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RESEARCH COMMUNICATION

An exploratory study on the perceptions of Filipino speech-language pathologists on their roles in social development

Ferdiliza Dandah S. Garcia

Author's email address: fsgarcia2@up.edu.ph

Department of Speech Pathology, College of Allied Medical Professions, University of the Philippines Manila, Manila, Philippines

ABSTRACT

Background: The current Policies, Standards and Guidelines for Speech Pathology Education of the Commission on Higher Education of the Philippines includes competencies that prepare speech pathology graduates for roles in social development such as being advocates and community-based therapists. These need to be further explored to guide practitioners in defining their roles from those of the clinicians, educators, or researchers.

Objective: This preliminary study explored the perceptions of Filipino speech-language pathologists on their roles in social development.

Methodology: This study used a qualitative design through focus group interviews. Seven participants were selected through purposive sampling and assigned to one of two group interviews. The participants were members of the Philippine Association of Speech-Language Pathologists, living in Metro Manila, and had been involved in community programs in varied capacities. Data were analyzed using thematic analysis.

Results and Discussion: Three roles of speech-language pathologists in social development were identified: (1) being an advocate for the profession and for people with disabilities, (2) health service educator which involves imparting knowledge and training people from the community, and (3) a community-based therapist.

Conclusions: The results provide insights into the areas of competence necessary in community service and development to further inform the 2017 CHED memorandum and help design specific courses that equip graduates to assume the role of a social advocate. Competencies related to these roles in social development can still be further clarified by future research and should be specifically targeted in the curricula.

Keywords: *Filipino speech pathologists, roles, social development*

Introduction

Speech-language pathologists evaluate, diagnose, prevent, and manage communication and swallowing disorders, particularly in individuals with concerns in language, articulation, hearing, voice, swallowing, and fluency [1]. Much of speech pathology services focus on addressing therapy needs at the individual level. However, speech-language pathologists have recently recognized the gap in the roles of speech-language pathologists at the social level, particularly in ensuring social equity among underserved populations [2–8]. A shift to the International Classification on Functioning, Disability and Health as a practice framework, is one response to address this gap [9–11]. Based on this framework, intervention planning includes not only addressing the individual but also environmental and contextual factors that affect participation [12]. Environmental factors such as physical infrastructures, social norms, negative attitudes or biases, policies, and processes contribute toward outcomes and are considered essential considerations in management [13,14]. Many speech-language pathologists recognize the importance of considering these factors and have engaged in advocacy activities for the underserved such as those in rural and remote areas, low-income groups, elderly, migrants, and minority language and cultural groups [15–19]. Individual direct service providers have also begun to consider adopting a population-oriented approach to public health [4,8,19]. Others have also been involved in the integration of people with communication disabilities through education about attitudinal barriers that hinder their participation [7, 8, 19, 20].

Parallel to this shift in practice framework, the updated standards for speech-language pathology education entitled, Policies, Standards and Guidelines for Speech Pathology Education were formulated and implemented in 2017 by the Commission on Higher Education [21]. Among these standards are the expected competencies of speech pathology graduates in advocating and advancing the profession [21]. The outcomes related to these competencies are generally understood to belong to being a social development advocate. A social development advocate is someone who influences social development through processes of change that lead to improvements in human well-being, social relations, and social institutions. These processes are equitable, sustainable, and compatible with principles of democratic governance and social justice [22]. Being a social development advocate is also related to the role of speech-language pathology graduates as community-based therapists as indicated in the guidelines [21,23,24]. However, the CHED policies, standards, and guidelines for speech-language pathology education do not specify the indicators for these roles. By exploring the roles of speech-language pathologists in social development at the community level, educators can better prepare their students in terms of knowledge, skills, and attitudes to perform their role as part of the rehabilitation workforce and are competent in providing population-level services.

This study, therefore, aimed to explore perceptions of Filipino speech-language pathologists on their possible roles in social development. Results of this study are envisioned to be the initial step in clarifying the unique contributions of speech-language pathologists in social development advocacy and community-based practice. This can start a conversation on the possible clarification, expansion, and training of these roles as one of the outcomes of the undergraduate speech-language pathology curriculum.

Methodology

Design

A qualitative research design was used to explore perceptions on the role of speech-language pathologists in social development based on their experiences in community-based programs.

Participants

Purposive sampling was used and participants were recruited based on the following inclusion criteria: (1) an active regular member on the roster of the Philippine Association of Speech Pathologists (PASP), (2) resident of Metro Manila, (3) graduate of B.S. Speech Pathology program in the Philippines, (4) currently performing any speech pathology role (i.e. clinician, educator, researcher, consultant, administrator) in any setting, (5) must have had at least six months of continuous experience as a speech-language pathologist, and (6) must have current or previous experience in performing speech-language pathology roles in any community-based program as student or professional, regardless of duration.

