

Original Article

Comparing the Role of Speech Therapist in Unique Settings Clinics Special Education and Hospitals

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Abstract

Objective: Speech therapy programs are aimed to improve communication skills in children with speech language and communication challenges which may reflect the ability to communicate verbally. The speech language pathologist / therapist (SLP/Ts) operate in various settings such as clinics, special education, and hospitals where they interact with Speech Language Communication Needs (SLCN) of children. The aim of this research was to investigate the difference in therapeutic approach, different view point or knowledge when it comes to a disorder.

Methods: This cross sectional study was conducted for 6 months among three settings clinics, special education and hospitals of Pakistan. Total 105 children participated with 35 participants in each group. An adaptive questionnaire with 5 sections according to our culture and region was given to the participants. Data was analyzed through SPSS version 25.0 and presented through frequency and percentages and p value was collected from different settings clinics, special education and hospitals SLP/Ts by using purposive sampling-techniques.

Results: There was no considerable difference among the groups in first three sections regarding SLP/Ts knowledge and experience in their different settings like in language behavior indicators, SLCN terminologies, some features associated with speech difficulties but in the other two sections the results showed difference in the features associated with language difficulties and the barriers faced by the SLP / Ts in their settings by exploring knowledge and experience of SLP/Ts.

Conclusion: It was concluded that clinics and special education SLP / Ts provided much needed recovery services to tackle the SLCN. However the SLP / Ts in special education needed to be taught about SLCN-associated terminologies.

Keywords: Speech language pathologist/therapist, Hospitals, Special Education, Clinics, Speech Language Communication Needs (SLCN).

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Introduction

The American Speech-Language-Hearing Association (ASHA) is the national medical, study and certification body representing 211,000 members and affiliates of audiologists; speech-language pathologists/ therapists (SLP / Ts); speech, language, and hearing scientists; support staff in audiology and speech-language pathology; and students. Communication and swallowing are general concepts covering a whole domain of practical aspects. Communication involves creating speech and fluency, vocabulary, comprehension, sound, vibration, and listening. Swallowing involves all facets of swallowing and feeding habits related to it. Speech language pathologist use professional terminologies

during sessions or in special education related to the speech language and communication needs (SLCN).¹

There is no difference between Speech-Language Pathologist (SLP) and Speech-Language Therapist (SLT). Both titles are given to persons who are trained to support people with a communication impairment or delay. Countries such as South Africa and the United Kingdom ethically hold the title "Speech-Language Therapist," as established by the National Council of Health Professions while the term "Speech-Language Pathologist," is used in countries like the United States of America and Australia. The term "pathologist" underscores intensive preparation and clinical experience in identifying, evaluating and treating commu-

nication-related pathologies.²

In 2010 a survey was conducted in Karachi showing that more than 22 million people were expected to have speak, language, swallowing as well as hearing problems in a general population of more than 160 millions. There are currently only seven trained SLP/Ts most of whom have qualifications abroad. These seven SLP/Ts worked hard to adjust in private medical clinics and facilities with a faltering case load.³ They directed short training services for special educators and parents, which were inadequate for the needs of the nation's patients. The field of Pediatrics Neurologist, Medicine, Psychologist and Social Professional and SLTs developed Pakistan's Speech and Hearing Association (SHAP), a non-governmental, non-commercial, voluntary group, to create a system that would take into account young children, adults and their families experiencing voice, language, hearing and swallowing problems in order to meet their vision.⁴ The aim of SHAP and ZU is to raise public awareness, People's needs with communication and swallowing disorders/difficulties, and to develop mainstream international clinical services for them. They also intended to establish a complete four-year Bachelor's program in Speech Language Therapy (B.Sc. SLT) to fill the void of SLTs in Pakistan and conduct research and development in local communities.⁵

Some Universities and Colleges are offering BS and some Universities are offering MS Speech & Language Pathology in Pakistan. Some university offering PGD in speech and language pathology. For example Shaheed Zulfiqar Ali Bhutto Medical University, Nur International University, The University Of Lahore (Main Campus), Riphah International University, Isra University, Yusra Medical & Dental College, PSRD College Of Rehabilitation Sciences, Rashid Latif Medical College ,Multan Medical And Dental College, The Children's Hospital & The Institute Of Child Health , Zia-ud-din Medical University, Government Training College For Teachers Of The Deaf. Speech language pathologist isn't all inclusive in diagnosing speech-language disabilities or illnesses and medical conditions that affect speech-language, swallowing, and hearing. They may include aphasia or apraxia language conditions that are responsible for language that results from damage to the lobe or part of the brain.

