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**Online Journal of Missouri Speech-
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**Annual Publication of the Missouri
Speech-Language-Hearing
Association**

Scope of OJMSHA

The *Online Journal of Missouri Speech-Language-Hearing Association* is a peer-reviewed, interprofessional journal publishing articles that make clinical and research contributions to current practices in the fields of Speech-Language Pathology and Audiology. The journal is also intended to provide updates on various professional issues faced by our members while bringing them the latest and most significant findings in the field of communication disorders.

The journal welcomes academicians, clinicians, graduate and undergraduate students, and other allied health professionals who are interested or

engaged in research in the field of communication disorders. The interested contributors are highly encouraged to submit their manuscripts/papers to msha@shomemsha.org. An inquiry regarding specific information about a submission may be emailed to Jayanti Ray (jray@semo.edu).

Upon acceptance of the manuscripts, a PDF version of the journal will be posted online during August or September. This publication is open to both members and nonmembers. Readers can freely access or cite the articles.

Table of Contents

Research

| | |
|---|---|
| Leadership in Speech-Language Pathology <i>Kaitlyn E. Lange & Janet L. Gooch</i> | 9 |
|---|---|

| | |
|------------------------|----|
| Call for Papers | 31 |
|------------------------|----|

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Lisa Bell, M.A., CCC-SLP, is a clinical assistant professor in the CSD department at MSU. She has over 27 years of clinical and instructional experience as a public-school therapist, per diem clinician in a multitude of medical settings, and as a member of the graduate faculty at MSU. Lisa provides clinical instruction to graduate student clinicians and teaches the undergraduate "Observation II" course and a workshop for SLP Assistants.



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Hortencia Kayser is a graduate of the University of Arizona and received her doctorate from New Mexico State University. Dr. Kayser completed a post-doctoral fellowship with the University of Arizona's National Center for Neurogenic Communication Disorders where she studied acquired language disorders in children. She has published in the areas of assessment and treatment of Hispanic children with communication disorders and has written 3 books on these topics. Her specialization has been the preschool Hispanic child who is learning English. She has served at Texas Christian University, New Mexico State University (NMSU), and Saint Louis University (SLU). Dr. Kayser was a full professor at NMSU and SLU. She is a Fellow of ASHA and received the Award for Special Contributions for Multicultural Populations.



Victoria Carlson-Casaregola, MA, CCC-SLP, is a school-based Speech-Language Pathologist and university adjunct instructor of advanced writing in St. Louis. She holds a master's degree in English/Expository Writing from The University of Iowa and a Master of Arts in Communication Sciences and Disorders from Saint Louis University. In collaboration with SLP colleagues at St. Joseph Institute for the Deaf, she co-wrote *GOALS: A Listening and Spoken Language Guide*. She won First Place in the ASHA 2006 Student Ethics Essay competition.



Grace McConnell, PhD, CCC-SLP, is an assistant professor at Rockhurst University. She received both her PhD in Communication Sciences and Disorders from Kansas University. After receiving her M.A. in CSD from KU, she worked as a clinician in the schools for a decade before returning for doctoral studies. Her interests include language development, language disorders of school age children, and multicultural issues in CSD, including the effects of poverty on language development.



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Saneta Thurmon, M.A. CCC-SLP/A is the director of the Undergraduate Program of Communication Sciences and Disorders at Saint Louis University (SLU). She has dual certification in both Speech-Language Pathology and Audiology, both from the University of Tennessee-Knoxville. She has devoted her career to Aural Rehabilitation/Habilitation and clinical supervision. She has worked as faculty at Fontbonne University, Washington University, and the University of Tennessee and clinically in various settings, including Central Institute for the Deaf and The Center for Hearing and Speech before joining as

faculty at SLU. She currently teaches several courses at SLU, which include: Clinical Methods, Clinical Observation, Counseling, Clinical Practicum, Research Seminar, and Aural Rehabilitation. She is an assistant professor and is currently working on completing her Ph.D. in Higher Education Administration. She has presented at many peer-reviewed state and national conferences and has published in media and periodicals within the profession. She has also published on the topics of hearing aids, cochlear implants, and hybrid implants in peer-reviewed articles. Her research interests are in training SLPs in Aural Rehabilitation to fill the gap needed for SLPs to know more about how to treat deaf or hard-of-hearing patients. The increase of technology of cochlear implants and hearing aids available to children with hearing loss allows children to have access to aural/oral language. She is currently the Missouri Speech-Language and Hearing Association Vice President of Audiology Services and is working to improve collaboration between Audiologist and Speech-Language Pathologist in the state.



Wafaa Kaf, MD, MSc, PhD, CCC-A, FAAA, Professor and the Audiology Program Coordinator, Communication Sciences and Disorders Department at Missouri State University (MSU). Dr. Kaf earned her MBBCh degree in medicine and surgery from the Faculty of Medicine and a Master in Audiology during her medical residency at the Ear, Nose, Throat Department at Assiut University Hospitals, Faculty of Medicine, Assiut, Egypt. In 2003, Dr. Kaf obtained her PhD in Audiology from the University of Pittsburgh, Pittsburgh, PA, USA. Dr. Kaf's primary research interests are in the areas of early auditory evoked potentials to assess hearing thresholds using auditory brainstem response and auditory steady-state response, to study neural adaptation of the inner ear and auditory nerve using electrocochleography with CLAD technique in Meniere's disease and cochlear synaptopathy, and to investigate auditory efferent function using cochlear microphonics and OAEs. Dr. Kaf's additional research interest includes wideband acoustic immittance measurements in normal and pathological middle ear. Dr. Kaf has over 120 research publications and conference presentations at both national and international conferences. Dr. Kaf is an outstanding faculty and researcher. She has received several awards,

including two Foundation Awards for Excellence in Teaching (2009) and Research (2017) from Missouri State University, and the University 2016 Director's Award for Outstanding Faculty Research, Honors College. In 2019, she has been named as an accomplished professor at MSU. Regionally, she was awarded the Margo Skinner Award for Outstanding Audiologist in Missouri, Missouri Academy of Audiology. Nationally, she has been featured on the Hearing Health Magazine. Dr. Kaf's service to the profession is extensive and includes the appointed Program Chair, American Academy of Audiology (2020-2022), Audiology Track Chair, Missouri Speech-Language-Hearing Association Convention (2018-2020), and the President Elect/President of the Missouri Academy of Audiology (2015-2016). She has also served at several roles at ASHA and AAA Committees and is an expert reviewer at several professional journals and textbooks.



Dr. J. Nikki Gaylord is an assistant professor at Murray State University in the Center for Communication Disorders. Dr. Gaylord has been a practicing speech-language pathologist for over 20 years. She received her bachelor's and master's degrees from Southeast Missouri State University. She completed her Doctor of Clinical Science

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Leadership in Speech-Language Pathology

Kaitlyn E. Lange, B.S. & Janet L. Gooch, PhD, CCC-SLP
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Abstract

Leadership in speech-language pathology is incredibly important, yet it is an extremely subjective topic that has had relatively little investigation. The COVID pandemic has changed leadership expectations for many people as the stress and changed atmosphere have created new challenges for leaders to overcome. The purpose of this study was to explore aspects of leadership in speech-language pathology and compare findings to past research. This study was approved by the Truman State University Institutional Review Board (IRB) before current speech-language pathologists (SLPs) were surveyed regarding their opinions on leadership and how their expectations of leaders have changed as the COVID-19 pandemic has progressed. The largest number of respondents were clinical SLPs. The second largest group was professors/clinical supervisors who supervise speech-language pathology students in the educational setting, those who are in their clinical fellowship (CF), or speech-language pathology assistants (SLPAs). The American Speech-Language-Hearing Association (ASHA) requires SLPs to have a master's degree to practice; however, a number of respondents held an additional degree, most frequently, a doctorate. The findings suggest that SLPs view communication and the ability to listen as key leadership qualities, and that "increased understanding" is a quality that has increased value since the pandemic. The largest number of participants responded that the definition of leadership was to motivate people towards a goal.

Keywords: speech-language pathology, leadership, management, COVID

All fields require leaders, leadership, and management. Certain people have to take charge to guide and mentor others. Tasks need to be delegated, and roles need to be assigned. The field of speech-language pathology is no different. What makes leadership in speech-language pathology unique is the magnitude of new leadership opportunities, the paucity of research on leadership in the field, and the evolving environment in which leaders find themselves. Research on the topic of leadership is broad; however, the topic of leadership specifically within the field of speech-language pathology has gained little attention. The research that has been conducted has focused on describing leadership within the context of school-based speech-language pathology, which leaves out a large group of speech-language pathologists (SLPs) who work in

the medical setting, private practice, or universities. In a field that currently has 188,143 SLPs, according to ASHA's 2020 end of year membership, and is projected to grow by 25% before the year 2029, according to the U.S. Bureau of Labor Statistics, we must understand how to cultivate and empower the next generation with the knowledge to lead (American Speech-Language-Hearing Association, 2020; U.S. Bureau of Labor Statistics, 2021). That can only be done if we educate ourselves based on the existing patterns of successful leadership.

