

Marshall University

Marshall Digital Scholar

Theses, Dissertations and Capstones

2023

Graduate-level leadership training for speech-language pathologists: perceptions, attitudes, and potential effect on career

Sandra Kemper

sandra.kemperslp@gmail.com

Follow this and additional works at: <https://mds.marshall.edu/etd>



Part of the [Educational Administration and Supervision Commons](#), [Educational Leadership Commons](#), [Higher Education Commons](#), [Speech and Hearing Science Commons](#), and the [Speech Pathology and Audiology Commons](#)

Recommended Citation

Kemper, Sandra, "Graduate-level leadership training for speech-language pathologists: perceptions, attitudes, and potential effect on career" (2023). *Theses, Dissertations and Capstones*. 1818.
<https://mds.marshall.edu/etd/1818>

This Dissertation is brought to you for free and open access by Marshall Digital Scholar. It has been accepted for inclusion in Theses, Dissertations and Capstones by an authorized administrator of Marshall Digital Scholar. For more information, please contact beachgr@marshall.edu.

**GRADUATE-LEVEL LEADERSHIP TRAINING FOR SPEECH-LANGUAGE
PATHOLOGISTS: PERCEPTIONS, ATTITUDES, AND POTENTIAL EFFECT ON
CAREER**

A dissertation submitted to
Marshall University
in partial fulfillment of
the requirements for the degree of
Doctor of Education
in
Leadership Studies
by
Sandra Kemper
Approved by
Dr. Feon Smith, Committee Chairperson
Dr. Bobbi Nicholson
Dr. Kelly Rutherford

Marshall University
August 2023

Approval of Dissertation

We, the faculty supervising the work of **Sandra Kemper**, affirm that the dissertation, *Graduate-Level Leadership Training for Speech-Language Pathologists: Perceptions, Attitudes, and Potential Effect on Career*, meets the high academic standards for original scholarship and creative work established by the EdD Program in Leadership Studies and the College of Education and Professional Development. The work also conforms to the requirements and formatting guidelines of Marshall University. With our signatures, we approve the manuscript for publication.

Feon Smith

Feon Smith (Jun 26, 2023 09:56 EDT)

Dr. Feon Smith, Department of Adult and Continuing Education Committee Chairperson

06/26/2023

Date

Bobbi Nicholson

Dr. Bobbi Nicholson, Department of Leadership Studies Committee Member

6/26/2023

Date

Kelly Rutherford

Dr. Kelly Rutherford, Department of Communication Disorders Committee Member

06/26/2023

Date

© 2023
Sandra Kemper
ALL RIGHTS RESERVED

Dedication

To my children, Brayden, Landry, and Jolie. You are my reasons for so many things and always will be. I hope you know that you can do anything you set your mind to.

Acknowledgments

While working towards the completion of my dissertation, I received tremendous support and guidance from my dissertation committee. Dr. Feon Smith, Dr, Bobbi Nicholson, and Dr. Kelly Rutherford have provided excellent feedback and advice throughout the project. I cannot thank them enough for helping me with this endeavor.

I would also like to thank my husband, Tony Kemper, for his support and encouragement during my studies. You have always given me the “coaching” I need to live to my true potential and step out of my comfort zone.

I am especially grateful to my parents, who have taught me the value of hard work and instilled in me an unwavering determination to complete whatever task I begin. You never set limits on what I could accomplish and your example of love and dedication to each other and your family does not go unnoticed.

Lastly, I would be remiss if I did not acknowledge my “village” of friends, coworkers, and family members who helped me navigate the many items on my to-do list. The messages of encouragement, the ability to talk things out, and endless other forms of support helped more than you will ever know.

Table of Contents

List of Tables	ix
Abstract.....	xi
Chapter 1: Introduction.....	1
Background.....	4
Leadership Skills Needed for the Successful SLP	5
Evidence of the Need for Leadership Training.....	8
Statement of the Problem.....	9
Purpose of the Study.....	10
Research Questions.....	11
Methods	12
Research Design	12
Participants.....	12
Instrument	13
Limitations	14
Significance Statement	14
Chapter 2: Review of the Literature.....	16
Speech-Language Pathology and Leadership.....	16
Leadership Skills needed for the SLP	19
Leadership Roles and Responsibilities for the SLP.....	21
Clinical Leadership	21

Professional Leadership	22
Supervisory Leadership	25
Leadership Training at the Graduate Level	30
Potential Impact on Career	33
Chapter 3: Research Methods	35
Research Questions	35
Research Design	35
Population and Sample	36
Survey Instrument	37
Survey Distribution	38
Data Analysis	39
Summary	39
Chapter 4: Results	40
Population and Sample	40
Findings Related to RQ 1	42
Findings Related to RQ2	46
Findings Related to RQ3	50
Findings Related to RQ4	53
Findings Related to RQ5	56
Findings Related to Qualitative Data	59

Effects on career.....	59
Leadership Challenges	63
Leadership Lessons.....	66
Lacking Areas of Leadership Training	70
Summary.....	74
Chapter 5: Summary, Implications, and Recommendations.....	76
Purpose of Study.....	77
Summary of Findings.....	78
Discussion of Findings.....	86
Implications for Practice.....	92
Recommendations for Further Study	93
References.....	96
Appendix A: IRB Approval Letter	103
Appendix B: Participant Email	105
Appendix C: Survey Questions.....	106

List of Tables

Table 1	Leadership Competencies Needed for SLPs in Supervisory/Management Positions	6
Table 2	Definitions of Key Terms	38
Table 3	Participant Information	41
Table 4	Communication and Teamwork Development	43
Table 5	Experiences that Contributed to the Development of Communication and Teamwork Skills	44
Table 6	Perceived Levels of Confidence	45
Table 7	Importance of Communication and Teamwork Skills in Clinical, Professional, and Supervisory Skills	46
Table 8	Supervision and Staff Management Development	47
Table 9	Experiences that Contributed to the Development of Supervision and Staff Relations.....	48
Table 10	Importance of Supervision and Staff Relations in Clinical, Professional and Supervisory Leadership Roles	49
Table 11	Negotiation and Advocacy Development	50
Table 12	Experiences that Contributed to the Development of Negotiation and Advocacy Skills	52
Table 13	Importance of Negotiation and Advocacy Skills in Clinical, Professional and Supervisory Leadership Roles	53
Table 14	Financial Management Development	54

Table 15	Experiences that Contributed to the Development of Financial Management Skills	55
Table 16	Importance of Financial Management Skills in Clinical, Professional and Supervisory Leadership	56
Table 17	Organizational Practices and Planning Development	56
Table 18	Experiences that Contributed to the Development of Organizational Practice and Planning Skills	57
Table 19	Importance of Organizational Practice and Planning Skills	58
Table 20	Expectations of Demonstrating Clinical, Professional and Supervisory Leadership Skills	60
Table 21	Sufficient Leadership Training for your Career	60
Table 22	Innate Leadership Traits Identified within SLPs	87
Table 23	Leadership Competencies Identified as Developing in Graduate school Experiences with 25% or Higher Identification	88
Table 24	Leadership Competency Development in Graduate School vs. Early Career Experiences	89
Table 25	Leadership Competencies Identified as Still Developing	90

Abstract

The aim of this study is to determine how a perceived lack of leadership training at the graduate level contributes to inadequate preparedness for the clinical, professional, and supervisory leadership roles professionals hold within the field of speech-language pathology (Kummer, 2017). More specifically, this study will seek to identify current leadership concerns of practicing SLPs, exploring whether and/or how lack of leadership training has affected their professional growth or career. The information can serve to guide the development of leadership training opportunities in speech-language pathology graduate programs. This descriptive, non-experimental study utilized purposive sampling of speech-language pathologists licensed in the states of Ohio and West Virginia. An online survey was created using Qualtrics® and sent to participants via email addresses gathered from state licensing boards to ensure a diverse sample of speech-language pathologists working in a variety of settings. The findings of this study indicate that SLP's feel unprepared for the leadership roles required of their career. Furthermore, results indicate that SLPs are required to demonstrate leadership skills early in their career, placing the SLP at a disadvantage for career advancement and promotion.

Chapter 1: Introduction

Communication disorders have been documented throughout history. Many individuals with these differences were left untreated, and the resulting speech and language difficulties impaired a person's ability to communicate with others. The first documented clinicians were known as speech practitioners, speech doctors, or speech correctionists (Duchan, 2002), with a primary focus on treating individuals who stutter. The background areas of study of early practitioners included education, medicine, or elocution (Duchan, 2002). Early services were often provided in specialized schools, clinics (Duchan, 2002), or classrooms within large school districts (Duchan, 2010). The focus of early practitioners grew from an emphasis on the treatment of stuttering to including categories such as lispings, thick speech, motor aphasia, mutism, and nasality, as described by Smiley Blanton in 1916 (Duchan, 2010). Other early pioneers in the field, such as Sara Stinchfield Hawk, began to focus on a detailed list of diagnostic codes that would form the basis for consistent vocabulary to be used within the field (Duchan, 2010). As awareness of speech disorders in America grew, the need for formal training in this area was recognized, resulting in the creation of graduate programs dedicated to studying and treating communication disorders (Duchan, 2002).

Similarly, as the number of professionals working with communication disorders grew, the need for strong leadership was acknowledged resulting in the development of the American Speech-Language-Hearing Association or ASHA (Duchan, 2002). Early leadership efforts of this organization included establishing a standardized set of diagnostic codes and treatment procedures that focused on the areas of stuttering and speech production. Over the years, the field of speech-language pathology has expanded to include voice, social communication, cognitive-communication, receptive/expressive language, swallowing disorders, aural

rehabilitation, accent modification, and augmentative and alternative communication (AAC) (ASHA, n.d.-a). With each expansion, the speech-language pathologist's role and responsibilities also expanded, creating the need for continuing education and training in new skill sets. ASHA serves as a source of credentialing for its more than 223,000 members, which includes speech-language pathologists, audiologists, speech-hearing scientists, support personnel, and graduate-level students (ASHA, n.d.-i). ASHA is responsible for providing the scope of practice as well as identifying the roles and responsibilities of each profession. ASHA provides opportunities for and monitoring of continuing education courses. It has established the Certificate of Clinical Competence (CCC) to ensure that members maintain adequate knowledge and skills in an ever-changing profession.

Currently, a speech-language pathologist is an individual that strives to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults (ASHA, n.d.-i). In addition, speech-language pathologists also work with the deaf or hard of hearing by providing aural rehabilitation and augmentative and alternative communication systems to clients considered nonverbal (ASHA, n.d.-b). Throughout the history and formation of the field of communication disorders, the need for strong leadership has been evident. In more recent years, the need for additional leadership training was recognized with the creation of ASHA's program entitled Future Leaders Academy (ASHA, 2013-b). The purpose of the program was to provide leadership training for potential volunteer leaders to serve within ASHA and ensure the continued progressive growth of the organization (ASHA, 2013-a), however, did not address the leadership needs of the working SLP. The results of this program indicated a need for leadership training at various levels among ASHA members. By 2013, ASHA had further created the Linking, Learning, and Leading

program that served to develop leaders in the early stage of their careers by providing mentoring support, specific leadership training, and leadership opportunities within the ASHA organization (ASHA, 2013-a). The Leadership Academy and Leadership Development programs are additional ASHA-sponsored programs that offer resources and specific leadership training for ASHA members (ASHA, n.d.-b). SLPs that are interested in a more structured year-long leadership program are accepted into the Leadership Development program, which offers more support and guidance for leadership development (ASHA, n.d.-g). While ASHA has recognized a need for strong leadership within the national organization and developed various leadership programs for those individuals that are interested, some SLPs may not have the opportunity or inclination to participate and do not gain the benefit of learning valuable leadership skills.