Methods

This cross-sectional study was conducted through purposive sampling among SLP/Ts of Pakistan. Duration of study was 6 months in which an adaptive online survey questionnaire according to culture and region was designed to investigate the knowledge and experience of SLP/Ts focusing 5 sections at their workplace

of clinics, special education and hospitals. The study was conducted among 105 participants, 35 in each group. The first section was about the level of familiarity with terminologies related to SLCN. Second section was state the language behavior indicators are either a feature of a speech difficulty, a language difficulty, both, either or not certain. The third section was state the academic and behavioral features are associated with a speech difficulty. Fourth section was state if the academic and behavioral features are associated with a language difficulty. The 5th and last section was identifying the barriers faced in meeting the needs of children with SLCN infer on your setting. The SLP/Ts working in hospitals, private clinics, special education were included in this research with an experience of more than 1 year. The other professionals like Audiologist, Psychologist, Physiotherapist neurologist, occupational therapist other multidisciplinary team were not included in the study. The children with other disorders for example cerebral palsy, articulation disorder, autism, aphasia were the exclusion criteria for the study. Data analysis was performed with the help of SPSS version 25.0 and presented through frequency and percentages for the demographics and one way Anova for the results.

Results

There were total 105 participants. The participant age includes 20-40yrs. Majority participants n=56 were in 25-30 yrs age, and minority n=2 in 35-40yrs age group. The sample contained equal proportion of individual's settings as 33.3% in clinics, 33.3% in special education and 33.3% in hospitals. The experience of most of the participant SLP/Ts was 79% in group of 2-5yrs and minimum is 1% in more than 8yrs. Working hours of participants showed that most of the participants were working in 3 to 8 hrs as it was 37.1% of all the data. Majority of individuals belong to urban are as 91.4% and others belonged to ruler area. Descriptive statistics were used to describe the clinical stat participant. Total sample consist of 105 individuals divided into 3 sample clinics, special education and hospitals. One Anova test having three groups' clinics, special educations and hospitals was used. The mean Standard deviation was also carried out of these variables. The mean knowledge of language behavior in clinics domain had 23.6571 ± 3.09594 . The 35 participants in special education and mean knowledge of language behavior 23.2000 ± 2.86767 . The mean of knowledge of language behavior of participants in hospitals 24.0571 ± 4.88059 . The second segment is SLCN the mean knowledge SLCN in clinics settings 63.3143 ± 9.51090 . The mean terminologies of SLCN in special education participants were 25.9429 ± 3.33381 . The mean experience of language difficulties of hospitals participants 26.5429 ± 5.05466 . the mean barriers faced

by the participants in the clinic sample 21.2000 ± 5.20068 . The mean barriers faced by the special education participants 19.9143 ± 3.69715 . The mean barriers faced by the hospital setting participants 16.4286 ± 4.20983 . in first variable sample the p-value is 0.630, which is insignificance The second variable sample the p-value is 0.68 which is insignificant. The third variable sample the p-value is 0.26 which

Education settings were 60.7143 ± 4.07699 . SLCN median awareness in hospital settings 64.3714 ± 5.26970 . The mean perception of speech disorders in clinic settings participants 28.5714 ± 7.44109 . The mean experience of speech difficulties in participants in special education is 26.0571 ± 5.30783 . The means knowledge of speech difficulties in hospital settings 28.1429 ± 6.20314 . The mean experience of language difficulties of clinic participants 23.3226 ± 7.56918 . The mean experience of language difficulties of Is insignificant. The fourth p-value variable estimate is 0.048, which is less than the meaning amount of 0.05 so the null hypothesis is dismissed so it is inferred that there is a discrepancy between certain classes. The fourth variable range of the p-value was .000, which was lower than the sense level of 0.05 so that the null hypothesis is dismissed that there is a discrepancy between these classes.

Table 1: Frequency Distribution and Percentages of Demographics

Variable	Frequency	Percentage
Participant experience		
2-5yr	83	79
5-8yr	21	20
More than 8	1	1
Working hours		
3-8hrs	39	37.1
5-8hrs	31	29.5
More than 8hrs	35	33.3
Participant location		
Urban	96	91.4
Rural	9	8.6

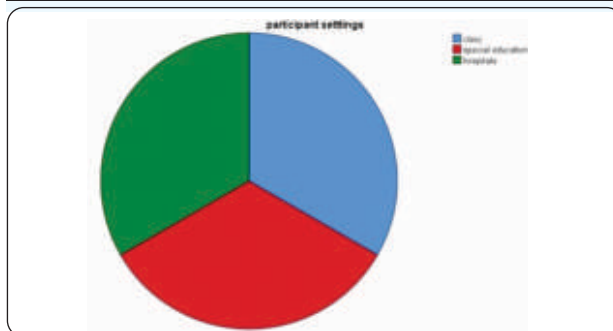


FIG NO 1: Participants Settings (Clinics, Hospitals,

Special Education)