The purpose of this study was to examine leadership within the current field of speech-language pathology, particularly the perception of leadership among current speech-language pathologists. Specifically, the following research questions were addressed:

1: What qualities do current speech-language pathologists think make effective leaders in the speech-language pathology field?

2: What percentage of responding speech-language pathologists serve in leadership roles?

3: Has the COVID pandemic affected how current speech-language pathologists perceive leadership within the speech-language pathology profession?

Review of Literature

In an examination of leadership (managerial positions) in the field of speech-language pathology, Swigert (2008) compared speech-language pathology to the management track of nursing, where there are often predefined advancement opportunities. Swigert explained how in the field of speech-language pathology, limited leadership opportunities make it difficult for people to find leadership positions related to their line of work. This leads professionals to venture into related areas, outside of direct clinical practice, for a chance at career advancement.

Robinson (2010) in "Taking the Lead in School Settings" reflected on a leadership conference where he had heard from Teresa Cherry-Cruz, a director managing 22 other SLPs and two assistants within a public school. Based on her path to success, Robinson compiled a list of the six main qualities he found exemplified the leader who had made such an impact on others. The qualities Robinson described in Cherry-Cruz, and advocated for, in the development of future leaders included the ability to "look for opportunities wherever you are," "be a catalyst for change," "be creative," "define your personal vision of leadership," "keep growing," and "just do it" (Robinson, 2010).

Secord (2014) in "10 Skills You Need to Be a School Leader" attempted to answer the question, "what do school clinicians do that...makes them into

clinical leaders?" Towey, Fox, and Wiig collaborated with Secord on this research and noted ten traits based on the responses to their questionnaire. They determined the top three traits of school-based speech-language pathologist leaders to be good listening skills, collaboration, and "superb school-based crossover knowledge" (Secord, 2014).

Most recently, Carozza (2019) published *Leadership in Speech-Language Pathology*, one of the most comprehensive works in leadership in the field to date. Carozza (2019) used the terms "leadership" and "management" throughout her book and defined them based on definitions from Ledlow and Stephens (2018). Ledlow and Stephens described a management role as being "more reactive" and one that "remains tightly coupled with organizational policies, standards, guidelines, and established processes" (Ledlow & Stephens, 2018, p. 14). Conversely, they described a leader as being "proactive, involved in developing the organizational culture and strategic systems necessary to maximize the efficiency, effectiveness, and efficacy of the organization within the external environment" (Ledlow & Stephens, 2018, p. 14).

Pilling and Slattery (2004) identified six core qualities necessary for successfully transitioning to management. These skills include "effective communication skills, problem-solving ability, evidence-based practice focus/accountability, teamwork skills, [ability to remain] focused, [and a] background in health" (Pilling & Slattery, 2004, p. 88). One conclusion of the study was that "empathy and focus on detail often possessed by clinicians was considered to potentially impede the bigger picture view required by effective managers" (Pilling & Slattery, 2004, p. 88). Pilling and Slattery also explained how the small size of the profession could prevent career advancement due to the possibility of preventing clinical work

from being accomplished if personnel was taken away to complete other tasks.

Carozza referenced Gardner (1999) who suggested a list of skills that he believed developed over time as managers and leaders matured that included “intrapersonal awareness, interpersonal awareness, supporting others, managing others, and organization and environmental awareness” (Carozza, 2019b, p.17). Similar to this viewpoint, Goleman (2004) argued that emotional intelligence including “self-awareness, self-regulation, motivation, empathy, and social skills” was most important for great leaders (Carozza, 2019b, p. 17).

A section of a later chapter addresses conflict management, and various experts are referenced for tips and advice. Carozza explains that “most effective strategy is simply to problem-solve and find a resolution that satisfies the needs of every party involved” (Carozza, 2019a, p. 91). She points out that this may be impossible and oversimplifies complex issues. In such cases, four major options are listed, which include “yielding to the needs of others, compromising with all parties, contending, and inaction” (Carozza, 2019a, p. 92). Regardless of which approach is chosen, Carozza emphasizes that leaders should make an action plan to alleviate tension and gain consensus.

Papir-Bernstein (2019) addresses “leadership wellness” regarding burnout and stress management in Chapter 8 of Carozza’s book. Burnout is the final stage of stress but can also be termed “compassion fatigue” from the exhaustion of the emotional demands of a profession such as speech-language pathology, where the main concern is caring for other people (Papir-Bernstein, 2019, p. 110). Leaders need to understand the conditions that lead to stress and identify and manage stress and burnout in themselves and others.

Another section of Chapter 8 on facilitating knowledge describes how even though we have endless access to

information with the use of technology, leaders have an important role to play in looking through that web of information and picking out what is valuable to share with others on their team and what is “noise” (Silver, 2012, p.17). Papir-Bernstein quotes O’Dell and Grayson, who described this idea to “get the right knowledge to the right people at the right time” (O’Dell & Grayson, 1988, p. 6). What sets leaders apart is their ability to share knowledge based on personal experience and perception, the kind of information not learned from textbooks or formal education.

Recently, outside of the field of speech-language pathology, the impact of the COVID-19 pandemic on leadership has been discussed. Specifically, within the world of academia where the switch back and forth between remote learning has caused considerable conversation amongst leaders about not just the best way to handle the current situation but also how to better prepare for situations in the future. These ideas regarding a post-pandemic shift can also be applied more generally outside of academia. Fernandez and Shaw (2020) described how they have seen the leadership shift within academia and “disrupt longstanding patterns of behavior, to challenge opinions and organizational norms, and disrupt the status quo”. They explained how leaders have had to deal with “the transition to remote learning with flexibility, understanding, and compassion” (Fernandez & Shaw, 2020). Three major attributes have helped leaders navigate the current crisis of the pandemic and can also be applied to future crises. These include connecting with people through emotional intelligence and stress management, distributing leadership from a hierarchical structure “to a network of multi-disciplinary teams”, and communicating clearly through an appropriate medium for the audience (Fernandez & Shaw, 2020).

Within the business sector, there is also projected to be a shift in leadership

that possibly could be applied to leadership more generally. Whitwell (2021) describes findings from a survey CEMS–Global Alliance in Management Education conducted in 71 countries with 1,711 respondents within the business sector in his article “Resetting the Leadership Agenda Post-COVID-19.” Some of the major findings of his study included change and innovation in four major areas described as “new markets,” “new ways of communicating,” “new ways of working,” and “new opportunities and attitudes toward work” (Whitwell, 2021). In addition, “respondents believe leadership skills such as openness, empathy, resilience, and the ability to communicate will be of greater importance post-crisis” (Whitwell, 2021). Other skills such as “altruism and mindfulness ... will help leaders navigate the new normal” (Whitwell, 2021). While these leadership skills are projected to become more valuable as a result of the pandemic, other skills that have traditionally been important are expected to decrease in value. These include “strategic vision” and “technical skills” (Whitwell, 2021). Whitwell suggests that this shift in the value of specific leadership skills is a result of the destruction of the boundaries of “work and personal lives” and how important it will be for future leaders to help rebuild those boundaries (Whitwell, 2021). As the pandemic is creating a shift in the work environment, it will become more important for leaders to “make [an] investment in human capital through methods such as training and education” (Whitwell, 2021). The article emphasizes the need for “psychological safety,” “personal autonomy,” and “self-development” to both create future leaders for the post-pandemic world and to create a positive work environment with hands-on and involved leaders (Whitwell, 2021). Leadership changes could potentially create an environment that, while vastly different than anything previous, could also create a much more humane and

compassionate workforce that in the end is much stronger than it was before.

Methodology

Procedure

An electronic survey was crafted with a variety of questions targeting current speech-language pathologists’ demographics, views on leadership, and current positions. Some of these questions were based on previous research, with the idea that the population across a variety of settings provided for new analysis. The project was then submitted to the Truman State University Institutional Review Board (IRB) for review and was approved.

The survey was administered to participants as previously described, and they were asked to respond electronically and anonymously. It was a sample of convenience. Informed consent was obtained from all participants before they completed the survey. Participants were given approximately one month to complete the survey.

Participants

209 current speech-language pathologists responded to the survey. They were invited to participate in a variety of ways. The survey was distributed to the Missouri and Michigan state speech and hearing association listservs and was posted on the Michigan and Indiana speech and hearing association webpages. The survey was posted on two American Speech-Language-Hearing Association (ASHA) discussion boards specifically for ASHA members who have participated in the ASHA Leadership Academy and another for ASHA Leadership Development Program Alumni. The survey was also forwarded to a number of personal contacts.