Within a given workday, SLPs employ a variety of roles which include clinical, professional, and supervisory leadership skills (Kummer, 2017). Clinical skills focus on the abilities needed to influence and evoke change in the behaviors of the clients and caregivers to increase the communicative ability of the client. To manage client care in the most effective and efficient manner, an SLP frequently works within an interdisciplinary team or with administrative staff, demonstrating evidence of the need for professional leadership skills. Furthermore, SLPs rely on supervisory leadership skills for a variety of reasons within the workplace. SLPs provide supervision of clinical hours for graduate students and new SLPs completing their clinical fellowship year. Due to an ever-expanding scope of practice and overwhelming caseload size in some areas, SLPs work with and supervise speech-language pathology assistants. Additionally, SLPs can be promoted to manager, team leader, or director within their workplace, requiring supervisory leadership skills. SLPs may, however, lack the

knowledge and specific leadership skills needed to successfully move into these positions, which may result in missed opportunities or unsuccessful career promotions.

Leadership skills are important for the speech-language pathologist as they complete the roles and responsibilities outlined by ASHA. Further evidence suggests that SLPs require a vast array of leadership skill sets, however, little documented attention is given to leadership training within graduate programs. As documented by Tolan (2021), a severe lack of leadership training exists at the graduate level in the field of communication disorders when compared to other health-related programs. Although Pilling and Slattery (2004) established a list of management competencies required for speech-language pathologists to move from clinicians into positions of management, the specific leadership competencies needed for clinical, professional, and supervisory leadership roles have not been clearly identified. Moreover, the potential effect of insufficient leadership training at the graduate level has not been addressed and warrants further investigation.

Background

The field of communication disorders, specifically speech-language pathology, requires a strong set of leadership skills to successfully navigate the roles and responsibilities of a complex and ever-changing field. The focus of this literature review is to establish a brief history of the relationship between speech-language pathology and the importance of leadership. Furthermore, the various leadership roles and the specific qualities needed for success are explored, leading to evidence supporting a lack of leadership training at the graduate level of study. The literature reviewed for this topic includes leadership skills needed for the successful SLP and evidence of the need for leadership training. The basis for the literature review included journal articles, a dissertation, and various position papers, including the roles and responsibilities of the speech-

language pathologists. In addition, a peer-reviewed PowerPoint and poster presentation were also utilized for the review of literature.

Leadership Skills Needed for the Successful SLP

Specific leadership needs vary based on the work setting of the SLP; however, all SLPs have three main types of leadership roles (LR) within their position, as outlined by Ann Kummer (2017). This presentation described the differences as: (a) clinical, (b) professional, and (c) supervisory leadership roles incorporated throughout the typical workday and resulting in a “situational need” for different leadership competencies (LC). Clinical leadership involves the skills needed when working with clients and caregivers regarding the plan of care to provide the best outcomes for the communication disorder (Kummer, 2017). Within the professional LR, SLPs must collaborate with administrators and other professionals to provide the best outcomes for their clients. In addition, SLPs participate in or lead interdisciplinary teams requiring a unique set of leadership skills when working with colleagues outside the discipline or other coworkers. Kummer (2017) highlighted the leadership skills required in the supervisory role that many SLPs hold. A speech-language pathologist can serve as a supervisor for graduate students obtaining clock hours, which requires a level of supervisory leadership and teaching of valuable professional skills (ASHA, n.d.-b). Furthermore, due to rising caseloads and other work demands, many SLPs supervise speech-language pathology assistants (SLP-A) (Wheat, 2018). The supervisory role may also expand to the supervision of other SLPs or employees within the work setting which often includes managerial aspects (Wheat, 2018).

Pilling and Slattery (2004) determined the leadership competencies needed when speech-language pathologists move from clinicians into positions of management. Specifically, SLPs require a mental shift of focus from clinician-based roles to more managerial roles. This

transition involves the enhancement of previous skills as well as the incorporation of newly trained skills related to the supervision of others. The mental shift includes skills needed for success and how the SLP views themselves once taking on a more managerial role (Pilling & Slattery, 2004). Six primary areas of leadership competencies with additional subcategories necessary for the SLP to move into supervisory/management positions were identified and are listed in Table 1 (Pilling & Slattery (2004).

Table 1

Leadership Competencies Needed for SLPs in Supervisory/Management Positions

Competencies	Definitions
Effective communication	Effective listening skills, oral and written language skills, articulate, ability to read the situation, ability to translate complex issues into meaningful and understandable terms for others, diplomatic, networking skills, negotiation skills
Problem-solving ability	Analytical skills, detail focus, systematic (step-by-step approach), hypothesis testing, lateral thinking
Evidence-based practice focus/ Accountability	Research knowledge to daily work, ability to search for evidence, demonstrate outcomes, systems view of the world
Teamwork skills	Interpersonal skills, empathy, diligent, delegation skills, conflict management, easy to work with
Focus	Decision-making, judgement, organized, good time management
Background in health	Useful when managing health industries

Note. This table demonstrates the leadership competencies identified as important when speech-language pathologists transition from clinical roles into management roles (Pilling & Slattery, 2004).

Further discussion indicated that SLPs might innately possess some of the competencies which make them appropriate candidates for moving into leadership positions (Pilling & Slattery, 2004). SLPs are trained to address communication disorders which require strong communication skills of listening, clearly expressing oneself, presenting complex ideas in appropriate terms, and identifying the situational need of clients' communication ability. SLPs are often required to solve complex problems related to individual client needs and utilize a systematic process toward meeting goals which require analytical skills to constantly assess progress toward meeting clients' communication goals. SLPs are often "easy to work with," demonstrating strong interpersonal skills and empathy toward the needs of clients. Specifically, the categories of effective communication skills, problem-solving abilities, and teamwork abilities were cited as strong skill sets for most SLPs (Pilling & Slattery, 2004). While some SLPs demonstrate these skills, others may require further development of the specific leadership competencies for the clinical, professional, and supervisory (including managerial) roles. Furthermore, new SLPs may accept leadership roles before gaining the needed skills to successfully navigate the situation (Lincoln, et.al.,2001). Skill areas deemed most important for new SLPs were future planning, professional practices (including advocacy), and team leadership skills (Lincoln et al., 2001). Leadership training has the potential to address all competencies required and equip the SLP for successful clinical, professional, and supervisory leadership implementation within their professional career.

While there is not a specific list of leadership competencies identified within ASHA guidelines, leadership is recognized as an area of importance. Within the *Roles and Responsibilities of Speech-Language Pathologists in Schools*, the areas of advocacy, supervision/mentorship, providing professional development, and parent training along with the

use of evidence-based assessment and intervention practices, are discussed as vital requirements for leadership within the school setting (ASHA, 2010). Furthermore, *Knowledge and Skills in Business Practices for Speech-Language Pathologists Who Are Managers and Leaders in Health Care Organizations* (ASHA, 2004), cites areas of leadership relating to understanding and implementation of programs related to the vision and mission of the organization, as well as communication and motivation of team members. Specific skills identified include interpersonal skills of mediation and negotiation, requiring active listening, empathy, and the ability to work with others (ASHA, 2004).

Evidence of the Need for Leadership Training

As described by Tolan (2021), a lack of leadership training exists within speech-language pathology graduate programs when compared to other healthcare disciplines. Specific data indicates that 6% of speech-language pathology graduate programs document leadership components within the mission statements and curriculum, which is significantly lower than other healthcare disciplines reviewed (Tolan, 2021). Comparatively, the other healthcare disciplines and corresponding data are listed as follows: occupational therapy (82%), nursing (62%), physical therapy (42%), and audiology (12%). To further support the lack of leadership training, Newport et al. (2021) surveyed school-based SLPs. They found that 92% of respondents had no leadership training within their graduate curriculum experience, and only 7% felt prepared for leadership roles upon graduation. In addition, of those SLPs surveyed, 54% reported holding a leadership position outside their role as a speech-language pathologist (Newport et al., 2021).

As outlined above, a recognized need for leadership training has been identified for continued progression of the field of communication disorders with specific leadership roles incorporated into the profession of speech-language pathology. Leadership competencies,

however, are not clearly identified within the literature for the areas related to clinical, professional, and supervisory roles. Leadership training needs are often left to the individual SLP to obtain, which could negatively influence career advancement. Further research is needed in this area to determine SLPs' perceptions of specific leadership training needs related to clinical, professional, and supervisory leadership competencies and the potential influence from a lack of leadership training at the graduate level on the professional career of the speech-language pathologist.

Statement of the Problem

The problem to be addressed is the literature gap regarding the potential effects of limited or missing graduate-level leadership training in the field of speech-language pathology. As professionals, SLPs are often required to manage or balance three main Leadership Roles: clinical, professional, and supervisory leadership responsibilities (Kummer, 2017). Specific areas of concern related to insufficient leadership training in the field of speech-language pathology are the poor promotion of the field of speech-language, contributing to decreased public understanding of the scope of practice, lack of preparedness for independent practice, lack of advocacy for professional needs (Tolan, 2021), increased supervisory responsibilities with the use of speech-language pathology assistants, professional mentoring, and increased use of interdisciplinary teams (Kummer, 2017). In addition, many SLPs hold leadership positions of managers, directors, or team leaders within their work settings that fall outside the roles and responsibilities of a speech-language pathologist.

A recent study by Tolan (2021), indicated a marked absence of leadership training opportunities in the graduate curriculum of speech-language pathology programs when compared with other healthcare disciplines. Currently, graduate-level students observe supervisors as they

navigate various leadership situations throughout the workday; however, no formal leadership training appears to be built into the curriculum, according to Tolan (2021). Clinical educators are encouraged to utilize the Continuum of Supervision as developed by Anderson (1988), which continues to be referenced in ASHA's guidelines regarding supervision (ASHA, n.d.-f). However, research on the clinical, professional and supervisory leadership needs of speech-language pathologists (SLPs) has not been completed, indicating a need for further research in this area. While the American Speech-Language and Hearing Association (ASHA) has recognized the need for leadership training in the field and has developed the ASHA Leadership Academy for current SLPs with an interest in acquiring leadership training, not all SLPs may have the inclination or resources to pursue that option. Therefore, leadership training at the graduate level is an important criterion in the preparation of SLPs to ensure they can assume the leadership roles their practice requires. Furthermore, an absence of leadership training at the graduate level may result in missed opportunities for career advancement of practicing speech-language pathologists.