A list of active regular members was obtained from the PASP Committee on Membership. Members who were residing outside Metro Manila were excluded. Eligible members were invited through electronic mails and mobile short message service to participate in the study. Invited participants gave their consent and completed an information sheet including personal and professional details.

Data collection

Two separate focus-group interview sessions (FGI) served as venues for participants to discuss their experiences. The sessions also allowed a cascade effect wherein participants listened and engaged with others as they recalled their experiences [25]. Each participant attended one discussion group based on availability and preferred schedule. The FGIs were limited to four discussants and were conducted by the same facilitator with each lasting approximately one and a half hours. These were held in a function room with a round table where the participants and moderator were seated. The documenters were stationed at another table at the side. Prior to the start of each FGI, written consent was obtained from each participant as they entered the room. Once discussions started, four data collectors recorded the session.

The initial part of the discussion included the following questions: what a speech pathologist does, definition of community development, and the roles of speech-language pathologists in developing society (the list of questions may be obtained upon request from the authors). Participants were further probed on their responses on the roles of speech-language pathologists in the community by asking them to comment on eleven pictures depicting scenes and activities in the community. These pictures showed resource mapping of therapists with community health workers, home visits, relief distribution, community health education sessions, survey interviews, and direct provision of speech therapy at a community setting. Both FGIs were audio and video recorded and transcribed verbatim.

Data Analysis

Data analysis was conducted using Braun and Clarke's six-phase guide [26]. The data collectors familiarized themselves with the transcript by reading it twice. Then, initial codes were done by assigning number codes for each participant and the statements they provided. Statements were assigned multiple codes if they reflected more than one theme. Data from the two FGIs were then analyzed manually according to themes. Themes were generated according to descriptions of tasks or activities performed in the community. Once similar themes were identified across transcriptions, these were grouped and reviewed by the researcher twice.

Results

The PASP member list showed that there were 106 active members with 93 actively practicing in Manila. Then, seven individuals were randomly chosen from the list. All participants were practicing clinicians for 1 to 25 years and have had varying experiences in terms of exposure to community development activities. Details of the participants profile are in Table 1.

The participants identified three key roles of speech-language pathologists in social development. These key roles include being an advocate, health service educator, and community-based therapist.

Role as an Advocate

The role that had the strongest agreement as expressed by six out of the seven participants was that of being an advocate for the speech-language pathology profession and awareness of the needs of people with disabilities.

Being an advocate for the speech-language pathology profession

Participants deemed the role of speech-language pathologists as advocates for awareness of their profession as important for community development. By increasing awareness of what speech-language pathologists can do, Participant 6 stated that people from the community can be "empowered" and that there can be more people who can help the community.

> "*...looking into certain communities who don't understand what we do, who don't understand our role, it's hard to teach them certain things that we think are to be developed in the community. Putting the SP profession within the community is teaching them whatever it is that we need to teach them for them to understand.*" (P4)

Advocacy is also described as not an individual responsibility. As mentioned by Participant 2, "As an advocate of the profession, you partner with different, for example, organizations or professionals for the profession itself to be recognized by other individuals". It was further

Table 1. *Profile of Participants*

FGI	Participant	Background		Years of Clinical Practice	Involvement in Community Programs	
		Clinician	Academician		Internship	Professional
A	P1	Yes	No	25	No	Resource speaker in parent seminars/trainings at the barangay organized by church/parish family support groups organizer Therapy outreach volunteer
	P2	Yes	No	13	Yes	Resource speaker in parent seminars/trainings/conventions
	P3	Yes	No	13	Yes	Resource speaker in parent seminars/trainings/conventions Therapy outreach volunteer
B	P4	Yes	Yes	No Answer	Yes	No Answer
	P5	Yes	Yes	No Answer	Yes	No Answer
	P6	Yes	No	2	Yes	No Answer
	P7	Yes	No	< 1 year	Yes	No Answer

mentioned that raising the awareness of the community on speech pathology could then lead to the recognition of how speech pathology services could address the needs of the community, especially children and adults with disabilities and their families. This role was further elicited through the use of pictures depicting people with disabilities and various professionals in the community setting.

Being an advocate for people with disabilities

Participant 2 emphasized that the role of a speech-language pathologist is important in raising awareness for other services and support systems to help people with disabilities thrive. She stated that there is a need for the community "...to be made aware of the possible services that people could have or they could be given."