Data Analysis

Of the 217 total respondents to the survey, eight were omitted because they were students, or they were retired. The

remaining 209 were practicing speech-language pathologists.

For the multiple-choice questions that asked for demographic information, questions 1, 2, 20, 21, and 22 (see appendix), and leadership information, questions 5-18, 23, 25, and 26 (see appendix), the percentage of speech-language pathologists who responded in each category was calculated. Question 26 (see appendix) was only given to respondents who answered “no” to question 25 (see appendix).

Short answer questions 3, 4, 19, and 24 (see appendix) were analyzed using qualitative thematic analysis by observing common themes amongst the data then dividing the data into those thematic categories. Question 24 (see appendix) was only given to participants if they

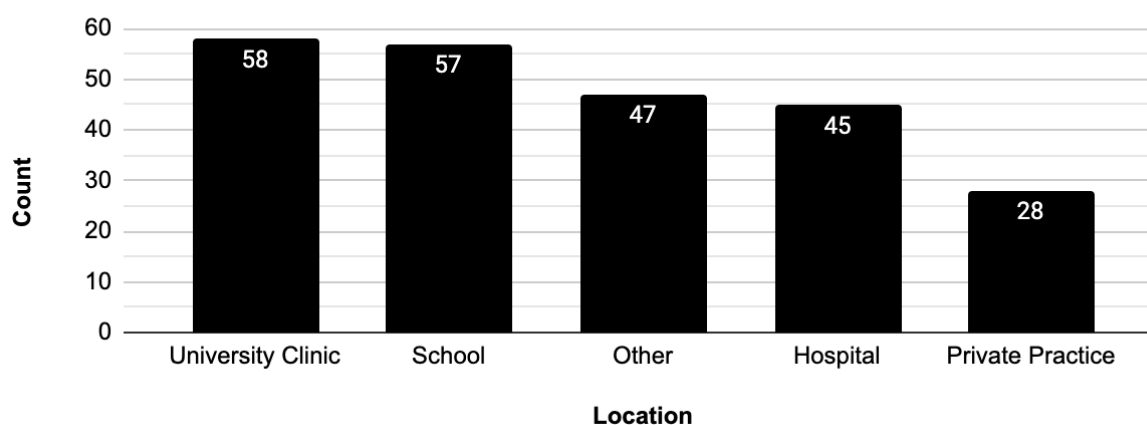
responded they held a leadership position in question 23 (see appendix). The percentage of respondents in each category was then calculated.

Results

Out of 209 respondents, 27.8% of participants were 50-60 years old, 26.3% were 40-50 years old, 24.9% were 30-40 years old, 11.5% were 20-30 years old, 9.1% were 60-70 years old, and 0.5% were 70-80 years old. The average age of respondents was 40-50. 95.2% of the respondents were female, 4.3% were male, and 0.5% responded other. Out of 207 respondents, 59.4% of participants did not provide therapy on a part-time basis, and 40.6% did. Out of 206 respondents, 58.7% of participants did not provide therapy on a full-time basis, and 41.3% did.

Figure 1

Where do you practice?

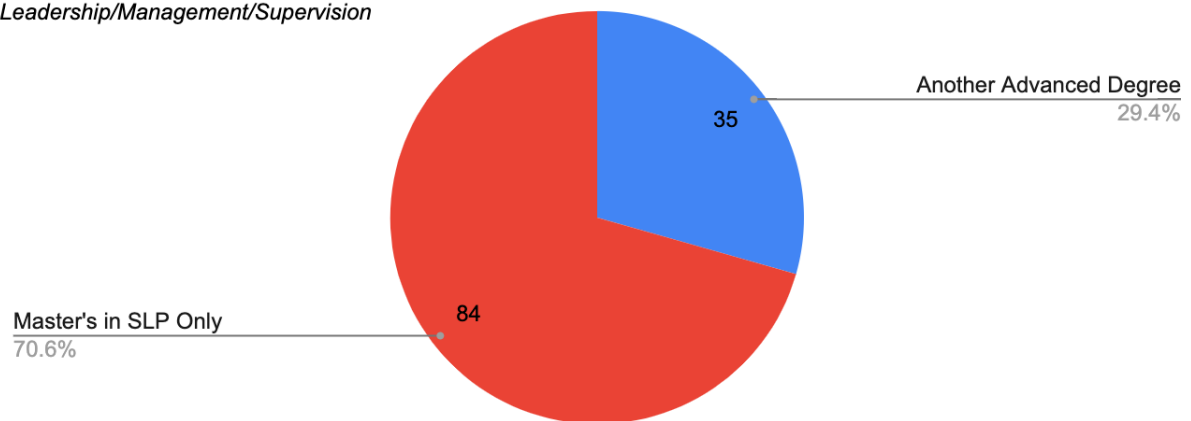


Out of 209 participants, each of the practice locations was selected the following number of times: “University

Clinic” 58 times, “School” 57 times, “Other” 47 times, “Hospital” 45 times, and “Private Practice” 28 times.

Figure 2

Leadership/Management/Supervision

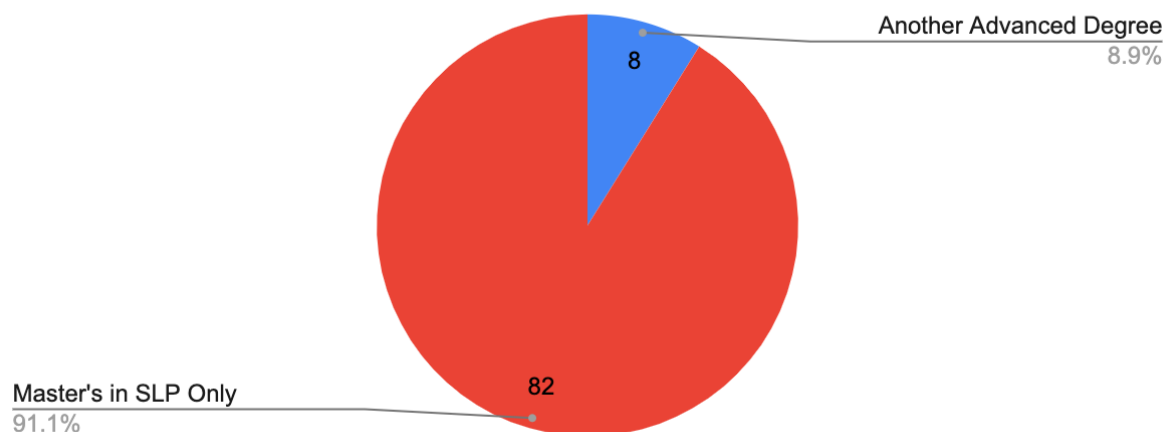


Out of 56.94% of respondents who held a job with a strong leadership/management/supervisory

component, 70.6% held a master's degree in speech-language pathology only. 29.4% held another advanced degree.

Figure 3

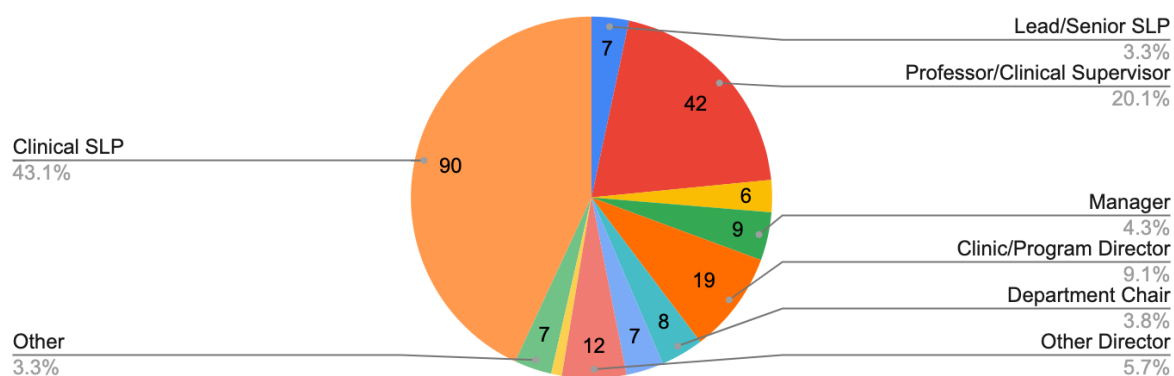
Clinical SLP



Out of 43.06% of respondents who were clinical speech-language pathologists whose jobs did not have a strong leadership component, 91.1% held a master's degree in speech-language

pathology only. 8.9% held another advanced degree.