Purpose of the Study

The aim of this study is to determine how a perceived lack of leadership training at the graduate level contributes to inadequate preparedness for the clinical, professional, and supervisory leadership roles professionals hold within the field of speech-language pathology (Kummer, 2017), more specifically the leadership competencies of Communication and Teamwork Skills, Supervision and Staff Relations, Negotiation and Advocacy Skills, Financial Management Skills, and Organizational Practices and Planning Skills as identified by Pilling and Slattery (2004), Lincoln, et al (2009). Inadequate leadership skills can lead to a variety of concerns related to poor advocacy for the professional needs of a speech-language pathologist

and limited administrative awareness regarding the positive benefits of speech-language pathology (Tolan, 2021). Furthermore, Kummer (2017) cites specific changes within the profession that require additional leadership skills. These changes are related to the increased use of speech-language pathology- assistants and interdisciplinary teams, as well as professional mentoring of new speech-language pathologists. In addition to the above-stated concerns resulting from inadequate leadership skills, SLPs may also hold specific roles as team leaders, managers, or directors or operate an independent practice that can be negatively affected by poor leadership ability. More specifically, this study will seek to identify leadership competencies needed for the role of clinical, professional, and supervisory leader, identify leadership concerns of practicing SLPs, and exploring whether and/or how lack of leadership training has affected their professional growth or careers. This information will serve to guide the development of future leadership training opportunities in speech-language pathology graduate programs.

Research Questions

This study aims to identify the perceptions, attitudes, and beliefs of speech- language pathologists as it pertains to clinical, professional, and supervisory leadership. In order to accomplish the stated purpose of the study, the following questions will be asked.

Research Question 1: To what extent do SLPs find Effective Communication/Teamwork skills important in clinical, professional, and supervisory practice?

Research Question 2: To what extent do SLPs find Supervisory/Staff Relations Management skills important in clinical, professional, and supervisory practice?

Research Question 3: To what extent do SLPs find Negotiation/Advocacy skills important in clinical, professional, and supervisory practice?

Research Question 4: To what extent do SLPs find Managing Funding skills important in clinical, professional, and supervisory practice?

Research Question 5: To what extent do SLPs find Organizational Practices and Management skills important in clinical, professional, and supervisory practice?

Methods

This study aims to explore the potential effects on the career path of the speech-language pathologists (SLPs) related to a lack of leadership training at the graduate level. The specific research design, participants, materials, and procedures are discussed below.

Research Design

A non-experimental, descriptive design was used to determine the personal perceptions and attitudes of speech-language pathologists regarding the leadership skills needed within the clinical, supervisory, and professional leadership roles of their profession and how a potential lack of leadership training at the graduate level has affected their professional career growth. This study employed a mixed methods convergent design that will allow for both qualitative and quantitative data to be collected.

Participants

The intended population for this study consisted of licensed speech-language pathologists practicing within the states of West Virginia and Ohio. As speech-language pathologists work in a variety of settings, no exclusionary criteria will be identified regarding work settings or job-related experience to ensure data collection from a diverse population; however, participants must be licensed to practice within the above-mentioned states. According to the US Bureau of Labor and Statistics (May 2021), an approximated number of 4,200 speech-language pathologists work within the states of West Virginia (760) and Ohio (3,440).

Instrument

A web-based survey was developed using Qualtrics XM® that consists of four main sections consisting of basic demographic information, clinical, professional, and supervisory leadership. In the sections devoted to clinical, professional, and supervisory leadership roles, the following type of information was gathered: identification of the needed leadership competencies in clinical, supervisory, and professional roles; identification of the most significant leadership competency for success in each leadership role; perceived confidence in each competency; and identification of how and to what extent the professional career of a speech-language pathologist has been influenced. Survey questions consisted of multiple choice, yes/no, numbering, Likert-type scale responses, and open-ended questions.

A pilot study was completed with five speech-language pathologists who are licensed outside of the states mentioned above. The purpose of the pilot study was to determine the clarity of survey questions and will serve as validation of the appropriateness of the survey's construction and design (Fink, 2012).

Participation in the online survey was voluntary, and informed consent was completed with the initiation and or completion of survey. Data collected from the online survey will be analyzed using statistical analyses deemed appropriate. Basic descriptive information will be gathered regarding perceptions of leadership training and identification of the potential influence of a lack of specific leadership training on the professional career of the speech-language pathologist. The data collected will also be analyzed to identify potential relationships among perceptions of clinical, supervisory, and professional leadership roles and the competencies needed for each with selected demographic attributes of the sample.

Limitations

According to McMillian (2016), research may present certain limitations that can affect the generalizability, translatability, or comparability of findings. First, the findings of this study will be limited to the perceptions of those licensed speech-language pathologists practicing in West Virginia and Ohio who choose to respond to the survey and, therefore, may not be generalizable to the larger population of speech-language pathologists. Secondly, West Virginia and Ohio are considered part of the Appalachia region and therefore certain cultural-related attitudes and beliefs may serve as a limitation to the generalization of the results. Thirdly, SLPs who voluntarily choose to participate may do so out of a positive or negative bias toward leadership training based on personal, career-related experiences and must also recall information of their own personal experiences. Lastly, the researcher's own professional experience as a speech-language pathologist and assistant professor, while providing a unique grasp of the leadership needs of the speech-language pathologist and a practical understanding of the graduate-level curriculum, may also be viewed as a limitation in that it is a potential source of bias.

Significance Statement

The significance of this study is its potential to contribute to the improvement of leadership training in the field of speech-language pathology at the graduate level of study. As mentioned above, speech-language pathologists hold clinical, supervisory, and professional leadership roles. This research will determine whether and to what extent a lack of leadership training at the graduate level affects the professional growth of speech-language pathologists. Findings from this study can lead to the identification of specific areas of leadership that are

most significant for speech-language pathologists and assist in the development of specific leadership curricula at the graduate level.

Chapter 2: Review of the Literature

The scope of this study was limited to the perceptions, attitudes, and beliefs of speech-language pathologists' view of leadership skills. To lay a foundation for this focus, a brief review of the relationship between speech-language pathology and leadership was provided which outlined the specific leadership responsibilities needed for the typical SLP. The review continues with a summary of current leadership training at the graduate level and highlights the potential impact on the career path of the SLP.

Speech-Language Pathology and Leadership

As the field of communication disorders began to form, individuals from within the discipline served as leaders to build an organizational structure that would unite “speech practitioners” (Duchan, 2002) into one profession. This organized structure was needed to standardize diagnostic and treatment procedures for a variety of communication and swallowing disorders. As the number of speech practitioners increased within the United States, the basis for the development of the American Speech-Language-Hearing Association (ASHA) (Duchan, 2002) was formed. The founding members of what would later become ASHA wanted to create a structured and scientific foundation for both research and practice within the field (Duchan, 2002). The current mission statement of ASHA reads as:

Empowering and supporting audiologists, speech-language pathologists, and speech, language, and hearing scientists through advancing science, setting standards, fostering excellence in professional practice, and advocating for members and those they serve.

(ASHA, Strategic Pathway to Excellence pg. 2, para 1).

In fulfilling the mission statement, ASHA offers education, mentoring and funding opportunities for researchers within the field to support advancing the scientific knowledge base

of the field, more specifically establishing evidence-based practice procedures (ASHA, n.d.-h). In addition, ASHA has established or supported numerous sub-organizations with the purpose of providing various standards and guidelines to ensure knowledgeable professionals within all stages of professional development. The sub-organizations are the Council of Academic Programs in Communication Disorders (CAPCSD), the Council for Academic Accreditation (CAA), and the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC). The Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) was established as a formal organization for academic leaders to discuss common concerns and solve problems within higher education of speech-language pathology and audiology programs (CAPCSD, n.d.). CAPCSD provides support, information, and training opportunities related to the needs of academic personnel consisting of program chairs, clinic directors, faculty members and clinical supervisors. The training opportunities include specific academic and supervisory needs as well as areas related to educational leadership within graduate and doctoral-level programs. The Council of Academic Accreditation (CAA) was created by ASHA for the purpose of imposing educational standards for graduate programs.

University training programs voluntarily apply for accreditation through the CAA to demonstrate “a commitment to excellence and ongoing quality improvement so that students and the public are assured graduates are prepared to meet the challenges they will face when entering the workforce” (CAA, 2020). The Standards for Accreditation (CAA, 2020) include six different standards covering all aspects of the graduate-level training program in audiology and speech-language pathology. Standard 3.0 B is specific to the acquisition of adequate academic knowledge and clinical skill sets for the development of a proficient and effective beginning-level speech-language pathologist (CAA, 2020). ASHA also created the Council for Clinical

Certification in Audiology and Speech-Language Pathology (CFCC) which functions as a credentialing agency for the organization (ASHA, 2022-a). The CFCC created a set of eight standards that ensure clinical competence for speech-language pathologists and issues the Certificate of Clinical Competence (CCC) for those members who meet the criteria. The Certificate of Clinical Competence serves as national recognition of professional excellence and ongoing dedication to obtaining additional knowledge and skills within the field of speech-language pathology (ASHA, n.d.-e). The process for obtaining the CCC begins within graduate training programs and serves to guide academic and clinical curriculums for student development which includes demonstration of specific knowledge and skill sets (ASHA, 2018). Upon completion of the graduate program and successful passing of the Praxis examination in Speech-Language Pathology, the Clinical Fellowship Year (CFY) is completed. This additional year of clinical work is completed under the supervision of a Clinical Fellowship mentor and serves yet another check point for ensuring excellence within the profession. Once the Certificate of Clinical Competence is awarded, the recognition is maintained through documentation of continuing education (ASHA, 2018).

In addition to the standards mentioned above, ASHA also created various documents which include the specific knowledge and skills required to address communication disorders, the roles and responsibilities of various work settings and additional supervisory tasks held by SLPs. Position papers such as, *Roles and responsibilities of speech-language pathologist in schools* (ASHA, 2010), *Knowledge and skills in business practices for speech-language pathologist who are managers and leaders in health care organizations* (AHSA, 2004), and *Knowledge and skills needed by speech-language pathologists providing clinical supervision* (ASHA, 2008) have been created to provide a working framework for current SLPs related to

each category. The ASHA Practice Portal also provides the roles and responsibilities related to specific types of disorders within the SLP's scope of practice with the goal of assisting SLPs with clinical decision-making by linking evidence-based practice with specific communication disorders (ASHA, n.d.-d). To further fulfill the mission statement and promote excellence in professional practice, ASHA provides continuing education opportunities for speech-language pathologists which is a requirement to maintain a knowledgeable workforce. ASHA also strives to advocate for members and individuals with communication disorders by supporting advocacy efforts at the state and national levels (ASHA, n.d. -e). ASHA provides specific information for individual speech-language pathologists that are interested in learning more about advocacy and working to advance the profession of speech-language pathology in the areas of public awareness of the profession as well as public and political policy (ASHA, n.d.-c). As demonstrated above commitment to excellence in the field of speech-language pathology is evident, however within the established guidelines of the graduate training programs and Certificate of Clinical Competence process a limited emphasis on leadership skills or specific leadership training is required.

Leadership Skills needed for the SLP

ASHA has demonstrated leadership in the development and structure of a complex and ever-changing field of communication disorders as evidenced by the support and guidance provided for graduate training programs and professionals working within the field. Over the years, interest in leadership positions within the organizations decreased and the need for leadership training within the profession of speech-language pathology was recognized (Ad Hoc Committee on Leadership Cultivation, 2013), which resulted in several initiatives to address leadership concerns at the professional level. The Leadership Academy and the Leadership

Development Program were created to address the needs of practicing SLPs and encourage participation within the national ASHA organization (ASHA, n.d.-g). These programs were primarily aimed at preparing individuals to serve within the organization and were developed for practicing speech-language pathologists. Moreover, the programs were deemed “a critical educational component of career advancement as an ASHA volunteer or in the workplace” (ASHA, n.d.-k). In addition, the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) created training modules and continuing education opportunities specifically for academic faculty interested in increasing leadership skills (CAPCSD, n.d.).

