. 1), while *workload* “refers to all activities required and performed by school-based SLPs” (p. 1). In addition to the caseload, the workload definition includes all aspects of the job, including evaluations, all
the paperwork associated with each student, consultations with teachers and other personnel.

9. I would like to get your feedback on this professional topic, specifically:
   a. How do you define “caseload”?
   b. How do you manage your clinical caseload?
   c. What are your thoughts on caseload as a professional issue?

Service Delivery

“Service delivery is an issue that continues to gain a lot of attention within the profession, as noted by ASHA and discussion within the literature. “A service delivery model can be conceptualized as an organized configuration of resources aimed at achieving a particular educational goal” (Cirrin et al., 2010, p. 234). Several types of service delivery methods are available and include: direct service, indirect service (i.e. consultation with teachers and other professionals), co-teaching, and classroom-based services. Where services are provided, when and for how long services are provided, and who provides the services are key issues to consider with service delivery. Service delivery is impacted by student needs, SLP needs, other professionals’ needs and administrative needs.”

10. I would like to get your feedback on this professional topic, specifically:
   a. How do you define “service delivery”?
   b. What service delivery method(s) do you use?
   c. What are your thoughts on service delivery as a professional issue?

Evidence-Based Practice

“Evidence-based practice is an issue that continues to gain a lot of attention within the profession, as noted by ASHA and discussion within the literature. According to ASHA (2005), “[t]he term evidence-based practice refers to an approach in which current, high-
quality research evidence is integrated with practitioner expertise and client preferences and values into the process of making clinical decisions” (p. 2). EBP has been differentiated from “typical current practice” (Cox, 2005, p. 421) which is based on the assumption that core clinical skills and knowledge is gained from professors (i.e. experts) and lectures.

11. I would like to get your feedback on this professional topic, specifically:
   a. How do you define EBP?
   b. How do (or would) you incorporate EBP into your clinical practice?
   c. What are your thoughts on EBP as a professional issue?

Response to Intervention

“Responsiveness to Intervention, or Response to Intervention (RTI) is an issue that continues to gain a lot of attention within the profession, as noted by ASHA and discussion within the literature. ASHA (2011d) notes, “The responsiveness to intervention (RTI) process is a multitiered approach to providing services and interventions to struggling learners at increasing levels of intensity. It involves universal screening, high-quality instruction and interventions matched to student need, frequent progress monitoring, and the use of child response data to make educational decisions. RTI should be used for making decisions about general, compensatory, and special education, creating a well-integrated and seamless system of instruction and intervention guided by child outcome data” (n.p.).

12. I would like to get your feedback on this professional topic, specifically:
   a. How do you define “RTI”?
   b. How do (or would) you incorporate RTI into your clinical practice?
   c. What are your thoughts on RTI as a professional issue?
Anticipated clinical future (relates to clinical values)

13. Looking toward the future, what is the [insert name] SLP department being called to become?

14. If you could have any three wishes granted to heighten the health and vitality of the [insert name] SLP department, what would they be?

15. Imagine your organization five years from now, when everything is just as you always imagined it would be.

   a. What has happened?

   b. What is different from what you currently do?

   c. How have you contributed to this future?
Appendix C: Focus Group Interview Protocol

(adapted from Cooperrider et al., 2008, p. 113)

**Introductory Text:**

“Before we begin, I would like to explain a little bit about what we are going to do because it may be a little different from what you are used to. This is going to be an appreciative interview process. I am going to ask you questions about your opinions regarding clinical values, positive experiences, clinical effectiveness, social supports, professional issues, and anticipations for the future. Many times we try to ask questions about things that aren’t working well, the problems, so we can fix them. In this study, I would like to try to learn about things at their best, the successes, so I can find out what works for you and also so we can discover ways to infuse more of these positive core clinical experiences into future clinical performance for yourself and others. This is similar to what we do in clinical practice, when we work with our children and affirm all of their successes and triumphs so they hold a positive image of themselves and envision even greater possibility. Research supports taking time to discover and voice the positive values and aspects within a setting. The end result of these interviews will help me understand the life-giving forces that provide vitality and distinctive competence to you as a clinician within the [insert specific school organization here]. Do you have any questions?”

**Appreciative-Focus Interview Questions:**

*Clinical values and high point clinical experience(s)*
1. What circumstances, conditions, and/or factors support your work in [insert organization] when you have felt most successful and effective?