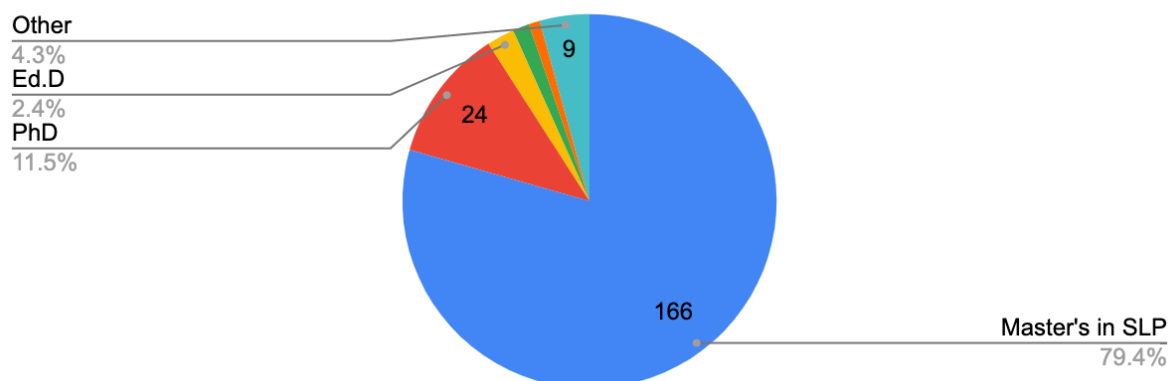
Figure 4
Jobs



Out of 209 participants, 43.1% were “Clinical SLP”, 20.1% were “Professor/Clinical Supervisor”, 9.1% were “Clinic/Program Director”, 5.7% were “Other Director”, 4.3% were

“Manager”, 3.8% were “Department Chair”, 3.3% were “Other”, 3.3% were “Clinic Coordinator”, 3.3% were “Lead/Senior SLP”, 2.9% were “Administrator”, and 1% were “C-Level”.

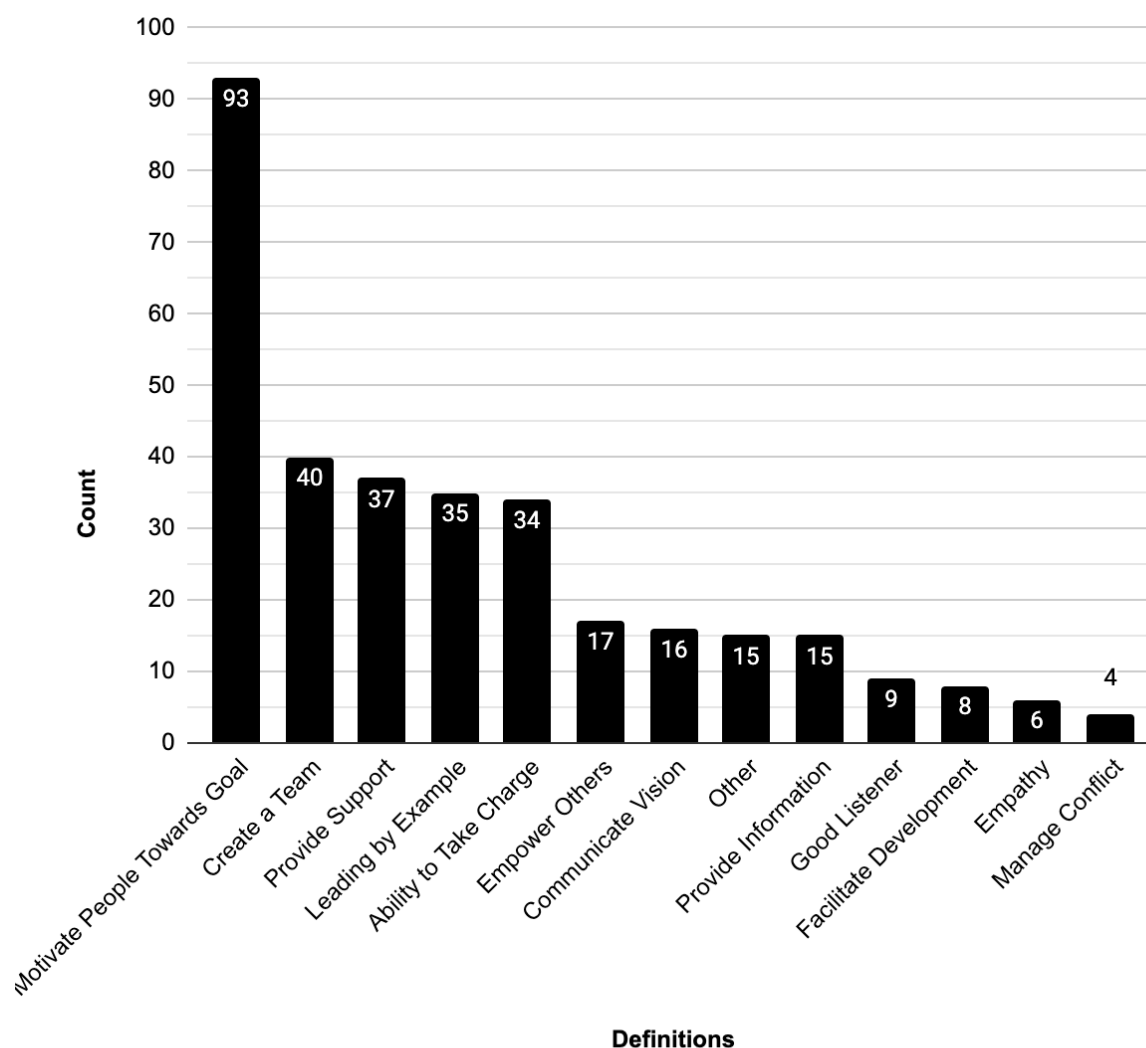
Figure 5
Degrees



Out of 209 respondents, 79.4% held a “Master’s in SLP”, 11.5% held a “PhD”, 4.3% held “Other”, 2.4% held a

“Ed.D”, 1.4% held a “MBA”, 1% held a “SLPD”.

Figure 6
Leadership Definitions



Out of 183 participants, the following themes were found in their leadership definitions: “Motivate People Towards Goal” 93 times, “Create a Team” 40 times, “Provide Support” 37 times, “Leading by Example” 35 times, “Ability to Take Charge” 34 times, “Empower Others” 17 times, “Communicate Vision” 16 times, “Other” 15 times, “Provide Information” 15 times, “Good Listener” 9 times, “Facilitate Development” 8 times, “Empathy” 6 times, “Manage Conflict” 4 times.

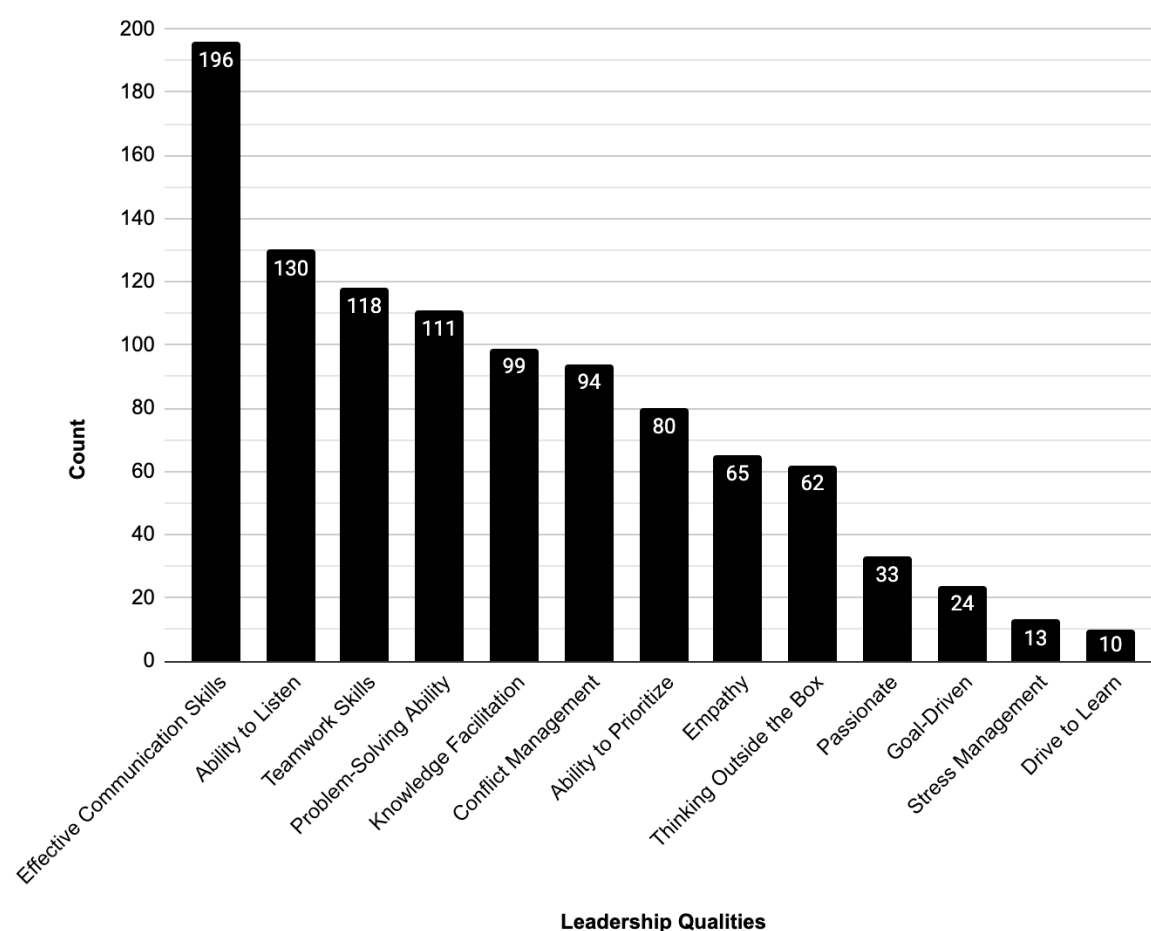
99.5% of respondents said effective communication was a quality of a good leader. 100% of participants said problem-