As stated above, leadership within the field of speech-language pathology has been recognized as important and necessary in the advancement of the discipline and often includes various leadership skills dependent upon the situation. The various program initiatives devoted to leadership development have no doubt assisted in training current SLPs in the area of leadership, however many SLPs do not have the time or ability to obtain the leadership skills needed to fully navigate their daily work settings or gain promotion (Hutchins, et al.,2010). Moreover, the majority of SLPs are trained as expert clinicians working within a clinical model, while most educational and healthcare settings are managed using a business model placing most SLPs at a disadvantage (Hutchins, et al., 2010; Johnson & Kummer 2004). Within the work environment, SLPs encounter various leadership opportunities throughout the workday (Kummer, 2017). The successful SLP navigates various roles of clinician, diagnostician, supervisor, or mentor and fosters professional relationships for best care of their clients as well as serving as an advocate for program needs and professional advancement. In addition, SLPs can hold leadership titles of manager, director, and team leader as dictated by the needs of the work setting. Regardless of the title, SLPs must call on a different set of skills within each leadership role to successfully fulfill

the responsibilities related to that role (Kummer, 2017). Furthermore, poor leadership skills could contribute to a variety of concerns affecting the individual SLP and the profession.

Leadership Roles and Responsibilities for the SLP

A speech-language pathologist's dynamic and complex role seems to lend itself to various leadership needs as the SLP must effortlessly navigate multiple leadership situations within the work setting. Throughout the typical workday, an SLP may serve as a clinician, director, advocate, student supervisor, or team leader (Kummer, 2017). Within each role, the SLP must identify and set priorities of specific tasks for clients, coworkers, other professionals, and those they supervise. With each task, an SLP must set specific goals and adapt their leadership style to best fit the needs of the clinical, supervisory, or professional leadership situations.

Clinical Leadership

Clinical leadership can be described as the ability to influence others to achieve goals and perform in a specific manner related to patient care and caregiver behaviors (Kummer, 2017). In other words, clinical leadership in the field of speech-language pathology is the ability to influence patients and caregivers to follow a carefully crafted treatment plan for the best possible communicative and swallowing outcomes (Kummer, 2017). The role of a speech-language pathologist as it relates to clinical leadership involves the prevention, assessment, diagnosis and treatment of a variety of communication disorders including speech and language disorders, social communication, cognitive communication, and swallowing disorders. Furthermore, SLPs provide Augmentative and Alternative Communication (AAC) systems, aural rehabilitation services and accent modification for clients. Each area of need requires the SLPs to become an expert diagnostician and critical evaluator of evidence-based treatment methods appropriate for the identified need of the client. SLPs must acquire a knowledge base that is sufficient to design

an appropriate individualized treatment plan for each client. SLPs design and implement the treatment plan and serve as the leader that educates, inspires and motivates each client and their caregivers to participate fully with the course of treatment. Speech-language pathologists are clinical leaders responsible for providing education for clients and caregivers at levels appropriate for their understanding and adapting treatment plans as needed to maximize therapeutic outcomes in the most efficient manner. Poor clinical leadership results in inadequate progression toward meeting therapeutic communication or swallowing goals for the client and insufficient education of caregivers, thus limiting the individual client's overall quality of life and ability to improve communication and swallowing abilities.

Professional Leadership

Professional leadership can be defined as the ability to influence others in professional situations when working with colleagues and coworkers (Kummer, 2017). Furthermore, working with healthcare or school administration presents situations where the SLP must demonstrate professional leadership skills regarding advocacy for program maintenance and growth as well as negotiating for professional needs. SLPs with strong professional leadership skills will improve administrative awareness of speech-language pathology and overall support for the speech-language pathology program within the given work setting. Administrative support could include hiring additional staff to combat rising caseloads, salary increases for the speech-language pathologist, or an increase in the program's monetary support, which may provide additional supplies or improve overall job satisfaction for the speech-language pathologist. Improving job satisfaction has significant ramifications for the field of speech-language pathology, which has an established history of job shortages. In addition, professional leadership skills are required for

effective and efficient interprofessional communication, allowing for the best possible outcomes for the individual with a communication or swallowing disorder.

Throughout the years, concerns related to professional leadership have been documented within the literature, with one of the most prevalent being that of “burnout” within the profession of speech-language pathology. As reported in the ASHA 2018 Schools Survey, many parts of the United States are experiencing an increase in the number of speech-language pathologists leaving the profession resulting in numerous positions unfilled (ASHA, 2018) and clients untreated. A contributing factor to the number of job openings is SLP turnover related to burnout. Burnout can be defined as emotional exhaustion or being “overworked” for an extended period (Gong et al., 2013; Marante & Farquharson, 2021). The overworked state can create a feeling of overwhelm, which leads to unmanageability of work-related stressors and, in this case, SLPs leaving the profession (Marante & Farquharson, 2021).

Furthermore, SLP burnout can create feelings of ill-will towards the position and affect the quality of therapeutic services provided (Marante & Farquharson, 2021). Work-related stressors include the following: caseload size; high workload demands; additional position requirements; increased documentation; changing guidelines/legal requirements; inadequate compensation; limited options for advancement; poor administrative support; lacking resources; limited time for developing collaborative relationships within the work setting and the inability to implement optimal treatment delivery models which may create ethical challenges for the SLP (Blood et al., 2002; ASHA, 2018; ASHA, 2020-b). The above work-stressors, compiled with the responsibility and expectations of providing the best and most effective speech and language services, place the SLP at a high risk for occupational stress and burnout (Kalkhoff & Collins, 2012; Marante & Farquharson, 2021). Marante & Farquharson (2021) reported that SLPs can

advocate for improvements related to the work stressors listed above. SLPs can also join national or state organizations to combine advocacy efforts for improvements in the overall profession.

The type of advocacy deemed most beneficial is completed at the local level by the individual SLP. At this level, one key component of advocacy is promoting professional visibility and improving administrative awareness, thus improving the understanding of the role and benefit of speech-language services. Awareness of the profession is an established concern; Sanger et al. (1995) reported that many school administrators, principals, and psychologists were unclear on the service provision areas and benefits of speech-language services. A lack of awareness of the field of speech-language pathology was also identified as a hinderance to interprofessional collaboration within the work setting (Baerg et al., 2012). More specifically this lack of awareness or understanding of the role of speech-language pathologists was seen as a barrier to the development of interprofessional relationships (Baerg et al., 2012). In contrast, research completed by Shaughnessy & Sanger (2005) indicated that teachers understood the speech-language pathologist's role and recognized the benefit of their services in the students' overall academic success, which indicated possible improved interprofessional collaboration. Glover et al., (2015), however, found that despite an understanding of the benefit of speech-language services, many teachers felt that students did not receive the appropriate amount of speech and language related services within the school setting. The lack of services may be due to SLP's caseload and workload size, which can be viewed as an ethical challenge for many SLPs adding further work-related stress. Due to the combination of poor professional visibility and lack of administrative awareness, additional work demands are often placed within the speech-language pathologists' daily responsibilities, which contribute to the work-related stress and burnout that many SLPs face.

Advocacy includes educating the public and local administration on the benefits of speech-language pathology, which may improve many aspects within the work setting, making caseloads more manageable and lessening the effect of SLP burnout. Increased awareness and understanding of the field should allow the SLP to better negotiate for more manageable caseloads and workloads, improved compensation, and other work-related concerns specific to the individual SLP's unique position (workspace, additional duties unrelated to providing speech and language services, etc.). Increasing administrative awareness and negotiating successfully can have an influential role in decreasing the amount of SLP turnover within the profession (Marante & Farquharson, 2021).

Supervisory Leadership

Kummer (2017) classified supervisory leadership as the skills needed to influence those individuals under the SLP's direct supervision. SLPs often serve as supervisors for graduate students obtaining clock hours, new SLPs completing a clinical fellowship year, and speech-language pathology- assistants (SLP-A). In addition, SLPs are also often called upon to hold the position of director, team leader, or manager within the work setting (AHSA, 2004).

Graduate Student Supervision

Graduate students studying in the field of speech-language pathology are required to obtain clinical clock hours, which are completed under the supervision of a certified SLP (ASHA, 2008). Clinical supervision can also be thought of as clinical education and includes responsibilities related to clinical teaching, program management and administrative tasks (ASHA, 2008). ASHA provides guidance pertaining to the specific skills needed for supervision within various documents. The most relevant document is entitled Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision (2008). This document outlines

the skills needed by the SLP, enabling quality supervision of the graduate student. The document discusses points specific to the development of competent skills in the area of assessment, intervention, diversity, ethics, documentation, and interpersonal communication abilities. Specific sections within the document also discuss the supervisor-supervisee relationship and provide guidance on how the SLP can evaluate the individual needs and growth of the student (ASHA, 2008). In addition to the above-mentioned sections, the document also discusses how the SLP should prepare for the leadership role of clinical supervisor and clearly states that additional course work or continuing education may be required dependent upon individual state regulations. Furthermore, the document highlights the specialized skills needed for the certified SLP to take on the role of supervisor, and that merely experiencing supervision as a graduate student does not qualify an SLP to provide adequate clinical supervision.

Mentoring for New SLPs

The transfer of knowledge from an experienced clinician to a newly graduated SLP is vitally important in progressing the field of speech-language pathology and ensuring quality and consistency within the field (ASHA, 2022-b). Upon graduation, SLPs seeking the Certificate of Clinical Competence must complete a Clinical Fellowship Year (CFY) and assume the title of clinical fellow. This additional year of mentoring requires supervision conducted under a certified SLP and periodic assessment of the performance of the skills needed for independent practice. The role of mentoring the clinical fellow may require less direct clinical teaching; however, similar knowledge and skill is needed in providing a supervisory leadership style that matches the need of the newly graduated SLP completing the Clinical Fellowship Year (Summers et al., 2014). SLP mentors may choose to utilize the Clinical Fellowship Skills Inventory (CFSI) (ASHA, 2022-b) as a guide when evaluating the skills of the clinical fellow.

While many of the skills assessed fall into the category of assessment and treatment of communication disorders, other areas evaluated on the CFSI include management and interaction skills (Resendiz et al., 2017).

Furthermore, Resendiz et al. state that most clinical training at the graduate level is completed in the area of assessment and treatment, which serves as justification for eighty percent of the clinical fellow's experience and evaluation spent in direct clinical contact. Three distinct stages of supervision can be used as specified in the Continuum of Supervision as outlined by Anderson (1988). The continuum includes an evaluation-feedback stage, transitional stage, and self-supervision stage, where the mentoring SLP holds more of a consultative position. This continuum may assist the mentoring SLP in determining the supervisory leadership style that best fits the needs of the clinical fellow (Resendiz et al., 2017; Summers et al., 2014).