2. Tell me about a **positive or high point** clinical experience, a time when you felt most **positively** impacted as a speech-language pathologist here at [insert organization]. With this experience, recall the following:

   a. When did the experience occur?
   b. What was the setting/environment?
   c. Who was there?
   d. What was happening?
   e. How did you feel afterwards?

Follow-up question: Are there any other experiences you would like to share?

3. Without being humble, what do you most value about:
   a. Yourself and the way you do your work? That is, what unique skills and gifts do you bring to this SLP department and school district?
   b. Your work?
   c. Your SLP department at [insert organization]?
   d. [Insert organization] and its larger contribution to society and the world?

   **Clinical effectiveness and job supports**

4. What are you doing now in your clinical practice that you would like to do more of in the future that makes you feel like an effective clinician?

5. You have identified [responses from question 4].
a. What needs to be in place at [insert organization] to [insert responses from question 4] for you to continue to provide effective clinical services?

b. What needs to be in place at the professional level to [insert responses from question 4] for you to continue to provide effective clinical services?

**Professional topics**

**Caseload Management**

“Caseload is an issue that continues to gain a lot of attention within the profession, as noted by ASHA guidelines, discussion within the literature. According to ASHA (2002) *caseload* “typically refers to the number of students with Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs) who school SLPs serve through direct and/or indirect service delivery options” (p. 1), while *workload* “refers to all activities required and performed by school-based SLPs” (p. 1). In addition to the caseload, the workload definition includes all aspects of the job, including evaluations, all the paperwork associated with each student, consultations with teachers and other personnel.

6. I would like to get your feedback on this professional topic, specifically:

   a. How do you define “caseload?”
   
   b. How do you manage your clinical caseload?
   
   c. What are your thoughts on caseload as a professional issue?

**Service Delivery**

“Service delivery is an issue that continues to gain a lot of attention within the profession, as noted by ASHA and discussion within the literature. “A service delivery model can be conceptualized as an organized configuration of resources aimed at achieving a particular educational goal” (Cirrin et al., 2010, p. 234). Several types of service delivery methods are available and include: direct service, indirect service (i.e. consultation with teachers and other professionals), co-teaching, and classroom-based services. Where services are provided, when and for how long services are provided, and who provides the services are key issues to consider with service delivery. Service delivery is impacted by student needs, SLP needs, other professionals’ needs and administrative needs.”
7. I would like to get your feedback on this professional topic, specifically:

   a. How do you define “service delivery”?
   b. What service delivery method(s) do you use?
   c. What are your thoughts on service delivery as a professional issue?

**Evidence-Based Practice**

“Evidence-based practice is an issue that continues to gain a lot of attention within the profession, as noted by ASHA and discussion within the literature. According to ASHA (2005), “[t]he term evidence-based practice refers to an approach in which current, high-quality research evidence is integrated with practitioner expertise and client preferences and values into the process of making clinical decisions” (p. 2). EBP has been differentiated from “typical current practice” (Cox, 2005, p. 421) which is based on the assumption that core clinical skills and knowledge is gained from professors (i.e. experts) and lectures.

8. I would like to get your feedback on this professional topic, specifically:

   a. How do you define EBP?
   b. How do (or would) you incorporate EBP into your clinical practice?
   c. What are your thoughts on EBP as a professional issue?

**Response to Intervention**

“Responsiveness to Intervention, or Response to Intervention (RTI) is an issue that continues to gain a lot of attention within the profession, as noted by ASHA and discussion within the literature. ASHA (2011d) notes, “The responsiveness to intervention (RTI) process is a multitiered approach to providing services and interventions to struggling learners at increasing levels of intensity. It involves universal screening, high-quality instruction and interventions matched to student need, frequent progress monitoring, and the use of child response data to make educational decisions.
RTI should be used for making decisions about general, compensatory, and special education, creating a well-integrated and seamless system of instruction and intervention guided by child outcome data” (n.p.).

9. I would like to get your feedback on this professional topic, specifically:
   a. How do you define “RTI”?
   b. How do (or would) you incorporate RTI into your clinical practice?
   c. What are your thoughts on RTI as a professional issue?

Anticipated clinical future (relates to clinical values)

10. Looking toward the future, what is the [insert name] SLP department being called to become?

11. If you could have any three wishes granted to heighten the health and vitality of the [insert name] SLP department, what would they be?