solving abilities and teamwork skills were qualities of a good leader. 93.8% of respondents said thinking outside the box was a quality of a good leader, while 5.3% were unsure, and 1% said it was not. 99.5% of participants said conflict management was a quality of a good leader. 91.9% of respondents said stress management was a quality of a good leader, while 6.2% were unsure, and 1.9% said it was not. 95.2% of participants said knowledge facilitation was a quality of a good leader, while 3.4% said they were unsure, and 1.4% said it was not. 86.5% of respondents said being goal-driven was a quality of a good leader, while 11.1% were

unsure, and 2.4% said it was not. 82.9% of participants said being passionate was a quality of a good leader, while 14.1% said they were unsure, and 2.9% said it was not. 92.2% of respondents said having the drive to learn was a quality of a good leader, while 5.3% were unsure, and 2.4% said it was not. 95.7% of participants said

having empathy was a quality of a good leader, while 2.9% were unsure, and 1.4% said it was not. 99.5% of respondents said having the ability to listen was a quality of a good leader. 97.6% of participants said having the ability to prioritize was a quality of a good leader.

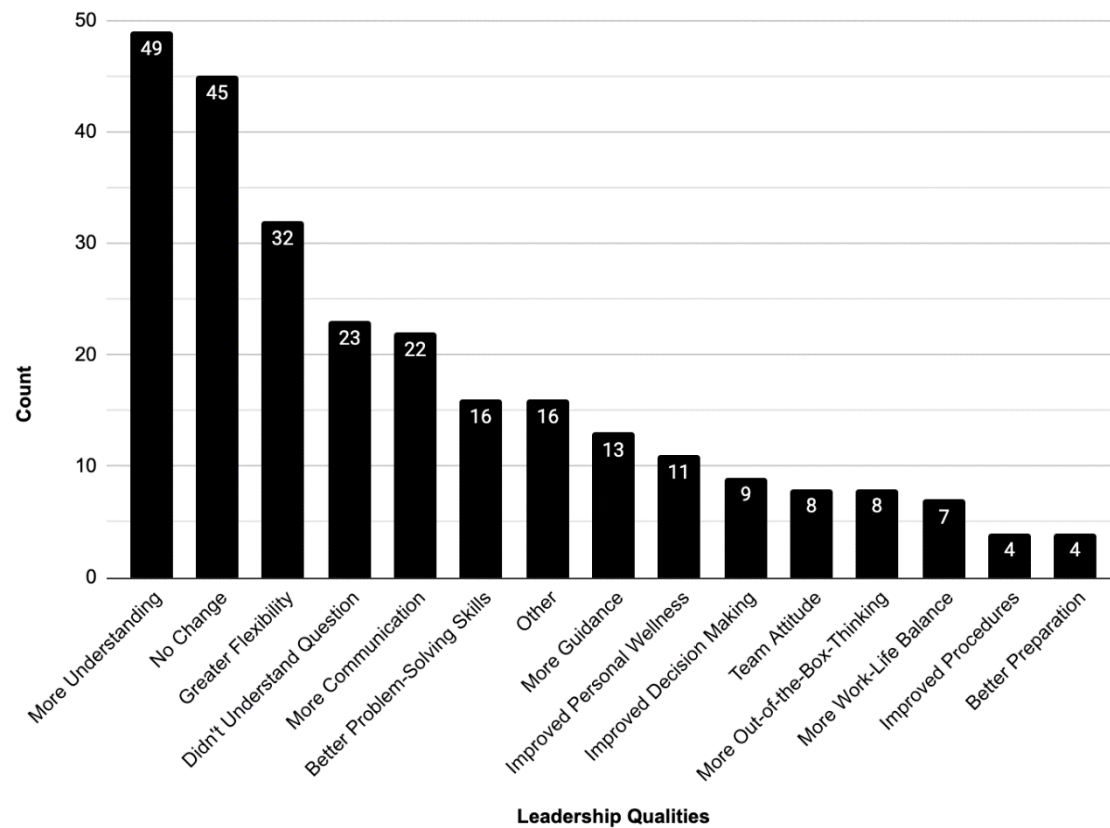
Figure 7
Top 5 Leadership Qualities



209 participants each were instructed to choose five leadership qualities; although, some only choose three or four. Each of the following leadership qualities was chosen the following number of times: “Effective Communication Skills” 196 times, “Ability to Listen” 130, “Teamwork Skills” 118 times, “Problem-Solving

Ability” 111 times, “Knowledge Facilitation” 99 times, “Conflict Management” 94 times, “Ability to Prioritize” 80 times, “Empathy” 65 times, “Thinking Outside the Box” 62 times, “Passionate” 33 times, “Goal-Driven” 24 times, “Stress Management” 13 times, “Drive to Learn” 10 times.

Figure 8
COVID Expectations

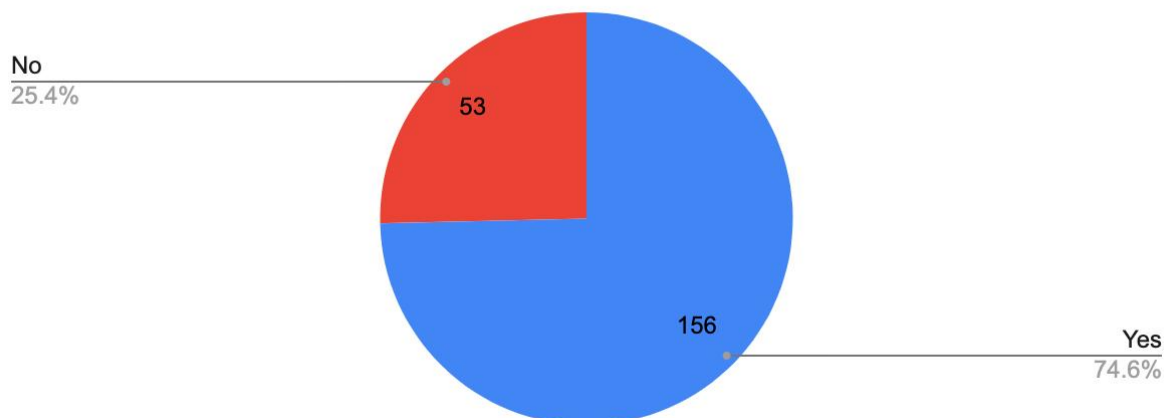


Out of 184 respondents, the following themes for how expectations of leadership have changed since COVID has begun were found: “More Understanding” 49 times, “No Change” 45 times, “Greater Flexibility” 32 times, “Didn’t Understand Question” 23 times, “More Communication” 22 times, “Better Problem-Solving Skills” 16 times, “Other”

16 times, “More Guidance” 13 times, “Improved Personal Wellness” 11 times, “Improved Decision Making” 9 times, “Team Attitude” 8 times, “More Out-of-the-Box-Thinking” 8 times, “More Work-Life Balance” 7 times, “Improved Procedures” 4 times, “Better Preparation” 4 times.