Similar to clinical supervision requirements for graduate-level supervision, SLP mentors may be required by state laws and regulations to complete continuing education related to supervision prior to taking on this role (ASHA, 2008). As reported by Summers et al., 80% or more of mentoring SLPs obtain additional training in the area of supervision. Training can be self-directed reading or attending live sessions. Summers et al. (2014) also reported that 30% of mentoring SLPs also met with more experienced mentors to gain expertise with mentor clinical fellows. The supervisory leadership skills of the SLP mentor are considered significant in laying the foundation for clinical expertise to develop within the clinical fellow and further supporting knowledge transfer. (Douglas et al., 2019)

SLP-A/Support Personnel

Speech-language pathology assistants (SLP-A) and support personnel are becoming more prevalent within the healthcare and educational workforce due to increased caseloads and

demand for cost efficiency within budgets (ASHA, n.d.- c). SLP-As provide speech and language services under the supervision of an SLP and assist with ever-growing caseloads and manageability of the SLPs workload (AHSA, n.d.-c). More specifically, ASHA defines an SLP-A as a type of support personnel who has completed academic coursework, fieldwork, and on-the-job training, enabling them to perform tasks directed and supervised by a certified SLP (ASHA, n.d.-f). ASHA further defines various levels of support personnel as " aides " who have completed a narrower training base compared with “assistants” who have completed more specific training and clinical experiences within the field of speech-language pathology. The distinction is further clarified by the type and number of responsibilities each type of support personnel is allowed to complete (AHSA, n.d.-c). To ensure proper training and knowledge, ASHA began a certification program for SLP-As, with the first certifications awarded in 2020. Furthermore, ASHA has developed an Assistants Code of Conduct (ASHA, 2020-a) to provide additional guidance for the clinical practice of the SLP-A and the Speech-Language Pathology Assistant Scope of Practice (ASHA, 2022-c) to promote further the appropriateness of the actions performed by the SLP-A. More specifically, SLP-As provide assistance in the areas of service delivery, administrative support, prevention, and advocacy (ASHA, n.d.-j).

Although ASHA provides clear definitions and guidance regarding support personnel, individual states may have different regulations that do not follow ASHA’s suggested guidelines, therefore, the terminology, qualifications, and responsibilities for speech-language pathology assistants and support personnel vary depending upon state regulations. A certified SLP must complete direct supervision of support personnel or SLP-A; however, guidelines for the amount and type of supervision vary for multiple reasons. Supervision may be determined by the skills

and experience of the SLP-A or support personnel, the type of setting, or the needs of the client, however, must follow state law and regulations (AHSA, n.d.-c).

Speech-language pathologists are responsible for explaining the responsibilities or assignments given to the SLP-A and designing an appropriate supervisory plan that considers specific state guidelines and the amount of supervision required for the SLP-A or support personnel. The SLP is also responsible for documenting all supervised activities and providing feedback regarding the quality of work performance. The documentation also verifies that the SLP-A is completing activities within state regulations for their position.

Additional Leadership Roles/Management

SLPs often have the opportunity to move into more formal leadership roles or management positions within the work setting. These roles can include the management of other SLPs or professionals from other disciplines. ASHA recognized that these responsibilities require additional training in the area of leadership and management that most SLPs do not receive within their graduate-level training (AHSA, 2004). To provide guidance for SLPs in leadership or management positions, ASHA created the Knowledge and Skills in Business Practices for Speech-Language Pathologists Who are Managers and Leaders in Health Care Organizations (2004). This document provides a continuum of knowledge and skill development for leaders and managers which includes areas related to leadership, performance improvement, compliance and professional practice, personnel management, advocacy, marketing, and accounting/fiscal management.

Speech-language pathologists, regardless of working within the education or healthcare setting, must effectively manage programs or teams of professionals. Additionally, they must contend with ever-changing regulations concerning client safety and educational initiatives while

operating within ethical guidelines, which requires a mental shift of thought and focus (Pilling and Slattery, 2004), as well as the enhancement of existing skills or acquiring new skills. In a study completed by Pilling and Slattery (2004), specific competencies inherent in SLPs were found to transfer into management skills. The competencies were noted as effective communication skills, problem-solving ability, focus on evidence-based practice and accountability, teamwork skills, organization, decision-making ability, and an overall understanding of the healthcare industry (Pilling and Slattery, 2004). The most distinguished competency is that of advanced communication skills of an SLP, which is established within graduate training programs and includes effective listening, clearly expressing thoughts in verbal and written communication, overall good interpersonal skills, and understanding the communicative needs of others.

Leadership Training at the Graduate Level

As discussed above, the field of speech-language pathology is a complex and ever-changing profession that requires extensive academic and clinical training. Individuals wanting to become speech-language pathologists must complete a graduate program dedicated to the field of communication disorders. While these programs are devoted to producing competent speech-language pathologists, graduate-level programs have been found to lack content related to the leadership needs of the SLP. Due to the immense impact university training programs have in developing the next generation of speech-language pathologists, and the direction of the profession, members of ASHA, CAPCSD, the CFCC, and the CAA work together to create educational and professional standards. The standards prepare graduate students with guidelines to maintain a knowledgeable workforce for the complex role of a speech-language pathologist. These standards, however, do not clearly outline the leadership training needs or leadership

responsibilities SLPs face within the work setting. In a study completed by Tolan (2021), the leadership components found within the mission statements and core curriculum of the top fifty professional healthcare programs as ranked by US News Education, were evaluated. Those programs included occupational therapy, physical therapy, nursing, audiology, and speech-language pathology. Within the results of the study, speech-language pathology graduate programs were significantly less likely to contain leadership components within the mission statements or curriculum of the program. Specific results related to leadership components discovered within the core curriculum of the professional programs indicated the following percentages of occurrences; occupational therapy 82%, nursing 68%, physical therapy 42%, audiology 12%, and speech-language pathology 6% (Tolan, 2021).

Furthermore, when analyzing the mission statements of the same professional programs, a discrepancy was found between the field of speech-language pathology and other professional programs. Results reflect leadership codes found within the mission statements of programs and are listed as follows: occupational therapy 37.25%, physical therapy 22.52%, nursing 17.22%, speech-language pathology 12.58 and audiology 9.93% (Tolan, 2021). The above results indicate a significant lack of leadership training in the area of leadership within graduate-level programs of speech-language pathology when compared to other professional healthcare programs. The results of this study point to a lack of focus and training of leadership skills within graduate speech-language pathology programs, which may impact the clinical, professional, and supervisory aspects of the SLP's career.

Newly graduated SLPs are trained within clinical-based models and often lack the managerial competencies needed to effectively work within the healthcare setting, (Lincoln et al., 2001). Specifically, the areas of teamwork, interpersonal communication, conflict resolution,

collaborative goal setting, time management, advocacy, planning and implementing educational programs, and evaluation of other professionals were identified as managerial competencies required of newly graduated SLPs. Furthermore, not all new SLPs receive the benefit of on-the-job training in the managerial areas listed above, leaving them at a disadvantage and negatively impacting their career or therapeutic services provided.

To further support the need for leadership training, a study completed by Newport et al. (2021) surveyed school-based speech-language pathologists' perceptions and attitudes regarding leadership. It acknowledged the ever-changing roles and responsibilities of the SLP. Growth within the field of speech-language pathology has brought additional leadership requirements for the SLP. Leadership roles were identified as advocacy, supervision, mentorship, professional development, parent training, research, and collaboration, such as Interprofessional Education (IPE) and Interprofessional Practice (IPP). This study found that 92% of school-based SLPs reported receiving no leadership training within their graduate programs. Furthermore, only 7% of those surveyed felt prepared for a leadership role upon completion of their graduate program, however, 54% of respondents reported having a leadership role outside of their SLP position. Additionally, 59% of SLPs surveyed indicated a desire for supplementary training in the area of leadership (Newport et al., 2021). The data from this study support a lack of leadership training within graduate programs and a clear desire for additional leadership training within the field of speech-language pathology.

Supporting evidence on lack of leadership training at the graduate level has been recognized and acknowledged within the field. As reported by Secord (2014), "approximately 80% of ASHA members are clinical service providers, however, we "as a profession" know very little about what constitutes excellent clinical leadership in our field." It was further reported that

leadership is not “trained” in our graduate students. Within the standards used to guide university programs and recognition of clinical competence, no specific leadership skills are addressed (Secord, 2014). This appears to be true for supervisory leadership opportunities as well, with as much as 33% of mentoring SLPs unaware of the *Knowledge and skills needed by speech-language pathologists providing clinical supervision* (2008) document which provides guidance for SLPs completing supervision (Summers et al., 2014).

Within the data analysis completed by Pilling and Slattery (2004), SLPs were found to have inherent traits that are deemed necessary in leadership positions; however significant areas of deficit were also identified. The specific areas of human resource management, administrative skills, leadership, finance, and business strategy were identified as areas of deficit. Furthermore, most SLPs interviewed within the study disagreed with the idea that SLPs with strong clinical skills make good managers, indicating a lack of overall training and preparedness for SLPs to assume a supervisory leadership role or management position.

Potential Impact on Career

Based on the above information and indication of a lack of leadership training at the graduate level, additional leadership training appears to be vital for the field of speech-language pathology. This need for additional leadership skills has been acknowledged by multiple organizations dedicated to improving the field of speech-language pathology, and efforts have been made to improve leadership training opportunities for those individuals with the resources to pursue them. Shortly after the completion of graduate school, during a time when the SLP is focusing on the development of fully independent clinical skills they are often given the opportunity to supervise a speech-language pathology- assistant. State regulations and local policies may vary, however ASHA guidelines state that once an SLP obtains a Certificate of

Clinical Competence and has completed an additional nine months of experience they are capable of supervising assistants (ASHA, n.d-i). Furthermore, ASHA provides the same recommended supervisor requirements for graduate student supervision (ASHA, 2022-a) with the addition of two continuing education hours specifically regarding supervision. A new SLP may be placed within team leadership positions dependent on the workplace setting needs. New SLPs may also be required to navigate professional relationships with administration or management personnel early in their career. Due to the current caseload size and overall workload, many SLPs simply cannot complete additional training in this area which may negatively impact the individual career of the SLP and the field of speech-language pathology. SLPs, by nature of the position, will assume numerous leadership positions within the typical workday and may struggle to apply the various skills required for the position's clinical, professional, and supervisory leadership requirements.

Chapter 3: Research Methods

The purpose of this study was to examine the perceptions of speech-language pathologists working in West Virginia and Ohio regarding the limited leadership training provided at the graduate level. This chapter provides information about research design, population selection and sample, the survey instrument, survey distribution, data collection, and data analyses.

Research Questions

In order to determine the personal perspectives of speech-language pathologists regarding their perceptions of leadership skills needed within the clinical, supervisory, and professional leadership roles of their profession and how a potential lack of leadership training at the graduate level has affected their professional career growth, the following questions were asked:

Research Question 1: To what extent do SLPs find Effective Communication/Teamwork skills important in clinical, professional, and supervisory practice?

Research Question 2: To what extent do SLPs find Supervisory/Staff Relations Management skills important in clinical, professional, and supervisory practice?

Research Question 3: To what extent do SLPs find Negotiation/Advocacy skills important in clinical, professional, and supervisory practice?

Research Question 4: To what extent do SLPs find Managing Funding skills important in clinical, professional, and supervisory practice?

Research Question 5: To what extent do SLPs find Organizational Practices and Management skills important in clinical, professional, and supervisory practice?

Research Design

This was a non-experimental, descriptive study that utilized a mixed methods convergent research design. The problems and questions of this study lend themselves to a non-experimental descriptive design that seeks to describe a phenomenon (McMillian, 2016) which in this case is the

perceptions, attitudes, and beliefs of speech-language pathologists regarding leadership training at the graduate level. Furthermore, this study also fits the definition of a mixed methods research design, specifically a convergent design. McMillian (2016) describes a convergent design as one that gathers qualitative and quantitative data within a similar timeframe. A web-based survey compatible with any electronic device capable of internet or wi-fi capabilities was used to gather quantitative and qualitative data. Information was gathered and analyzed using Qualtrics® and Microsoft Excel®. The survey instrument consisted of 63 questions divided into sections that assess the SLPs' perceptions of 1) their personal development of clinical, professional, and supervisory leadership competencies needed within the day-to-day work setting; 2) the most significant leadership competency for success in each leadership role; 3) perceived confidence in each competency area; 4) preparedness for specific leadership situations within each role; and 5) how and to what extent the professional career of a speech-language pathologist has been influenced.