12. Imagine your organization five years from now, when everything is just as you always imagined it would be.
   a. What has happened?
   b. What is different from what you currently do?
   c. How have you contributed to this future?
Appendix D: Recruitment Materials

**Recruitment E-mail for Individual Interview—Participants Known to Investigator**

Hello [insert first name],

I hope you are doing well! This is Jennifer Dunkle. [I used to work as an SLP at (Lancaster City Schools/Pickaway County ESC).] As you may know, I am currently a graduate student at Ohio State University working on my Ph.D. in Speech-Language Pathology.

From my time working as a clinician in the schools, I have felt that the perceptions I had of school-based clinical practice were a key part of how I viewed myself and what I did. I also believe that if we take the time to get the perspectives of many school-based SLPs, we can better understand how speech-language pathology fits within the context of the organizations in which we practice. This knowledge can start to create a collective voice when speaking with other stakeholders, such as speech and language researchers and school administrators about what we do and value.

I am conducting a study to obtain the values and opinions of school-based SLPs using an appreciative interview approach, and I would like to invite you to participate in the study.

**What’s the purpose of this study?** The purpose of this study is to gather information about what SLPs value and view as positive in their daily work as well as about their perspectives on several professional issues. Thus your participation in this study can provide very valuable information for entire field of speech-language pathology, especially as it is practiced in schools.

**What does participation involve?** Your participation will involve an online survey, a single semi-structured interview and a follow-up interview accuracy check to verify your responses during the interview. Together these activities will require no more than about 2 hours of your time—10-15 minutes for the survey, 60 to 90 minutes for the interview
and 15-20 minutes for the follow-up accuracy check. The interview will be scheduled at a time and location convenient for you, and is intended to capture the quality and depth of your responses. You will receive a $10 cash payment at the end of the interview for participating in the study.

**What information is being gathered?** The initial online survey will provide a measure of aspects of your job in a broad context, while the interview seeks to tap into specific aspects of clinical experience, clinical values, professional topics and social supports, within the context of focusing on the positive or appreciative aspects of what school clinicians do. In addition to obtaining your views about your workplace experiences, information will be obtained regarding your views on caseload management, service delivery, evidence-based practice, and response to intervention.

**How can I get further information?** If you are interested in participating in the study, or would just like more information, please contact me by replying to this e-mail (dunkle.96@osu.edu) or by phone (740-207-5491).

This study is completely voluntary. Whether or not you decide to participate in the study, I want to say thank you for taking the time to read this!

Have a great day!
Jennifer

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**Recruitment E-mail for Focus Group Interview—Participants Known to Investigator**

*This e-mail will be sent individually to each SLP within the organization. Once SLPs notify me that they want to participate, group correspondence to arrange the meeting time will occur.*

Hello [insert first name],

I hope you are doing well! This is Jennifer Dunkle. [I worked as an SLP at (Lancaster City Schools/Pickaway County ESC).] As you may know, I am currently a graduate student at Ohio State University working on my Ph.D. in Speech-Language Pathology.

From my time working as a clinician in the schools, I have felt that the perceptions I had of school-based clinical practice were a key part of how I viewed myself and what I did. I also believe that if we take the time to get the perspectives of many school-based SLPs, we can better understand how speech-language pathology fits within the context of the
organizations in which we practice. This knowledge can start to create a collective voice when speaking with other stakeholders, such as speech and language researchers and school administrators about what we do and value.

I am conducting a study to obtain the values and opinions of school-based SLPs using an appreciative interview approach, and I would like to invite you to participate in the study.

What’s the purpose of this study? The purpose of this study is to gather information about what SLPs value and view as positive in their daily work as well as about their perspectives on several professional issues. Thus your participation in this study can provide very valuable information for entire field of speech-language pathology, especially as it is practiced in schools.

What does participation involve? Your participation will involve an online survey, a single semi-structured group interview and a follow-up interview accuracy check to verify your responses during the interview. Together these activities will require no more than about 3 hours of your time—10-15 minutes for the survey, 2 to 2 ½ hours for the focus group interview and 15-20 minutes for the follow-up accuracy check. The group interview will be conducted with at least 4 SLPs from the Pickaway County Educational Service Center. The interview will be scheduled at everyone’s convenience and is intended to capture the quality and depth of the group’s responses. You will receive a $10 cash payment at the end of the interview for participating in the study.