Figure 9

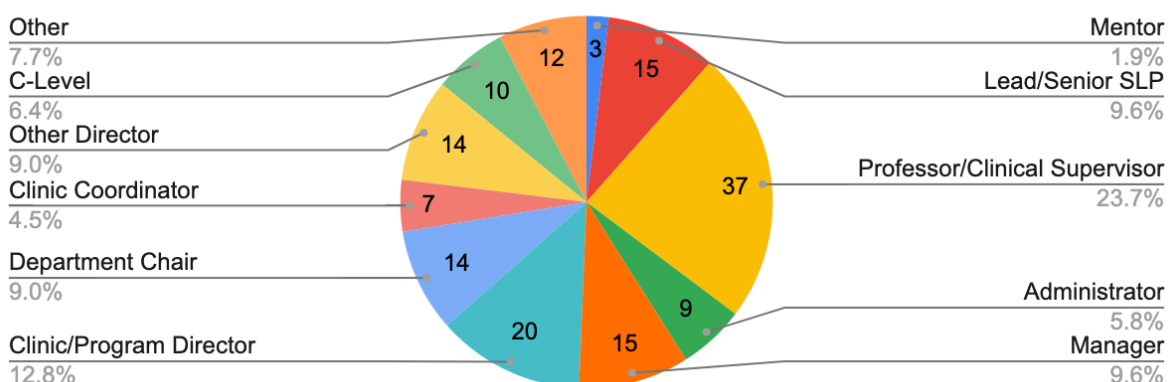
Do you hold a leadership/management/supervisory role?



74.6% of participants said they held a leadership/management/supervisory role.

Figure 10

Leadership Role

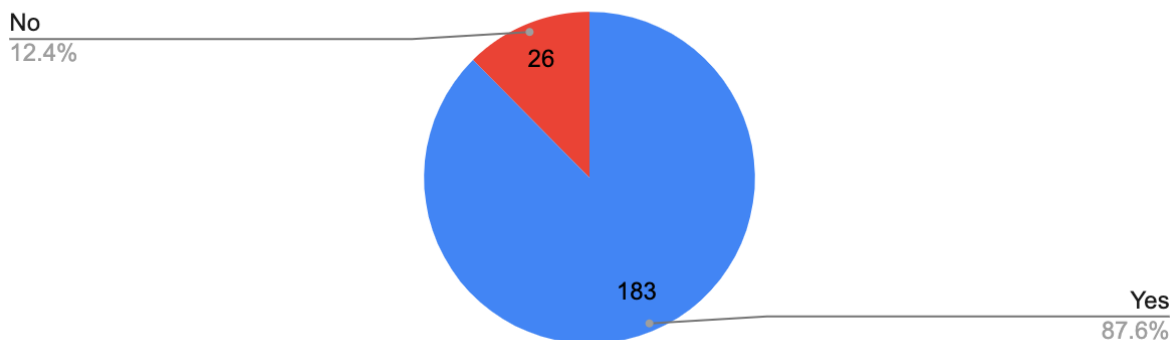


Of the 74.6% of respondents who held a leadership/management/supervisory role, 23.7% were “Professor/Clinical Supervisor”, 12.8% were “Clinic/Program Director”, 9.6% were “Lead/Senior SLP”, 9.6% were “Manager”, 9.0% were “Other

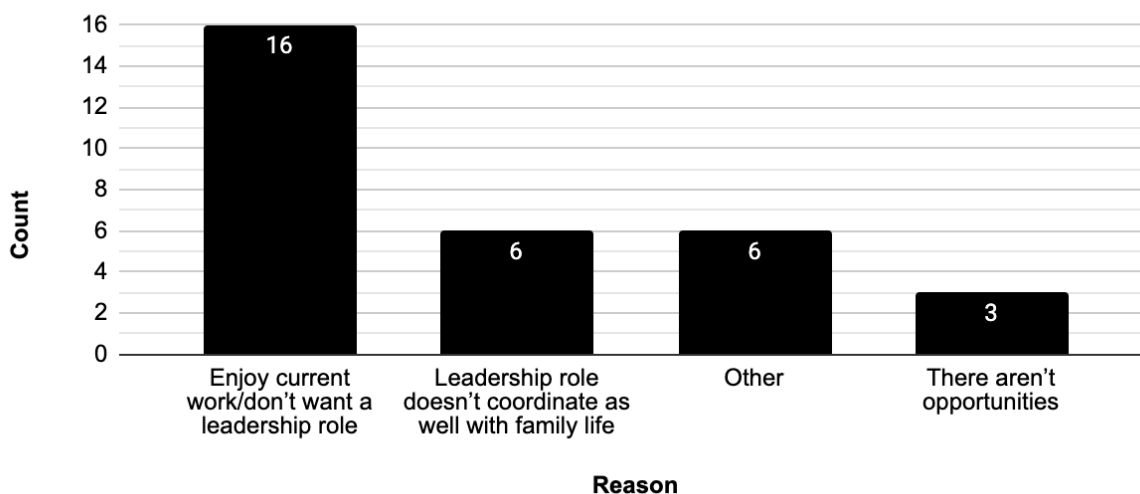
Director”, 9.0% were “Department Chair”, 7.7% were “Other”, 6.4% were “C-Level”, 5.8% were “Administrator”, 4.5% were “Clinic Coordinator”, and 1.9% were “Mentor”.

Figure 11

Do you see yourself holding a leadership role in the future?



87.6% of participants saw themselves holding a leadership role in the future.

Figure 12*Why don't you see yourself in a leadership role in the future?*

12.4% of respondents did not see themselves holding a leadership role in the future and provided the following explanations: “enjoy current work/don’t want a leadership role” 16 times, “leadership role doesn’t coordinate as well with family life” 6 times, “other” 6 times, and “there aren’t opportunities” 3 times.

Discussion

The increase in the number of leadership/management/supervision positions by participants who held an advanced degree may indicate that an advanced degree is beneficial when acquiring a leadership position in the field. While the majority of current SLPs do not have an advanced degree beyond the required master’s, there is a notable difference, which may indicate that a leadership role may be easier to obtain with additional degrees.

Respondents to the survey indicated that nearly all of the leadership qualities were “qualities of a good leader”. The characteristics that were considered to be of relatively less importance were “being goal-driven” and being “passionate”. It is interesting to note that the main objection was not to say that these were not characteristics of a good leader but that participants were unsure if they were. Both of these characteristics

imply emotions. Traditionally, people associate leadership with actions rather than emotions. Passion, in particular, implies that a person is in that position because they have a genuine interest in leading, not because they are trying to advance their career. For some people, the lack of passion would not impact their ability to lead and may be the reason for the uncertainty in some responses.

The top six qualities respondents chose as the most important leadership qualities included effective communication, the ability to listen, teamwork skills, problem-solving ability, knowledge facilitation, and conflict management (see Figure 7). Both effective communication and the ability to listen were not surprising due to the response population being speech-language pathologists and therefore, communication experts. While the majority of participants agreed “softer” skills like empathy, being passionate, and stress management were skills that a good leader should have, these skills were not represented when participants were asked to pick the most important. The skills that respondents in this study indicated were the most important aligned with previous research, despite respondents’ explanations of how the COVID pandemic has changed their leadership expectations. For example, the

respondents in this study agreed with respondents in the Pilling and Slattery (2004) study in that effective communication, teamwork skills, and problem-solving ability were among the most important leadership qualities. In addition, Secord (2014) found in his article “10 Skills You Need to Be a School Leader,” that good listening skills, teamwork, and knowledge facilitation were important - three characteristics that were highly ranked by respondents in this study as well. In agreement with Secord and the results of this study, Papir-Bernstein devoted an entire section to the importance of knowledge facilitation in *Leadership in Speech-Language Pathology*. Carozza emphasized conflict management elsewhere in the book, aligning with how Gardner (1999) referenced it as a top leadership skill in addition to teamwork. The respondents in this study agreed.

The variety of leadership roles reported by the respondents in this study contradicts Swigert (2008) analysis of the speech-pathology field, as there appears to be a large number of leadership opportunities, including those directly related to clinical management (see Figure 10). Recently, speech-language pathology assistants (SLPAs) have been used to help combat the SLP shortage. The American Speech-Language-Hearing Association (ASHA) now certifies SLPAs and is creating university programs specifically for them. SLPAs need to be supervised by an SLP which could have been a reason so many SLPs held leadership/management/supervisory roles. This did not exist when the Swigert study was written in 2008 and could possibly account for the discrepancy.