Population and Sample

Purposive sampling is a sampling method that is utilized to identify a population associated with a common characteristic (Fink, 2017). To fully answer the research questions proposed within this study, the participant group consisted of licensed speech-language pathologists. To further specify participants, the group was confined to the Appalachian region of West Virginia and Ohio. Directory information, specifically email addresses of potential participants, was obtained from the Ohio Board of Examiners for Speech-Language Pathology and the West Virginia Board of Examiners in Speech-Language Pathology and Audiology. The researcher utilized this method of contacting a possible participant group to gather information from all SLPs in Ohio and West Virginia, regardless of work setting or work experience. A total of 11,257 emails were sent out; however, it is unknown how many participants saw the survey due to the possibility of incorrect directory information and the potential for dual licensure.

The study's sample was representative of the diversity within the field, and reflective of the population, as no exclusionary criteria were utilized regarding work setting or job-related experience.

Potential participants were given three weeks to complete the survey. At the end of the data collection period, 373 surveys were submitted. After completing the initial review, the researcher removed surveys that were only opened with no responses made, leaving 258 total surveys for further analysis. Of the 258 responses, not all questions were answered within the submitted survey; therefore, the total number varies for each area analyzed.

Survey Instrument

To collect data for this study, a survey was designed by using a combination of leadership competencies inspired by the theoretical framework outlined in Pilling and Slattery (2004), Lincoln, et al (2009) and additional questions which measure the perceptions and attitudes of licensed speech-language pathologists. The survey consisted of 63 items, with some questions featuring sub-categorical questions after the initial item. The survey allowed participants to rate the extent or degree without having to read lengthy, redundant sentences. Throughout the survey, Likert-scale, multiple choice, select-all-that-apply, and open-ended questions were utilized to gather data. An additional section of the survey, the demographic section, allowed the participants to indicate their years of experience, work setting, and leadership experiences.

Survey questions consisted of five major sections related to identified leadership areas:

Communication and Teamwork Skills (SQ 3-9), Supervision and Staff Relations (SQ 11-17), Negotiation and Advocacy Skills, Financial Management Skills (SQ 27-33), and Organizational Practices and Planning Skills (SQ 35-41). Additional sections included four sections dedicated to gathering qualitative data: Effect on Career (SQ 47), Leadership Challenges (SQ 48), Leadership Lessons (SQ 49), and Lacking Areas of Leadership Training (SQ 50). Table 2 displays definitions

of clinical, professional, and supervisory leadership skills that were provided for participants to review prior to each section.

Table 2

Definitions of Key Terms

Term	Definitions
Leader	a person who is able to influence others to do certain things or achieve certain goals by following his/her direction.
Clinical Leadership	the ability to influence others related to patient care and caregiver behaviors.
Professional Leadership	the ability to influence others related to advocacy and professional situations working with colleagues, coworkers, and administration.
Supervisory Leadership	the ability to influence others related to individuals that are under the direct supervision of the SLP.

Survey Distribution

Before the surveys were distributed, the researcher conducted a pilot test of the survey with five speech-language pathologists who are licensed outside of West Virginia and Ohio. The purpose of the pilot test, as outlined by Fink (2017), was to serve as validation for the reliability and validity of the survey. More specifically the pilot test was used to ensure ease of access to the survey, clarity of directions and survey questions as well as to approximate time needed to complete the survey (Fink, 2017). Those who participated offered input on how to make the survey's format, phrasing, and question placement more effective and user-friendly. Once the researcher received the improvement suggestions from the pilot test, the instrument was finalized, and the administrators from the West Virginia Board of Examiners in Speech-Language Pathology and Audiology and the Ohio Speech and Hearing Professionals Board were contacted to obtain access to the email addresses of all SLPs licensed within those states. Once permission was gained and email addresses

gathered, the survey invitation and link were sent via email to each licensed SLP. By beginning and completing the survey, participants acknowledged that they had read the information and agreed to participate in the survey, which served as informed consent. The participants were given three weeks to complete the survey.

Data Analysis

Survey responses were stored and analyzed using Qualtrics®, Microsoft Excel® and thematic analysis coding. The data from survey questions were analyzed to produce both descriptive and comparative statistics from responses.

Summary

This was a non-experimental, descriptive study that used a mixed methods convergent design to examine the perceptions of the clinical, professional, and supervisory roles of speech-language pathologists within the states of West Virginia and Ohio. The research was designed to add to the literature on leadership, specifically related to graduate-level training in the leadership roles of speech-language pathology, as it pertains to the SLP's perceptions of 1) their personal development of clinical, professional, and supervisory leadership competencies needed within the day-to-day work setting; 2) the most significant leadership competency for success in each leadership role; 3) perceived confidence in each competency area; 4) preparedness for specific leadership situations within each role; and 5) how and to what extent the professional career of a speech-language pathologist has been influenced.

Chapter 4: Results

This chapter reports the findings, provides statistical analyses, and describes the research population and sample related to the data collected. The survey instrument (see Appendix C) was created by the researcher using a mixed-methods research design. The survey was administered electronically using Qualtrics® survey software and analyzed using Qualtrics® and Microsoft Excel®. The survey instrument addressed five research questions:

Research Question 1: To what extent do SLPs find Effective Communication/Teamwork skills important in clinical, professional, and supervisory practice?

Research Question 2: To what extent do SLPs find Supervisory/Staff Relations Management skills important in clinical, professional, and supervisory practice?

Research Question 3: To what extent do SLPs find Negotiation/Advocacy skills important in clinical, professional, and supervisory practice?

Research Question 4: To what extent do SLPs find Managing Funding skills important in clinical, professional, and supervisory practice?

Research Question 5: To what extent do SLPs find Organizational Practices and Management skills important in clinical, professional, and supervisory practice?

Population and Sample

The survey was designed to gather information regarding the SLP's perceptions and attitudes regarding leadership training and the potential effects on the career of the SLP. Basic demographic information was gathered throughout the survey (SQ 42-46 and SQ 51-54). Research participants for this study reflect the field of speech-language pathology in that 96% of participants were women, with only 4% identifying as male. Research participants also indicated years of experience working as an SLP, age, and work setting in SQ 42, 51, and 53, with results in Table 3.

Table 3*Participant Information*

Informational Category	Item Selection	Number of Participants	Percentage
Years of experience	Early Career (0-10 years)	88	50%
	Mid-career (11-21 years)	40	23%
	Late-Career (22+ years)	47	27%
Age	24-30	57	37%
	31-40	32	21%
	41-50	29	19%
	51-60	33	21%
	70+	5	3%
Work setting	Schools	65	42%
	Skilled Nursing/Assisted Living Facility	19	12%
	Other*	19	12%
	Inpatient Hospital	14	9%
	Outpatient Clinic	12	8%
	College/University	11	7%
	Outpatient Hospital	5	3%
	Birth-3	4	3%
	Home Health	4	3%
	Not Currently Working	3	2%

Note. *Other work settings were private practice, teletherapy, consultation, and combination.

The majority of research participants indicated they were within the early stage of their career and between 24-30 years of age. Regarding the primary work setting, Table 1 indicates that most respondents work within the school setting (42%); however, various medical settings were offered as skilled nursing/assisted living facilities (12%), inpatient hospitals (9%), outpatient clinics (8%), outpatient hospitals (3%), and home health (3%). The various medical settings equal 35% of respondents. Additional categories offered were “other” (12%), college/university (7%), birth-3 (3%), and not currently working (2%) of the total respondents.

An open text box was provided for the selection of “other.” Responses were reviewed and placed into the following settings: private practice, teletherapy, consultation, and combination. The

term combination was used when the SLP indicated working within multiple settings, such as “birth-3 and schools” or “outpatient clinic, inpatient hospital, and early intervention.”

SQ 54 asked respondents to identify if they held additional leadership positions outside the role of a speech-language pathologist. The study’s sample indicated that 25% of respondents held additional leadership positions, while 75% did not. This question was written with an open text box to indicate the type of role held for those respondents that indicated having additional leadership responsibilities. The responses were placed into the major thematic units of Manager (n=4), Director (n=8), President (n=2), Owner (n=7), and Team Leader (n=9).

Findings Related to RQ 1

Survey questions 3-9 were developed to gather information regarding communication and teamwork skills. A series of survey questions were used to gain insight into when SLPs gain specific leadership skills needed for effective leadership in the area of communication and teamwork, the experiences in which these skills were developed, overall confidence in this area, and the importance of communication and teamwork skills in the clinical, professional and supervisory roles.

The specific communication and teamwork skills identified within SQ3 included the following: listening skills, verbal communication skills, written communication skills, pragmatic/interpersonal/social skills, networking abilities, and ability to work with others/diplomacy. Participants were asked to identify at what point the specific skill was developed by selecting the options of innate personal traits, graduate school experiences, early career experiences, mid-career experiences, late-career experiences, or still developing the skill. Table 4 indicates the survey responses.

Table 4*Communication and Teamwork Development*

Skill	Innate personal skill	Grad school experience	Early career experiences (0-10 yrs.)	Mid-career experiences (11-21yrs.)	Late career experiences (22+ yrs.)	Still developing skill
Listening n=246	52%	15%	20%	7%	0%	6%
Verbal Comm. n=247	35%	20%	32%	6%	0%	9%
Written Comm. n=242	19%	43%	26%	4%	0%	7%
Pragmatic/ Interpersonal/ Social skills n=246	54%	10%	21%	6%	0%	9%
Networking abilities n=247	6%	15%	32%	17%	1%	28%
Work with others/ Diplomacy n=247	30%	26%	31%	7%	0%	6%

Participants were then asked to identify experiences that contributed to the development of communication and teamwork skills. Specific options were provided and included the following: learning from a mentor, participation on committees, experiences from being a mentor, leadership development training, supervising experiences, continuing education, and workplace training. Research participants identified Outside of Work Experiences, Additional Formal Educational Experiences, Workplace Experiences, and Independent Practice. Table 5 displays the results.

Table 5*Experiences that contributed to the development of Communication and Teamwork Skills*

Experience	n	Yes	No
Learning from mentor	247	86%	14%
Participation on committee	245	56%	44%
Experiences from being a mentor	241	71%	29%
Leadership development training	241	41%	60%
Supervising experiences	242	69%	31%
Continuing education	244	53%	47%
Workplace Training	242	57%	43%

Note. Additional experiences that contributed to the development of Communication and Teamwork Skills were identified as Personal/Outside-of-work Experiences ($n = 36$), Additional/ Formal Educational Experiences ($n = 15$), Workplace experiences ($n = 41$), and Independent Practice ($n = 1$). Mentoring ($n = 6$) was also identified in the open text box however was also listed as a choice in the above question.

In addition to the choices offered, an open text box was provided, which allowed participants to identify other experiences that contributed to the development of communication and teamwork skills. Text responses were reviewed and analyzed to identify additional experiences and

were grouped into Personal/Outside-of-work Experiences, Additional Formal Educational Experiences, and Independent Practice.