What information is being gathered? The initial online survey will provide a measure of aspects of your job in a broad context, while the interview seeks to tap into specific aspects of clinical experience, clinical values, professional topics and social supports, within the context of focusing on the positive or appreciative aspects of what school clinicians do. In addition to obtaining your views about your workplace experiences, information will be obtained regarding your views on caseload management, service delivery, evidence-based practice, and response to intervention.

How can I get further information? If you are interested in participating in the study, or would just like more information, please contact me by replying to this e-mail (dunkle.96@osu.edu) or by phone (740-207-5491).

This study is completely voluntary. Whether or not you decide to participate in the study, I want to say thank you for taking the time to read this!

Have a great day!
Jennifer
Recruitment E-mail for Individual Interviews—Participants not Known to the Investigator

Dear [insert first name],

Hello! My name is Jennifer Dunkle. I worked for two years in the schools as a speech-language pathologist, and I am currently a graduate student at Ohio State University working on my Ph.D. in Speech-Language Pathology.

From my time working as a clinician in the schools, I have felt that the perceptions I had of school-based clinical practice were a key part of how I viewed myself and what I did. I also believe that if we take the time to get the perspectives of many school-based SLPs, we can better understand how speech-language pathology fits within the context of the organizations in which we practice. This knowledge can start to create a collective voice when speaking with other stakeholders, such as speech and language researchers and school administrators about what we do and value.

I am conducting a study to obtain the values and opinions of school-based SLPs using an appreciative interview approach, and I would like to invite you to participate in the study.

What’s the purpose of this study? The purpose of this study is to gather information about what SLPs value and view as positive in their daily work as well as about their perspectives on several professional issues. Thus your participation in this study can provide very valuable information for entire field of speech-language pathology, especially as it is practiced in schools.

What does participation involve? Your participation will involve an online survey, a single semi-structured interview and a follow-up interview accuracy check to verify your responses during the interview. Together these activities will require no more than about 2 hours of your time—10-15 minutes for the survey, 60 to 90 minutes for the interview and 15-20 minutes for the follow-up accuracy check. The interview will be scheduled at a time and location convenient for you, and is intended to capture the quality and depth of your responses. You will receive a $10 cash payment at the end of the interview for participating in the study.

What information is being gathered? The initial online survey will provide a measure of aspects of your job in a broad context, while the interview seeks to tap into specific aspects of clinical experience, clinical values, professional topics and social supports, within the context of focusing on the positive or appreciative aspects of what school
clinicians do. In addition to obtaining your views about your workplace experiences, information will be obtained regarding your views on caseload management, service delivery, evidence-based practice, and response to intervention.

**How can I get further information?** If you are interested in participating in the study, or would just like more information, please contact me by replying to this e-mail (dunkle.96@osu.edu) or by phone (740-207-5491).

This study is completely voluntary. Whether or not you decide to participate in the study, I want to say thank you for taking the time to read this!

Sincerely,
Jennifer Dunkle

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**Recruitment E-mail with Recruitment Information for School/Agency Contact**

Dear [insert first name],

Hello! My name is Jennifer Dunkle, and I am a graduate student at Ohio State University working on my Ph.D. in Speech-Language Pathology. I am conducting a study on school-based speech-language pathologists’ values and opinions, and I am currently in the process of recruiting school-based speech-language pathology participants for the study.

I am inquiring about whether or not you could send me a list of [insert organization]’s SLPs with a contact e-mail. I would like to send them the recruitment e-mail located at the bottom of this e-mail.

If I am unable to have direct access to their contact information, would you be willing to forward the recruitment e-mail to all SLPs at [insert organization]?

Please feel free to read the recruitment e-mail, or the attached Informed Consent, for further information on the study. Additionally, please feel free to contact me, either via e-mail (dunkle.96@osu.edu), or phone (740-207-5491) if you have any questions.

Thank you for your time.

Sincerely,
Jennifer Dunkle
Hello! My name is Jennifer Dunkle. I worked for two years in the schools as a speech-language pathologist, and I am currently a graduate student at Ohio State University working on my Ph.D. in Speech-Language Pathology.

From my time working as a clinician in the schools, I have felt that the perceptions I had of school-based clinical practice were a key part of how I viewed myself and what I did. I also believe that if we take the time to get the perspectives of many school-based SLPs, we can better understand how speech-language pathology fits within the context of the organizations in which we practice. This knowledge can start to create a collective voice when speaking with other stakeholders, such as speech and language researchers and school administrators about what we do and value.