Participants gave a variety of responses to the question that asked, “How do you define leadership?” (See Figure 6); however, the five major themes identified were the ability to motivate people towards a goal, the ability to create a team, the ability to provide support, leading by

example, and the ability to take charge. Many of the characteristics described in Robinson (2010), while not all represented in the top five for this study, were also common themes found in respondents’ answers. The qualities that Robinson (2010) discussed such as “be a catalyst for change” and “keep growing” are viewed as similar to the quality of “facilitating development” mentioned by respondents in this study. In addition, Robinson’s qualities to “just do it” and to “look for opportunities wherever you are” are similar to the quality of “the ability to take charge” described by participants in this study. The clear distinction Ledlow and Stephens (2018) described between “leadership” and “management”, specifically regarding leadership being more proactive, was not seen in the results of this study. However, the characteristic that most closely relates to this idea was “the ability to take charge”, which was in the top five themes represented. The planning of goals and monitoring progress that Carozza describes was expressed as “the ability to motivate people towards a goal” by the respondents in this study. Decision-making was identified as facilitating development in this study. Emotional intelligence, specifically empathy, that Goleman (2004) addressed, was mentioned in some of the participants’ definitions.

Respondents answered that the biggest change in their expectations of leadership since the COVID pandemic was for “more understanding” (see Figure 8). This is an interesting finding given that Pilling and Slattery claimed that empathy, which is considered synonymous with “more understanding”, could impede leadership (Pilling & Slattery, 2004, p. 88). One possible reason for the difference is that the Pilling and Slattery article was prior to COVID, and this study specifically asked how expectations have changed due to COVID. Greater flexibility and more communication were also qualities that respondents stated they expected more of

in leaders since the pandemic. Compared to the Gardner article, this study also recognized the importance of a team attitude; however, it was ranked relatively low in this study compared to the other qualities. It is possible that “burnout” as described by Papir-Bernstein has increased in prevalence due to COVID. The qualities of a leader that help employees avoid and overcome burnout were listed by respondents as “changed expectations”, specifically greater flexibility, improved personal wellness, and work-life balance. Similar to how leadership has changed in the business world and in academia, changes in communication appeared to be a major impact of the pandemic in this field. Many participants mentioned how the shift to virtual learning has required more frequent intentional contact. Flexibility and understanding that were also mentioned as key changes to leadership in academia were the top changes found in this study. Whitwell (2021) talked about the importance of reconstructing work-life balance which many respondents in this study also mentioned.

Limitations

One limitation of this study was in its distribution. While the study was distributed in a variety of ways and to a variety of locations, it was a survey of convenience, meaning there was little control over who responded. The respondents may not have been completely representative of the speech-language pathology population as a whole. It is also possible that some participants who did not fit the correct demographic responded and influenced the data.

Some of the methods used for distribution were directed toward personal contacts of professors at a university. This may have skewed the results to include a greater number of professors.

For some of the questions, participants did not respond or did not respond appropriately, in particular for the

short answer responses. All questions were optional to respond to; therefore, the response population for each question varied. The question that asked, “how has your expectations of leaders changed since COVID has begun” had a lot of yes/no responses when the question specifically asked for “how” (see Figure 8). The “no” responses were interpreted as “there has been no change”; however, the “yes” responses were classified as “did not understand the question”.

Future Study

This study was specific to the field of speech-language pathology. It would be interesting to administer the same survey to professionals in different fields to see if there are similar trends to those found among SLPs or whether there are different trends that are field-specific. Some possible recommendations for other fields would be nursing, business, and academia because these fields also require excellent interpersonal relationships.

Since some of this study dealt with the impact of the COVID-19 pandemic, this study could be repeated a few years from now to see if the results would change as the impact of the pandemic is no longer immediate and current. It would then be possible to see if the qualities of effective leadership would change to how it was before COVID-19 or if the changes observed in this study persist.

Implications

This study has multiple implications for training future speech-language pathologists. The first is the importance of leadership training. Since many of the respondents in this study indicated that they held leadership positions, and the field is growing at a rapid rate, it is essential that students be prepared for the probability that they will hold a leadership position in the future. As a profession, consideration should be given to what leadership training should entail and how it should be implemented.

Possibilities include formal peer mentor programs, shadowing experienced supervisors, and more collaborative group projects that are crafted with the idea of teaching leadership through a team leader that rotates. Another possibility would be to simulate the multidisciplinary, interdisciplinary, and transdisciplinary work seen in a variety of settings by creating collaboration between student clinicians across disciplines working with the same client. Student leaders could be assigned and rotated so that opportunities to run meetings, manage discussions, and manage paperwork could be had by multiple students across multiple settings. This would not only give students the opportunity to learn leadership skills, but it would also allow students more experience with different job possibilities.

Another implication of this research is concerning stress management and burnout. This is a substantial issue not just in the field of speech-language pathology but in the workforce in general. The COVID-19 pandemic seemed to only heighten this issue. As mentioned previously, leaders are often relied upon to help enhance and improve the mental and emotional health of employees; however, they often have little formal training in this area. During students' undergraduate and graduate education, information should be provided regarding time management and work(school)-life balance. These skills are often taught briefly at the start of an educational program, and, while still valuable, students may not yet understand the application in the professional world. It would be valuable to have a specific class during graduate school that is dedicated to the topic of stress management and how to avoid burnout. Students would have a better idea about what expectations will exist in their future careers by that point. The class would have the biggest impact if multiple resources, professors, and even guest speakers were used to gain a variety of perspectives, insights, and ideas, as management methods vary in their

effectiveness for different people and settings.

The top three leadership qualities found in this study were effective communication skills, the ability to listen, and teamwork skills. These skills should also be taught in formal education settings. All three of these skills could be taught and learned by implementing more collaborative group projects, such as case studies that allow students to do more than memorize information but to analyze, evaluate, and create. Projects similar to the ones explained previously would also be applicable to teach these skills. It is incredibly important that these skills are transferable to students' future careers.

The ideas for formal leadership development for students can also be provided for practicing speech-language pathologists. Workshops and seminars where topics of leadership are explained, and leadership skills practiced in hands-on activities would be beneficial. It is also important that leaders encourage others that they supervise to practice leadership skills in a safe environment with support and encouragement, allowing potential leaders to make mistakes and learn from them.

Conclusions

In response to the first research question, "What qualities do current speech-language pathologists think make effective leaders in the speech-language pathology field?" respondents chose effective communication, the ability to listen, teamwork skills, and problem-solving ability as the most important skills. This aligns with the majority of previous research despite the evidence that more understanding (also described as increased empathy) has been a changed expectation of leaders since the COVID-19 pandemic. This also answers the third research question, "Has the COVID pandemic affected how current speech-language pathologists perceive leadership within the speech-language pathology profession?"

The majority of participants did agree that leadership within the field has changed.

In response to the second research question, “What percentage of responding speech-language pathologists serve in leadership roles?” 74.6% of participants in this study did. A major factor in this

response was likely the fact that the educational path for the field requires supervision of student clinicians in undergraduate and graduate school, internships, and clinical fellowships (CF).

References

- American Speech-Language-Hearing Association. (2020). *2020 Member & affiliate profile*. Retrieved from <https://www.asha.org/siteassets/surveys/2020-member-and-affiliate-profile.pdf>
- Carozza, L. S. (2019a). Negotiation, politics, and the concept of power. In L. S. Carozza (Ed.), *Leadership in speech-Language pathology*. (pp. 87-100). Plural Publishing.
- Carozza, L. S. (2019b). Qualities of effective leaders. In L. S. Carozza (Ed.), *Leadership in speech-Language pathology*. (pp. 13-34). Plural Publishing.
- Fernandez, A. A., & Shaw G. P. (2020). Academic leadership in a time of crisis: The coronavirus and COVID-19. *Journal of Leadership Studies*, 14(1) 39-45. doi: 10.1002/jls.21684
- Gardner, H. (1999). Multiple approaches to understanding. In C. M. Reigeluth (Ed.), *Instructional design theories and models: A new paradigm of instructional theory* (Vol. 2, pp. 69-89). Lawrence Erlbaum.
- Goleman, D. (2004). *What makes a leader?* Retrieved from <https://hbr.org/2004/01/what-makes-a-leader>
- Ledlow, G., & Stephens, J. (2018). *Leadership for health professionals: Theory, skills, and applications* (3rd ed.). Jones & Bartlett Learning.
- O'Dell, C., & Greyson, C.J. (1998). *If only we knew what we know: The transfer of internal knowledge and best practice*. The Free Press.
- Papir-Bernstein, W. (2019). Leadership wellness: Establishing healthy leadership cultures. In L. S. Carozza (Ed.), *Leadership in speech-Language pathology*. (pp. 101-148). Plural Publishing.
- Pilling, S., & Slattery, J. (2004). Management competencies: Intrinsic or acquired? What competencies are required to move into speech-Pathology management and beyond? *Australian Health Review*, 27(1), 84-92. doi: 10.1071/AH042710084
- Robinson, T. L. (2010). Taking the lead in school settings. *The ASHA Leader*, 15(11). doi: 10.1044/leader.FTP.15112010.23
- Secord, W. (2014). The 10 skills you need to be a school leader. *The ASHA Leader*, 19(5). doi: 10.1044/leader.SCM.19052014.28
- Silver, N. (2012). *The signal and the noise: Why so many predictions fail - But some don't*. New York: Doubleday
- Swigert, N. B. (2008). Management roles for speech-Language pathologists in health care. *The ASHA Leader*, 13(16). doi:10.1044/leader.FTR6.13162008.22
- U.S. Bureau of Labor Statistics. (2021). *Speech-Language pathologists*. Retrieved from <https://www.bls.gov/ooh/healthcare/speech-language-pathologists.htm#:~:text=4%25-,Employment%20of%20speech%2Dlanguage%20pathologists%20is%20projected%20to%20grow%2025,cause%20speech%20or%20language%20impairments>
- Whitwell, G. (2021). *Resetting the leadership agenda post-COVID-19*. Retrieved from <https://www.aacsb.edu/insights/2021/january/resetting-the-leadership-agenda-post-covid-19>