Table 6

Perceived Levels of Confidence

	Communication and Teamwork	Supervision and Staff Management	Negotiation and Advocacy	Financial Management	Organizational Practices and Planning
	n=248	n=201	n=184	n=175	n=177
Very Confident	30%	16%	13%	22%	40%
Confident	54%	36%	27%	41%	39%
Somewhat confident	14%	33%	43%	25%	21%
Not confident	>1%	14%	17%	13%	>1%

SQ 6 allowed participants to identify levels of confidence in communication and teamwork skills by selecting the option of not confident, somewhat confident, confident, and very confident. The majority of participants identified as confident (54%) or very confident (30%), with 15% selecting somewhat confident and 1% not confident.

The importance of communication and teamwork skills in the clinical, professional, and supervisory leadership role of the speech-language pathologist was gathered in SQ 7, 8, and 9. The clinical leadership role was described as influencing others in patient and caregiver behaviors. Activities where the SLP is required to engage in advocacy and/or work specifically with

colleagues, coworkers, and administration were described as professional leadership. Supervisory leadership was defined as influencing/leading those who are under the direct supervision of the SLP. Table 7 displays the results with respondents indicating communication and teamwork skills are very important within each role.

Table 7

Importance of Communication and Teamwork Skills in Clinical, Professional, and Supervisory Leadership Roles

Role	Very Important	Important	Somewhat Important	Not Important
Clinical Leadership n=248	78%	21%	1%	0%
Professional Leadership n=247	75%	23%	1%	0%
Supervisory Leadership n=242	75%	20%	1%	2%

Findings Related to RQ2

Through SQ 11-17, the researcher could better understand the participant's view of leadership skills needed for supervision and staff management. Specific leadership skills within this area were identified as the following: delegation of tasks, managing accountability of tasks, conflict management, staffing decisions, providing feedback, conducting performance reviews, coordinating staff and student-related development programs, and guiding staff and student clinicians through a procedural change process. Table 8 shows the point at which the research participants developed these skills.

Table 8*Supervision and Staff Management Development*

Skill	Innate personal skill	Grad school experience	Early career experiences (0-10 yrs.)	Mid-career experiences (11-21yrs.)	Late career experiences (22+ yrs.)	Still developing skill
Delegation of tasks n=203	9%	7%	31%	20%	2%	32%
Manage accountability of tasks given N=203	19%	16%	33%	13%	1%	17%
Conflict management n=202	6%	4%	33%	17%	2%	38%
Staffing decisions n=193	1%	0%	33%	17%	1%	49%
Provide feedback and conduct performance review n=198	1%	4%	39%	17%	3%	37%
Coordinate staff, aides, and student-related development n=196	1%	3%	35%	14%	4%	43%
Guide staff, aides, and student clinicians in procedural change n=196	1%	1%	36%	17%	4%	42%

Specific skills that contributed to the development of supervision and staff relations management were identified through SQ 12 and are identified in Table 9. Through the use of an open text box, research participants identified Additional/Formal Education, Outside of Work/Life Experiences, Work/Interdisciplinary Experiences and Independent Practice as other experiences that contributed to the development of Supervision and Staff Relations Skills.

Table 9

Experiences that contributed to the development of Supervision and Staff Relations Skills

Experience	n	Yes	No
Learning from mentor	199	80%	20%
Participation on committees	194	42%	58%
Experiences from being a mentor	193	76%	24%
Leadership development training	191	48%	52%
Supervising experiences	196	79%	21%
Continuing education	197	53%	47%
Workplace training	196	56%	44%

Note. Additional experiences that contributed to the development of Supervision and Staff Relations Skills were identified as Additional/Formal Education ($n = 6$), Outside of Work/Life Experiences ($n = 8$), Work/Interdisciplinary Experiences ($n = 11$), and Independent Practice ($n = 6$).

Mentoring/Supervision ($n = 6$) was also identified within the open text box but was also given a choice within the survey question.

Additionally, participants were asked to identify other experiences that assisted in the development of supervision and staff relations management skills through an open text box. Responses were reviewed and placed into the following groupings: Additional Formal Education, Outside of Work/Life Experiences, Interdisciplinary Experiences, and Independent Practice.

Through SQ 15, the researcher was able to determine confidence levels in supervision and staff relations management. Research participants indicated feeling very confident (16%), confident (36%), somewhat confident (33%), and not confident (14%) as seen in Table 6.

Research participants were given basic definitions of clinical, professional, and supervisory leadership responsibilities and asked to indicate the importance of supervising and staff relations management in SQ 15, 16, and 17. Table 10 displays the perceptions of research participants, with the majority ranking supervisory and staff relations management as important to very important in clinical, professional, and supervisory leadership roles.

Table 10

Importance of Supervision and Staff Relations in Clinical, Professional, and Supervisory Leadership Roles

Role	Very Important	Important	Somewhat Important	Not Important
Clinical Leadership n=202	60%	27%	8%	5%
Professional Leadership n=201	46%	36%	13%	4%
Supervisory Leadership n=199	60%	27%	8%	5%

Findings Related to RQ3

Research question three was designed to determine the attitudes and perceptions around the skills of negotiation and advocacy. Specific skills were identified as using negotiation or advocacy to improve career structure, salary, and working conditions related to self-advocacy. Additional areas identified were conflict resolution with administration, advocacy for program needs, and promotion of the field of speech-language pathology. Table 11 reflects when research participants felt the skill was developed. Of particular interest for this survey, question is that most respondents felt they were still developing the skills needed to negotiate/advocate for improvements in career structure, salary, and working conditions, as well as the ability to resolve conflicts with administrative staff. Additionally, the options of advocating for department needs and promoting the field of speech-language pathology were identified as being developed in early career experiences; however, a similar number of SLPs felt that they were still developing this skill.

Table 11

Negotiation and Advocacy Development

Skills	Innate Personal trait	Grad school experiences	Early career experiences (0-10 yrs.)	Mid-career experiences (11-21 yrs.)	Late career experiences (22+ yrs.)	Still developing
Negotiate/advocate for improvements in career structure n=184	3%	1%	30%	21%	4%	41%
Negotiate/advocate for improvements in salary package n=182	3%	0%	24%	15%	3%	56%

Skills	Innate Personal trait	Grad school experiences	Early career experiences (0-10 yrs.)	Mid-career experiences (11-21 yrs.)	Late career experiences (22+ yrs.)	Still developing
Negotiate/advocate for improved working conditions n=182	1%	1%	28%	21%	2%	47%
Ability to resolve conflicts with administrative staff n=182	2%	2%	35%	17%	3%	42%
Advocate for department/unit or program needs n=183	2%	3%	40%	14%	3%	37%
Advocate for and promote the field of speech/language pathology n=183	4%	15%	38%	10%	2%	34%

Participants were asked to identify the type of experience which they felt contributed to the development of negotiation and advocacy skills. Table 12 displays the data gathered regarding a specific set of options. The participants were offered an open text box to identify additional experiences that assisted in developing these skills. The responses were reviewed and placed into the following: Work Experience, Outside of Work Experience, Formal Education, Independent Learning, and Social Media.

Table 12*Experiences that Contributed to the Development of Negotiation and Advocacy Skills*

Experience	n	Yes	No
Learning from mentor	183	80%	20%
Participation on committees	183	42%	58%
Experiences from being a mentor	179	76%	24%
Leadership development training	177	48%	52%
Supervising experiences	181	79%	21%
Continuing education	181	53%	47%
Workplace training	181	56%	44%

Note. Additional experiences that contributed to the development of Negotiation and Advocacy Skills were identified as Work Experience ($n = 12$), Outside of Work Experience ($n = 6$), Formal Education ($n = 1$), Independent Learning ($n = 4$), and Social Media ($n = 2$).

Survey question 22 asked participants to identify confidence in negotiation and advocacy skills. Table 6 displays the perceptions of confidence in this area, with the highest reported ranking of “somewhat confident” at 43%. This supports the data gathered in SQ 19, as many respondents indicated they were still developing skills in this area, as displayed in Table 11.

To determine the importance of negotiation and advocacy skills in the clinical, professional, and supervisory leadership roles of the SLP, participants were given a 4-point Likert scale ranging

from not important to very important. Many research participants reported feeling that negotiation and advocacy skills are important to very important in clinical, professional, and supervisory leadership roles. Table 13 displays the results.

Table 13

Importance of Negotiation and Advocacy Skills in Clinical, Professional, and Supervisory Leadership Roles

Role	Very Important	Important	Somewhat Important	Not Important
Clinical Leadership n=184	45%	41%	13%	1%
Professional Leadership n=184	58%	34%	9%	0%
Supervisory Leadership n=183	44%	42%	11%	4%

Findings Related to RQ4

Through SQ 27, research participants were asked to identify when they developed specific skills related to financial management. Specific skills were identified as managing a budget, obtaining funding for a project/program, managing documentation related to funding, and identification of new funding sources. As reflected in Table 14, the majority of respondents indicated that they were still working to develop this skill.

Table 14*Financial Management Development*

Skill	Innate personal trait	Grad school experiences	Early career experiences (0-10 yrs.)	Mid-career experiences (11-21 yrs.)	Late career experiences (22+ yrs.)	Still developing skill
Managing a budget n=174	18%	9%	18%	11%	3%	41%
Obtain funding for projects/ Programs n=171	0%	4%	20%	13%	4%	60%
Manage doc. related to funding n=172	2%	7%	28%	13%	3%	48%
Identify and obtain new funding sources n=170	0%	3%	18%	12%	2%	65%

Additionally, research participants were asked to indicate experiences that contributed to the development of financial management skills which are reflected in Table 15. An open text box was offered to allow participants to identify other experiences that assisted in developing this area. Participant comments were reviewed and placed into the groupings of: Outside of work experience, Family, Independent Practice, Formal Learning Opportunities, Grant Writing, Networking/Mentoring.

Table 15*Experiences that Contributed to the Development of Financial Management Skills*

Experience	n	Yes	No
Learning from a mentor	167	48%	52%
Participation on committees	165	35%	65%
Experiences from being a mentor	160	23%	78%
Leadership development training	163	25%	75%
Supervising experiences	163	25%	75%
Continuing education	165	24%	76%
Workplace training	167	44%	56%

Note. Additional areas identified as experiences that contributed to the development of Financial Management skills are Outside of Work Experience ($n = 9$), Family ($n = 3$), Independent Practice ($n = 2$), Formal Learning Opportunities ($n = 2$), Grant Writing ($n = 2$), Networking/Mentoring ($n = 7$).

Using a 4-point Likert scale, research participants were asked to identify their level of confidence in the area of financial management. Table 6 indicates that the majority of respondents felt confident (41%) to very confident (22%) with their financial management skills.

Table 16 displays the data from SQ 31,32, and 33, which determined the importance of financial management skills in clinical, professional, and supervisory leadership roles.

Table 16*Importance of Financial Management Skills in Clinical, Professional, and Supervisory Leadership*

Role	Very Important	Important	Somewhat Important	Not Important
Clinical Leadership n=173	21%	21%	37%	21%
Professional Leadership n=173	27%	32%	24%	17%
Supervisory Leadership n=172	22%	28%	26%	24%

Findings Related to RQ5

SQ 35 aimed to determine the point in the career where SLPs developed specific skills related to organizational practices. Specific skills were identified as time management, planning and prioritizing tasks, completing quality assurance, improving workplace practices, and compliance with local, state, and national guidelines/legislative requirements. Table 17 displays the results.