Speech-language pathologists would need to reach out to people in the community, specifically individuals with special needs. Responses to the pictures depicting people with disabilities further clarified the need to contribute towards increasing the awareness of individuals about their circumstances.

> "*The child is a member of the community. If you help the child but don't teach the people in the community, the child would be pitiful. It's useless if you teach this child but when he goes out to their community, he's not accepted, they are not aware, no support system. As a speech pathologist, your role in the community is to pave the way for the child.*" (P3)

This was further supported by other participants who said that a speech-language pathologist should be able to reconsider speech-language pathology as a vocation that empowers parents, people, and children with disabilities as the profession can "equip them to communicate".

The advocacy for people with disabilities was not only confined to addressing the needs of those with less resources. Opportunities to help persons with disabilities span across different socioeconomic status was also highlighted. The speech-language pathologist who had the longest clinical practice in the group mentioned that "*As a speech pathologist consultant, you help both the rich and the poor, adults and children; there will always be an opportunity to help people with disabilities*" and "*…we can also develop other communities, even those of rich and middle-class people. They are also people in our barangay who need our help*".

Regardless of the socio-economic status of persons with disabilities, collaboration and coordination are critical in advocating for their needs. The two most experienced participants noted that coordination is done so that the community could first help identify people who need services prior to the entry of professionals such as speech-language pathologists. Participant 1 was concrete in stating that within the community, small scale endeavors such as groups of special children can be formed within the church or barangay. Leaders from the community such as "health workers, officers, social workers" were cited by Participant 2 as people who need to be involved in the awareness-raising efforts.

Participant 2 again emphasized at the end of the FGI that one has to reach out from the individual patient with disability to their bigger social groups and community.

> "*And sometimes we have to think about the community especially when we are dealing with children since they won't be children forever and will have other needs. From the family, you would go to school community [sic] and then to a bigger social community and then so on*."

Role as a Health Service Educator

The participants have repeatedly mentioned that they could impart knowledge for the development of the individual that will, in turn, develop their communities. As Participant 6 stated, "we could impart our knowledge and use that for them to be able to function in the community and address the needs of that community."

Participant 5 reinforced this point when she said,

> "*It's us professionals knowing what we know, giving it to them so that they would be able to function on their own. So it's more of bringing them to a point...helping them reach a certain point where they can be independent in terms of managing themselves*."

Additional responses elicited through pictures include the understanding that imparting knowledge involves training in small groups.

> "*Training should not be done in big groups. Talk to either parents first or to the person with a disability. I can tell them, 'ok every week you meet, every month I will come back and see what's happening for follow-up.' You can't train them and leave them. You have to follow up.*" (P1)

Both Participants 1 and 2 identified specific people in the community who need to be trained. Participant 2 initially mentioned that "community workers and the smallest unit of the community – family" would need training to which Participant 1 agreed and added that the training should be done with some degree of regularity to include follow-ups and not just to train people.

Most participants identified that communities need to be taught what services for persons with disabilities to develop or advocate for. However, most did not explicitly specify topics that should be taught to communities. Only one participant expressed that teaching communities should include measures to prevent the development of disabling disorders to further help empower the community.

> "*I was thinking not just augmenting or helping people with disabilities already. I think one of the roles that we would play as well is to teach them how to prevent...I think the community would have more responsibility in terms of preventing. For example, voice disorders if they could just know about vocal hygiene and the impact of smoking.*" (P3)

A question on where to draw the line of sharing one's professional skills such as rehabilitation techniques for speech development was also raised. One participant agreed that while teaching can be done in communities, there was a concern on what exactly to teach and the extent of the material that will be taught as she articulated, "*...where's the line wherein we will stop teaching….and we will still teach which*".

The Community-based Therapist

All participants recognized that they had some training in working with communities but as clinicians. Most see themselves not staying in the community and are expected to allocate time and technical resources in performing their role in community programs. As Participant 4 stated, "*In clinical SP, it's part of the deal to go to a community and start developing that community; only parts of your time would really be devoted to seeing actual patients.*"

Even upon presentation of the pictures, they see themselves contributing only when there is a need.

> "*You don't see yourself staying there very long. We can't go weekly on a weekly basis so you really have to train the parents to do the therapy on their children. You are not really there to do therapy. You demonstrate everything and train the parents.*" (P1)

There was only one participant though who identified herself as part of a community and that as a professional member, she can contribute to her own community's development.