I am conducting a study to obtain the values and opinions of school-based SLPs using an appreciative interview approach, and I would like to invite you to participate in the study.

What’s the purpose of this study? The purpose of this study is to gather information about what SLPs value and view as positive in their daily work as well as about their perspectives on several professional issues. Thus your participation in this study can provide very valuable information for entire field of speech-language pathology, especially as it is practiced in schools.

What does participation involve? Your participation will involve an online survey, a single semi-structured interview and a follow-up interview accuracy check to verify your responses during the interview. Together these activities will require no more than about 2 hours of your time—10-15 minutes for the survey, 60 to 90 minutes for the interview and 15-20 minutes for the follow-up accuracy check. The interview will be scheduled at a time and location convenient for you, and is intended to capture the quality and depth of your responses. You will receive a $10 cash payment at the end of the interview for participating in the study.

What information is being gathered? The initial online survey will provide a measure of aspects of your job in a broad context, while the interview seeks to tap into specific aspects of clinical experience, clinical values, professional topics and social supports, within the context of focusing on the positive or appreciative aspects of what school clinicians do. In addition to obtaining your views about your workplace experiences, information will be obtained regarding your views on caseload management, service delivery, evidence-based practice, and response to intervention.
How can I get further information? If you are interested in participating in the study, or would just like more information, please contact me by replying to this e-mail (dunkle.96@osu.edu) or by phone (740-207-5491).

This study is completely voluntary. Whether or not you decide to participate in the study, I want to say thank you for taking the time to read this!

Have a great day!
Jennifer Dunkle

Follow-Up E-mail—Additional Information from the Original E-Mails

Hello[Dear] [insert name],

Hello, this is Jennifer Dunkle. I sent you an e-mail two weeks ago regarding participation in my research study.

I am resending the e-mail below. Please note that this will be the last e-mail initiated by me.

If you have decided to participate in the study, or still have questions you would like to ask before deciding whether or not you would like to participate, please feel free to contact me via e-mail (reply to this e-mail) or phone (740-207-5491). I would be very happy to answer any questions you may have.

Thank you for your time!

Have a great day [Sincerely],

Jennifer [Dunkle]

[Insert appropriate e-mail from those above]
Appendix E: E-mail with Informed Consent Script and Link to Online Survey

Hello [insert name],

Thank you for showing an interest in participating in my research study. Your time and responses are valuable, and I appreciate your willingness to share those with me.

As previously stated, this survey includes an online survey portion and a face-to-face interview portion. The online survey portion is to be completed prior to the interview. Please read the Informed Consent Document below. At the end of the document, you will be provided with a link to the online survey. Clicking on the link to the survey will indicate your informed consent. If you no longer wish to participate in the study, you may indicate that by contacting me directly, or by not completing the survey. You may receive one reminder e-mail asking you to complete the survey.

If you have any questions, please feel free to contact me (e-mail: dunkle.96@osu.edu; phone: 740-207-5491)

Thank you and have a great day!

Jennifer

INFORMED CONSENT:

The Ohio State University Consent to Participate in Research
Study Title: Using appreciative interviews to explore SLPs’ views of their clinical values, clinical effectiveness, key professional issues, and social supports

Researchers: Jennifer Dunkle (Co-Investigator) and Rebecca McCauley (Principal Investigator and Advisor)

This is a consent form for research participation. It contains important information about this study and what to expect if you decide to participate.

Your participation is voluntary.

Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate. If you decide to participate, you will be asked to sign this form and will receive a copy of the form.

Purpose:

The purpose of this study is to examine SLPs’ perspectives and opinions while engaging in an Appreciative Interviewing (AI) process. An AI process involves asking questions to elicit the positive aspects of a topic. Specifically, appreciative interviewing (AI) will be used to explore speech-language pathologists’ (SLPs’) reflections on their (a) clinical values and experiences, (b) clinical effectiveness, (c) professional issues, and (d) social supports. Additionally, social support as a resource will be further explored to determine if a relationship between the quality and quantity of social supports and participant’s level of work engagement exist.

Potential research use of the data collected from this study may result in its being published in a peer-reviewed academic journal or presented at academic scholarly
conferences. In any case, participant and organizational confidentiality will be maintained.

Procedures/Tasks:

The study will take place in the Central and Southeastern Ohio Region. A sample of SLPs working in public school districts will be asked to voluntarily participate in the exploratory study. Participants will engage in an online survey and either an individual semi-structured interview process or focus group semi-structured interview process. This form is for consent for the online survey portion of the study only. Online survey software and digital recording devices will be used to collect data. The online survey software will be secured using SSL encryption. The digital data will be securely stored by the Co-Investigator by storing it on a secured computer in a locked location.