Appendix

Leadership in Speech-Language Pathology Survey

You are being invited to take part in a research study designed to help us learn more about leadership skills among current speech-language pathologists. The results of this study will hopefully lead to a presentation or publication to disseminate the findings more broadly. We are studying leadership specific to the field of speech-language pathology because we believe there is more to learn about this topic that can assist in the preparation of future leaders in the field.

This section gives you the information you will need to help you decide whether to be in the study or not. You may ask any questions about the research, the possible risks and benefits, your rights as a volunteer, and anything else that is not clear. When all of your questions have been answered, you can decide if you want to participate in this study or not.

You are being invited to take part in this study because you are a current speech-language pathologist.

You must be 18 years or older to participate in this study.

During this study, you will be asked subjective questions regarding your opinions on leadership in the speech-language pathology field.

If you agree to take part in this study, your involvement will last for about 10 to 20 minutes.

There are no foreseeable risks from participating in this study.

We do not know if you will benefit from being in this study. However, we hope that, in the future, other people might benefit from this study because we will have a better understanding of leadership in the speech-language pathology field and how leadership has changed due to the COVID pandemic so that we can better teach leadership skills.

You will not be paid for being in this research study.

The information you provide during this research study will be kept confidential to the extent permitted by law. To help protect your confidentiality, we will not use any identifying information and password-protect individual data until it is destroyed 5 years after the completion of the study.

If the results of this project are published your identity will not be made public.

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you chose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

You will not be treated differently if you decide to stop taking part in the study. You are free to skip any questions that you would prefer not to answer.

If you have any questions about this research project, please contact Dr. Janet Gooch at (660)-785-4106 or by email at jquinzer@truman.edu.

If you have questions about your rights as a participant, please contact the Truman State University Institutional Review Board Administrator, at (660) 785-7245 or by email at irb@truman.edu.

Proceeding to the survey indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in the study.

1. What is your age group?

Mark only one square.

- ☐ 20-30
- ☐ 30-40
- ☐ 40-50
- ☐ 50-60
- ☐ 60-70
- ☐ 70-80
- ☐ 80-90

2. What is your gender?

Mark only one square.

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer Not to Answer

3. What is your current job title and degree?

Leadership Qualities

4. How do you define leadership?

5. Are effective communication skills a quality of a good leader?

Mark only one square.

- ☐ Yes
- ☐ No
- ☐ Unsure

6. Are problem-solving abilities a quality of a good leader?

Mark only one square.

- ☐ Yes
- ☐ No
- ☐ Unsure

7. Are teamwork skills a quality of a good leader?

Mark only one square.

- ☐ Yes
- ☐ No
- ☐ Unsure

8. Is thinking outside the box (offering multiple solutions to problems) a quality of a good leader?

Mark only one square.

- ☐ Yes
- ☐ No
- ☐ Unsure

9. Is conflict management a quality of a good leader?

Mark only one square.

- ☐ Yes
- ☐ No
- ☐ Unsure

10. Is stress management a quality of a good leader?

Mark only one square.

- ☐ Yes
- ☐ No
- ☐ Unsure

11. Is knowledge facilitation (sharing information and expanding the knowledge base for ourselves and others) a quality of a good leader?

Mark only one square.

- ☐ Yes
- ☐ No
- ☐ Unsure

12. Is being goal-driven a quality of a good leader?

Mark only one square.

- ☐ Yes
- ☐ No
- ☐ Unsure

13. Is being passionate a quality of a good leader?

Mark only one square.

- ☐ Yes
- ☐ No
- ☐ Unsure

14. Is having a drive to learn a quality of a good leader?

Mark only one square.

- ☐ Yes
- ☐ No
- ☐ Unsure

15. Is having empathy a quality of a good leader?

Mark only one square.

- ☐ Yes
- ☐ No
- ☐ Unsure

16. Is having an ability to listen a quality of a good leader?

Mark only one square.

- ☐ Yes
- ☐ No
- ☐ Unsure

17. Is the ability to prioritize a quality of a good leader?

Mark only one square.

- ☐ Yes
- ☐ No
- ☐ Unsure

18. Pick the top 5 qualities of a good leader

Check all that apply.

- ☐ Effective Communication Skills
- ☐ Problem-Solving Ability
- ☐ Teamwork Skills
- ☐ Thinking Outside the Box (offering multiple solutions to problems)
- ☐ Conflict Management
- ☐ Stress Management

- ☐ Knowledge Facilitation (sharing information and expanding the knowledge base for ourselves and others)
- ☐ Goal-Driven
- ☐ Passionate
- ☐ Drive to Learn
- ☐ Empathy
- ☐ Ability to Listen
- ☐ Ability to Prioritize

General Questions

19. How have your expectations of your leaders changed since COVID has begun?

20. Where do you practice?

Check all that apply.

- ☐ Hospital
- ☐ School
- ☐ Private Practice
- ☐ University Clinic
- ☐ Other

21. Do you provide therapy on a part-time basis?

Mark only one square.

- ☐ Yes
- ☐ No

22. Do you provide therapy on a full-time basis?

Mark only one square.

- ☐ Yes
- ☐ No

Your Leadership

23. Do you hold a leadership/management/supervisory role?

Mark only one square.

- ☐ Yes *Skip to question 24*
- ☐ No *Skip to question 25*

Leadership/Management/Supervisory Role

24. What role do you hold?

Future Plans

25. Do you see yourself holding a leadership role in the future?

Mark only one square.

- ☐ Yes
- ☐ No *Skip to question 26*

Explanation

26. Why not?

Check all that apply.

- ☐ Enjoy current work/don't want a leadership role
- ☐ Leadership role doesn't coordinate as well with family life

- ☐ There aren't opportunities
- ☐ Other

Author's Note

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Call for Papers: The Online Journal of Missouri Speech-Language Hearing Association

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All manuscripts should be accompanied by a cover letter requesting that the manuscript be considered for publication and stating that the manuscript has not been published previously and is not currently submitted elsewhere. The contact author's business address and phone number should be included. The names of any student authors who contributed to the article should also be included in the cover letter.

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A completely double-spaced electronic version of the manuscript should be attached to the author's cover letter and e-mailed to jray@semo.edu. A system of blind review is available to contributors. Authors who wish to remain anonymous to the editorial consultants during the review process should attach a second copy of the manuscript with no names or institutional references by which a reviewer could identify the author. Responsibility for removal of identifying information rests with the author.

Tables and Figures

Copies of tables and figures should be attached to each copy of the manuscript. Use Arabic numerals for both tables and figures, and do not use suffix letters for complex tables; instead, simplify complex tables by making two or more separate tables. MS Office tools may be used for figures and tables. Table titles and figure captions should be concise but explanatory. The reader should not have to refer to the text to decipher the information. The pictures (color or black/white) should be submitted using the jpeg format (resolution: 300x800 dpi). Keep in mind the width of a column or page when designing tables and figures.

Figures/charts and tables created in MS Word should be included in the main text rather than at the end of the document. Pictures may be submitted using separate files.

References

All literature, as well as test and assessment tools, must be listed in this section. References should be listed alphabetically, then chronologically under each author. Journal names should be spelled out and italicized. Pay particular attention to accuracy and APA style for references cited in the text and listed in the References. The reference page may be single-spaced.

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Papers should only be submitted for consideration once the authorization of all contributing authors has been gathered. Those submitting papers should carefully check that all those whose work contributed to the paper are acknowledged as contributing authors. The list of authors should include all those who can legitimately claim authorship. This is all those who have made a substantial contribution to the concept and design, acquisition of data or analysis

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All papers reporting human studies must include whether written consent was obtained from the local Institutional Review Board (IRB).

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Kaitlyn E. Lange & Janet L. Gooch

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