> "*I am part of a community. And I want to be in a community who accepts these things, who are empowered enough. So I would do my part as a member of the community.*" (P3)

Discussion

The participants identified three key roles that can contribute to social development. While these roles are not distinct from what they have been doing on an individual level, considering the client as a member of a community highlights the need for speech-language pathologists to be advocates and educators that work with the community as a whole. The results provide insights into the areas of competence that may further inform the 2017 CHED memorandum and design courses that help graduates assume their roles in social development [21].

The World Health Organization defines advocacy as "*a combination of social actions designed to gain political commitment, policy support, social acceptance, and systems support for a particular goal or programme*" [27]. For advocacy to be successful, participants highlighted the importance of advocating for the speech-language pathologist profession and the needs of people with disabilities, incorporating empowerment in the process that may involve relinquishing their service provider role, and establishing a linkage with people in the community to ensure that activities are sustainable. These are aligned with the principles of advocacy that espouse clarity of purpose, person-centeredness, empowerment, and accountability, among others [28].

However, there is a need to go beyond impairment-focused therapy and consider issues on poverty and exclusion as well [3,7]. Although the participants mentioned targeting people with disabilities and their families, they have not mentioned areas of capacity building such as enabling those with communication disabilities to self-advocate. This may be related to the design of Filipino speech-language pathology education where the emphasis is given to developing

technical expertise as clinical practitioners and providing specialized technical assistance in various settings for different populations. Results also pointed towards the need to educate patients and clients on health promotion. While the involvement of speech-language pathology professionals in occupational health and public health is recognized in literature [21], insights from most of the participants were more reflective of individual- or impairment-focused therapy that only extends to immediate family members or small groups. An exception is one participant who proposed a health education role in the area of primary care, specifically disability prevention. Considering the implementation of the Universal Health Care law in the Philippines, there is a need to ensure a continuum of services from primary care to tertiary care. This may be achieved by ensuring that professionals are well-compensated when providing services involving disability prevention and health promotion services [29]. Furthermore, there is a need to equip speech-language pathology graduates with skills that will allow them to engage with the public health system of communities. This may entail early identification of communication and swallowing delays as well as referral of these individuals for appropriate preventive care [5,8]. Thus, there is a need for a paradigm shift in speech-language pathology education and practice towards adopting a population health perspective as well.

While the results shed light on the roles of Filipino speech-language pathology in social development, issues that still need to be addressed were also highlighted. One issue involves the extent of teaching in the community. This may partially be due to the emergence of individuals who falsely claimed competence in providing speech-language services after undergoing training from a speech-language pathologist. While the answer to this issue is currently unclear, professionals serving in the community should avoid conflicts brought about by role confusion. Role confusion takes place when there are trained community health workers willing to take on a shared responsibility of delivering health services to improve the conditions of people with functional limitations [30]. Though the participants mentioned that speech-language pathologists can serve as health educators, they were not keen to train other professionals to become agents of specific rehabilitation techniques and interventions. Therefore, there is a need to identify the scope of practice for community health workers in relation to speech-language pathology services. This will maximize community health as service providers in areas where there is an inadequate supply of health workers [3,30] while preventing issues brought about by role confusion at the same time.

Participants did not mention any role related to the development of epidemiological measurement tools to help generate well-researched data sets [4]. This potentially addresses the need to identify people with communication disorders in both pediatric and adult populations to ensure that rehabilitation services for them are provided. Compared to other health professions in the Philippines, speech pathology is still establishing itself as a contributor to public health initiatives. These may be seen in the increase of research-related courses in the new undergraduate curricula. Involvement in research related to this should then be encouraged when training speech-language pathologists. In addition, participants were also unable to discuss roles related to being program managers in community-based programs. They mostly viewed themselves as external to the community, where the community is in-charge of programs and the professionals come in only when their expertise is needed. This is also not explicitly mentioned in the scope of practice of speech-language pathologists in the Philippines. Therefore, there is a need to further clarify whether this is indeed part of what speech-language pathologists in the Philippines should be able to do.

Moving forward, the next step is to determine how well the current speech-language pathologist curriculum prepares future professionals for these roles. Follow-up research can also be conducted to explore the barriers and facilitators that hinder the fulfillment of these identified roles. Lastly, since all of the participants included in this study had some experience in community-based practice, perceptions of speech-language pathologists with no to minimal community experience would be useful to consider with these results. These insights would be vital as the profession continually evolves and develops standards of speech-language pathology education and practice and pushes for further involvement in community and social development.

Conclusion

Speech-language pathologists have three key roles in social development – as advocates for the profession and for people with disabilities, as health service educators, and as community-based therapists. The alignment of these roles with the curricular design of degree programs and continuing professional development activities would ensure adequate tooling of speech-language pathologists in performing these roles.

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