Duration:

The online survey will take participants approximately 10 to 15 minutes to complete. You may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with The Ohio State University or your employer.

Risks and Benefits:

Although every effort to protect confidentiality will be made, no guarantee of internet survey security can be given as, although unlikely, transmissions can be intercepted and IP addresses can be identified. The potential risk in this study is a possible breach of confidentiality through the Internet survey. The risks will be minimized through encrypting the survey data, storing files on secured and locked computers, and creating
a code key with pseudonyms of participants’ names and storing the code key in a separate location from the coded data.

Benefits of this study will include:

1. Participants will have the opportunity to engage in a positive professionally-oriented conversation while participating in the study.
2. Participants will provide and reveal an understanding of personal and collective clinical values.
3. Participants will have the ability to provide input on clinically-relevant professional topics.
4. Participants will provide new knowledge on practicing clinical values that could benefit researchers, speech and language organizational leaders and school administrators.
5. Participants will reveal a deeper insight on how practicing professionals view clinical effectiveness, social supports and professional topics.

Confidentiality:

Efforts will be made to keep your study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your participation in this study may be disclosed if required by state law. Also, your records may be reviewed by the following groups (as applicable to the research):

Office for Human Research Protections or other federal, state, or international regulatory agencies;

The Ohio State University Institutional Review Board or Office of Responsible Research Practices;

The confidentiality of any participant or the participant’s employer will be maintained in any publications or presentations regarding this study.

Incentives:
There are no incentives for the online survey part of the study, but there will be a $10 cash incentive for the future interview (either individual or focus group) portion.

**Participant Rights:**

You may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you are a student or employee at Ohio State, your decision will not affect your grades or employment status.

If you choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By providing consent, you do not give up any personal legal rights you may have as a participant in this study.

**Contacts and Questions:**

For questions, concerns, complaints about the study, or if you are harmed as a result of participating in this study or for questions about a study-related harm, you may contact Rebecca McCauley, Principal Investigator, at mccauley.90@osu.edu or 614-292-1802.

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

**Signing the consent form:**

I have read (or someone has read to me) this form and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions by contacting the Principal Investigator and/or Co-Investigator and have had them answered to my satisfaction.
By clicking on the survey link below, I voluntarily agree to participate in the online portion of this study.

Link to the Online Survey: [insert survey link]
Appendix F: Informed Consent for Interview

The Ohio State University Consent to Participate in Research

Study Title: Using appreciative interviews to explore SLPs’ views of their clinical values, clinical effectiveness, key professional issues, and social supports

Researchers: Jennifer Dunkle (Co-Investigator) and Rebecca McCauley (Principal Investigator and Advisor)

This is a consent form for research participation. It contains important information about this study and what to expect if you decide to participate.

Your participation is voluntary.

Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate. If you decide to participate, you will be asked to sign this form and will receive a copy of the form.

Purpose:

The purpose of this study is to examine SLPs’ perspectives and opinions while engaging in an Appreciative Interviewing (AI) process. An AI process involves asking questions to elicit the positive aspects of a topic. Specifically, appreciative interviewing (AI) will be used to explore speech-language pathologists’ (SLPs’) reflections on their (a) clinical
values and experiences, (b) clinical effectiveness, (c) professional issues, and (d) social supports. Additionally, social support as a resource will be further explored to determine if a relationship between the quality and quantity of social supports and participant’s level of work engagement exist.

Potential research use of the data collected from this study may result in its being published in a peer-reviewed academic journal or presented at academic scholarly conferences. In any case, participant and organizational confidentiality will be maintained.

Promises/Task:

The study will take place in the Central and Southeastern Ohio Region. A sample of SLPs working in public school districts will be asked to voluntarily participate in the exploratory study. Participants will engage in an online survey and either an individual semi-structured interview process or focus group semi-structured interview process. This form is for consent of the interview and post-interview portions only. For individual interviews, the participant will interact with the Co-Investigator. For the focus group interview, the participant will interact with other SLP co-workers and the Co-Investigator. After completion of the interview, the transcript will be sent to participants via e-mail for the participant to review for accuracy.