Table 2: Descriptive Statistics

		N	Mean	Std. Deviation
Language behavior	Clinics	35	23.6571	3.09594
	special education	35	23.2000	2.86767
	Hospitals	35	24.0571	4.88059
	Total	105	23.6381	3.70583
SLCN	Clinic	35	63.3143	9.51090
	special education	35	60.7143	4.07699
	Hospitals	35	64.3714	5.26970
	Total	105	62.8000	6.81683
Speech difficulty	Clinic	35	28.5714	7.44109
	special education	35	26.0571	5.30783
	Hospitals	35	28.1429	6.20314
	Total	105	27.5905	6.41167
Language difficulty	Clinic	31	23.3226	7.56918
	special education	35	25.9429	3.33381
	Hospitals	35	26.5429	5.05466
	Total	101	25.3465	5.61682
Barriers	Clinic	35	21.2000	5.20068
	special education	35	19.9143	3.69715
	Hospitals	35	16.4286	4.20983
	Total	105	19.1810	4.81740

Table 3: Anova Test Significant Difference between and within the Groups

Parameters	Sum of Squares	Df	Mean Squares	F	Significance
Language behavior					
Between Groups	12.876	2			
Within Groups	1415.371	102	6.438	.464	.630
Total	1428.248	104	13.876		
SLCN					
Between Groups	247.943	2			
Within Groups	4584.857	102	123.971	2.758	.068
Total	4832.800	104	44.950		
Speech Difficulty					
Between Groups	126.648	2			
Within Groups	4148.743	102	63.324	1.557	.216
Within Groups	42275.39	104	40.674		
Total	0				
Language Difficulty					
Between Groups	189.526	2	94.763	3.132	.048
Within Groups	2965.346	98	30.259		
Total	3154.871	100			
Barriers					
Between Groups	426.648	2	213.324		
Within Groups	1986.914	102	19.480	10.951	.000
Total	2413.562	104			

Discussion

This study purpose was to explore the role and function of SLP / Ts in the various settings where they work with or without inter-professional trainers. Research aimed to focus the role of SLP/Ts in government emer-

gency clinics and private centers versus specialist education and to show what kind of challenges they encounter to meet the problems of SLCN. The knowledge of certain terminologies in their field was assessed in their practices and main aim was to resolve the limited knowledge available on the variations and similarities in SLP / Ts comprehension in various settings such as hospitals, special education and clinics. In all SLCN medical practitioners, we administered a customized questionnaire that collected vocabulary understandings, SLCN speech language measures, related educational work, developmental difficulties and occupational hurdles. In this study we had predicted that SLP/Ts working in, different settings like hospitals, clinics, special education, would behave difference experience of the educational difficulties experienced by children with SLCN. But on a very level, we observed no major variations between the different categories of SLP/ Ts. In comparison, SLP/ T were expected to be less experienced in special education than SLP/T in clinics and hospital settings where medical SLP/Ts were more aware of current terms concerning various speech and language issues. Special education SLP/ Ts must be more conscious of the spectrum of developmental and behavioral challenges that children with SLCN frequently encounter. We found variation in importance in the SLP/T groups when experiencing difficulties in the settings to classify SLCN as stressed the need for resources to assist them in recognizing children with speech and language issues. The results did not confirm to this theory in the research carried out by special educators and reported a more nuanced condition that varied in terms of speech and vocabulary, and academic and behavioral difficulties. Notwithstanding concerns about language problems, no more than one of the third of the respondents relates SLCN instruction or training and the two groups varied in ways to overcome this difference.⁶ Education members strongly valued the availability of resources to identify and have exposure of the language and voice disorders, while SLP/Ts did not. In the subsequent review, the implications for research and service creation are discussed for each of the areas investigated.^{2,7} In another research the role of educational psychologists (EPs) has been largely unexplored in relation to Voice, SLCN and when studies have addressed the role of EPs. The paper seeks to demonstrate how to align EP practice by discussing various view points on how to help SLCN in education environment and to see the exact differences and availability that exist b/w these expectations and practice.⁸ Three focus groups with practitioners (EPs, SLTs) and Specialist Teachers (STT) have been performed and result concluded using the matic axis.¹² Key Stage 1-classroom observations using the communication Supporting classroom Observation System and the

school staff survey (N=40) were performed and analyzed using qualitative statistics. Three focus groups were performed with different expert groups, each lasting about one hour. It included an EP (N=5), SLT (N=3) and Specialist Teachers (N=3) focus group. EPs are unique in their ability to help schools overcoming these challenges, particularly by joint problem solving and resolving conflicts that arise among programs, and supporting education system and environment in transforming research into successful in further future.^{9,10}

Conclusion

Communication is without a doubt a significant force in the development of the intimate, physical and intellectual life of a child. We contrasted the views of seasoned SLP/Ts in a particular settlement using a detailed questionnaire like clinics, special education and hospitals. So the study concluded that the no difference showed the knowledge between the settings in first three sections but had some difference by comparison on the knowledge of SLP/Ts in different settings. The mean knowledge of special education SLP/T had kind of unfamiliar with some terms other than SLP/Ts of clinics, hospitals. It was concluded that clinic and special education SLP/Ts would provide much needed recovery services to tackle the SLCN. The SLP/Ts in special education should be taught regarding SLCN-associated terminologies.

Conflict of interest

None

Funding Source

None

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