1. The participants will be asked to volunteer to participate in the study.

2. Explanation of the study, answering of questions, and collection of consent forms will take place prior to initiating the interview. Data collection will occur during the online interview and also interview process.

Digital recording devices will be used to collect data. The digital devices include digital audio recordings. The digital data will be securely stored by the Co-Investigator by storing it on a secured computer in a locked location. E-mail security cannot be guaranteed for the transcript review information. Since the transcript will be sent by e-mail, we wanted to make you aware that there is a small unlikely chance that the e-mail could be accessed by others.
There are several data collection methods associated with the appreciative interview process that will be used to collect data: individual interviews, focus group interview, field notes, and digital recordings. The Co-Investigator will administer the interview questions.

**Duration:**

For participants doing the individual interview, the interview process will occur one time and will take approximately 60 to 90 minutes to complete.

For participants doing the focus group interview, the interview process will occur one time and will take approximately 120 to 150 minutes to complete.

Additionally, the participant will be asked to review the transcript of the completed interview in an online format to make sure responses were recorded accurately; this will take approximately 15 to 20 minutes to complete.

These meeting times will be scheduled based on the participants’ and Co-Investigator’s availability. The interviews will be scheduled between January 2012 and April 2012.

You may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with The Ohio State University or your employer.

**Risks and Benefits:**

The potential risk in this study is a possible breach of confidentiality through audio recording. The risks will be minimized through storing files on secured and locked
computers and creating a code key with pseudonyms of participants’ names and storing the code key in a separate location from the coded data.

Benefits of this study will include:

3. Participants will have the opportunity to engage in a positive professionally-oriented conversation while participating in the study.
4. Participants will provide and reveal an understanding of personal and collective clinical values.
5. Participants will have the ability to provide input on clinically-relevant professional topics.
6. Participants will provide new knowledge on practicing clinical values that could benefit researchers, speech and language organizational leaders and school administrators.
7. Participants will reveal a deeper insight on how practicing professionals view clinical effectiveness, social supports and professional topics.

Confidentiality:

Efforts will be made to keep your study-related information confidential. While participants in the focus group will be asked not to share what takes place in the focus group outside of that setting, confidentiality cannot be guaranteed in the focus group. Additionally, there may be circumstances where this information must be released. For example, personal information regarding your participation in this study may be disclosed if required by state law. Also, your records may be reviewed by the following groups (as applicable to the research):

Office for Human Research Protections or other federal, state, or international regulatory agencies;
The Ohio State University Institutional Review Board or Office of Responsible Research Practices;
The confidentiality of any participant or the participant’s employer will be maintained in any publications or presentations regarding this study.

**Incentives:**

There will be a cash incentive of $10 to participate in the interview portion of this study.

**Participant Rights:**

You may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you are a student or employee at Ohio State, your decision will not affect your grades or employment status.

If you choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By signing this form, you do not give up any personal legal rights you may have as a participant in this study.

**Contacts and Questions:**

For questions, concerns, complaints about the study, or if you are harmed as a result of participating in this study or for questions about a study-related harm, you may contact Rebecca McCauley, Principal Investigator, at mccauley.90@osu.edu or 614-292-1802.

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

**Signing the consent form:**
I have read (or someone has read to me) this form and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study. I am not giving up any legal rights by signing this form. I will be given a copy of this form.

Printed name of subject

Signature of subject

AM/PM

Date and time

Printed name of person authorized to consent for subject (when applicable)

Signature of person authorized to consent for subject (when applicable)

AM/PM

Relationship to the subject

Date and time

Investigator/Research Staff
I have explained the research to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

Jennifer Dunkle

_____________________________  ________________________________
Printed name of person obtaining consent  Signature of person obtaining consent

Jennifer Dunkle

______________________________
Date and time
Appendix G: E-mail Script for Transcript Verification

Hello [Name of Participant]!

Thank you once again for participating in my study. Below are instructions for the transcription verification.

1. Please review the attached transcript of our interview to see if I accurately captured your thoughts.
2. There is no need to correct anything on the attached interview. If you see something you believe needs to be changed or have additional information to add, please do so in an e-mail or separate document sent to me as an attachment.
3. If I do not hear from you by [DATE—three to five days of sending e-mail], it will be an acknowledgement that you agree with the contents of interview transcript.
Note: Your responses are marked “P1” while my responses marked as “JD”. Also, information in blue indicates information gathered from the interview and used to organize the question.

Thank you for your time. I truly do appreciate it!

Have a great day!

Jennifer