Table 17*Organizational Practices and Planning Development*

Skill	Innate personal trait	Grad school experiences	Early career experiences (0-10 yrs.)	Mid-career experiences (11-21 yrs.)	Late career experiences (22+ yrs.)	Still developing skill
Time Management n=178	41%	29%	16%	5%	1%	8%
Plan timelines and prioritize work tasks n=178	33%	30%	25%	4%	1%	7%

Skill	Innate personal trait	Grad school experiences	Early career experiences (0-10 yrs.)	Mid-career experiences (11-21 yrs.)	Late career experiences (22+ yrs.)	Still developing skill
Complete organizational outcome measures: quality assurance projects; improve workplace practices n=177	7%	18%	37%	10%	2%	27%
Compliance with local, state, and national guidelines/ legislative requirements n=176	5%	19%	63%	5%	2%	7%

Through the development of SQ 36, the researcher aimed to identify what specific experiences assisted with developing organizational practices and planning skills found within Table 18. Research participants were asked to identify additional experiences that contributed to developing organizational practices and planning skills. Responses were reviewed, and the following areas were identified: Outside of Work Experiences, Work Experiences, Independent Practice, and Formal Education.

Table 18

Experiences that Contributed to the Development of Organizational Practice and Planning

Experience	n	Yes	No
Learning from a mentor	175	82%	18%

Experience	n	Yes	No
Participation on committees	170	40%	60%
Experiences from being a mentor	170	61%	39%
Leadership development training	168	38%	63%
Supervising experiences	170	62%	38%
Continuing education	172	51%	49%
Workplace training	174	62%	37%

Note. Additional experiences that contributed to the development of Organizational Practice and Planning Skills were identified as Outside of Work Experiences ($n = 13$), Work Experiences ($n = 10$), Independent Practice ($n = 1$), and Formal Education ($n = 5$).

The survey sample was asked to identify confidence levels related to organizational practice and planning skills using a 4-point Likert scale ranging from not confident to very confident. Table 6 indicates the results related to organizational practice and planning skills.

Table 19

Importance of Organization Practices and Planning Skills

Role	Very Important	Important	Somewhat Important	Not Important
Clinical Leadership n=126	64%	32%	4%	0%
Professional Leadership n=176	67%	30%	3%	0%

Role	Very Important	Important	Somewhat Important	Not Important
Supervisory Leadership n =174	67%	24%	4%	3%

Survey questions 39, 40, and 41 aimed to determine the importance of organizational practices and planning skills in the role of clinical, professional, and supervisory leadership. Table 19 shows that most respondents felt that organizational practices and planning skills are very important for all leadership roles in the field of speech-language pathology.

Findings Related to Qualitative Data

To further identify the perceptions, attitudes and potential effects on the careers of SLPs related to leadership training at the graduate level, a series of survey questions was designed to identify the specific effects on the career of SLPs, challenges related to personal leadership skills, lessons learned in the work setting related to personal leadership and areas SLPs wished they would have learned within the graduate program of study.

Effects on career

Basic perceptions were gathered regarding the point in the career when leadership skills within the clinical, professional, and supervisory responsibilities were expected in the work setting which are reflected in Table 20. Clinical leadership was defined as influencing others in patient and caregiver behaviors, while engaging in advocacy and working with colleagues, coworkers, and administration was used to define professional leadership responsibilities (Kummer, 2017). In addition, supervisory leadership was defined as influencing/leading those under direct supervision (Kummer, 2017).

Table 20*Expectations of Demonstrating Clinical, Professional, and Supervisory Leadership Skills*

Role	n	Early Career	Mid-Career	Late Career
Clinical Leadership	177	92%	7%	0.50%
Professional Leadership	176	88%	12%	0.60%
Supervisory Leadership	160	76%	21%	3%

SQ 46 gathered information specific to the SLP's perceptions of sufficient leadership training and preparedness for the field. Responses indicated that 32% of SLP's felt prepared for the leadership responsibilities of the field; however, 68% did not feel adequately prepared for their position.

Table 21*Sufficient Leadership Training for your Career*

Response	Percentage
No	68%
Yes	32%

Note. n=160

A follow-up question (SQ 47) offered an opportunity for respondents to report how having inadequate leadership training has affected their careers. Responses were reviewed using thematic analysis and placed into the main areas of Required Independent Learning, Limited Career Advancement, Unprepared for Workplace Demands, Unprepared to Advocate, and Burnout.

Required Independent Learning

Research participants reported the need for independent learning outside of the work setting to gain the skills needed for their role as an SLP. Comments such as “self-taught,” “self-motivation to gain the skills required,” and “personal time and expense to acquire skills” were placed within this area. One participant reported the following, “During my graduate career, I feel as though we were not trained for the entirety of our workforce. I learned most of the processes, collaborating skills, timelines, scheduling, billing, and staff communication within the first year of working.” Another participant reported, “I have had to do a lot of outside work, including CEUs, joining mentorship programs/groups, and reaching out to more experienced SLPs to gain the knowledge necessary to do my job.”

Limited Career Advancement

SLPs reported longer career development and delayed professional growth due to inadequate leadership training. One research participant provided the following comment:

Not having enough training certainly meant my career took a little longer to develop, and I had to have the skills on my own to pursue the training needed to improve in this area. As I am supervising CF students now, I am even more concerned about their inability to lead, make clinical decisions, and work on their own.

Additionally, participants reported feeling overlooked for promotions or leadership positions as a direct result of inadequate leadership training. One research participant reported the following, “I have consistently been overlooked for advancement, often not even granted opportunities to interview. Those opportunities have been routinely given to doctorate level candidates (Doctor of Physical or Occupational therapy) in the healthcare settings.”

Unpreparedness for workplace demands

SLPs reported feeling unprepared for workplace demands due to inadequate leadership training. Sub-themes of this area included specific examples of supervision of others, difficulty with

time management, understanding and implementing setting specific documentation and policies, undeveloped problem-solving skills for complex situations, and understanding overall workplace structure as it relates to financial information and billing processes. Additionally, self-perception was identified as a concern, as some participants reported not viewing themselves as leaders within the work setting. Specifically, one respondent wrote, “It has been difficult to see myself in leadership positions or having influence due to lack of training.” This idea was related to a reported lack of confidence in pursuing additional leadership roles or seeking new positions. A supporting quote reads as follows: “I feel the under-preparation has impacted my confidence as an SLP. It has taken me years to feel more confident and gain the skills necessary to do my job.”

Unpreparedness for advocacy

Another theme identified is that of unpreparedness for advocacy. Research participants indicated feelings of unpreparedness in all areas of advocacy. Self-advocacy included areas such as caseload/workload demands, salary negotiations, and working conditions. Feelings of unpreparedness also included patient advocacy and acquiring materials, equipment, or additional resources for the best patient care. Participants also reported that lack of leadership training affected the ability to adequately advocate for the profession of speech-language pathology within the work setting, with some SLP reporting feeling undervalued when other professionals do not fully understand the field of speech-language pathology.

Burnout

Research participants identified limited support and lack of mentorship as contributing factors to overall feelings of overwhelm. Participants also reported increased levels of stress and anxiety associated with burnout leading to a complete change of career. One research participant stated, “Not having leadership training has led me to burnout in my career. Being a solo SLP from clinical fellowship and early career years has negatively impacted my mental health. Leadership

training would have better prepared me to prioritize tasks and balance work with life to avoid burnout.”

Additional Comments

While the majority of responses indicated negative effects some research participants indicated more neutral comments such as “I do not feel it has negatively affected my career but only because I think I am a natural leader in small groups, and I have had a few strong mentors in my career.” Another participant stated.” I don’t think it affected my career. I’ve taken advantage of opportunities as they presented themselves and been observant of my supervisors over the years.

Leadership Challenges

Through SQ 48, the researcher aimed to determine the three biggest challenges SLP face regarding their leadership skills. Participants responded to this question using open text boxes. Thematic analysis was utilized to review the responses, and the following challenging themes were identified: Unpreparedness for the Workplace, Advocacy and Negotiation, Business and Financial Management, Supervision, and Conflict Resolution.

Unpreparedness for the Workplace

This theme included several sub-themes that conveyed overall feelings of being unprepared for various workplace demands and responsibilities. The following demands/responsibilities were identified as areas SLPs felt unprepared for in the workplace: workplace structure/administration structure, understanding the role of other professions, time management/prioritizing tasks, documentation/billing for specific work settings, regulatory guidelines, and change of policy. These areas listed contributed to a general sense of unpreparedness and appeared to contribute to a lack of confidence in overall clinical skills, increased self-doubt, and experiencing “imposter syndrome.” The following quote supports this theme, “Understanding the different aspects of leadership that may be required with our role of SLP depending on the setting you are in. It often is more than just

the immediate field or clinical practice of speech-language pathology.” Another research participant stated, “Time management-high caseloads in the schools require a highly organized schedule. I was unprepared for how to discuss scheduling with the school staff and how to create and maintain a clear schedule.” Additionally, yet another research participant reported, “Not having a clear understanding of all the regulations and guidelines in place when it comes to funding, documentation, and change of policy.”

Advocacy and Negotiation

The main theme of advocacy and negotiation comprises several subthemes, including self-advocacy/negotiation, patient advocacy, and advocacy for the profession. Self-advocacy and negotiation included improving salaries/benefits, caseload/workload limits, and work conditions, as well as following ethical practices and setting professional boundaries. Obtaining needed materials, professional training, and gaining support from mentors were also identified as challenging areas under the sub-theme of self-advocacy and negotiating for improvements. These challenges also include the need to overcome burnout and create a positive work/life balance. One participant identified the challenges related to self-advocacy by writing, “Advocating for SLP job roles and responsibilities, appropriate salary and caseload sizes.”

Challenges identified under the sub-theme of patient advocacy included obtaining specific equipment, resources, or materials and appropriate referrals for best patient care. Counseling caregivers was also identified as an overall challenge falling under patient advocacy. A participant identified the area of patient advocacy as a challenge by stating, “Advocacy for sufficient materials and budget to provide for student’s varied needs.” Lastly, research participants indicated advocacy for the profession as a challenge with sub-themes identified as poor administrative awareness of the importance, value, and benefit of speech-language pathologists and the need to educate others on the scope of practice. Quotes such as “Advocating for myself/ my team with uneducated or lesser

educated individuals who do not understand the SLP role or value in services.” Another supporting research participant response included, “Trying to navigate and advocate for my discipline being the only SLP on site with people who do not understand anything about the discipline.” Lastly, one participant stated, “I have had to really advocate for my professional abilities and prove that I know what I am talking about.” These quotes highlight the challenges related to advocacy for the program.

Business and Financial Management

The next main theme identified as a challenge was Business and Financial Management. An overall lack of business knowledge was identified often and included managing budgets, developing, and implementing new programs, marketing, and obtaining funding to maintain programs or for new initiatives. Other areas noted as challenges were private practice management, staffing issues, including hiring/firing individuals, and attending to customer service needs. One participant specifically stated that “having no financial experience with financial leadership skills” was a challenge in their career. Another research participant identified the challenge of understanding reimbursement by stating, “Financial Management: understanding reimbursement. I had zero education/training on this when I began my career.” Additional quotes identified the area of financial management for a department or program while also considering customer service needs. One participant wrote, “Understanding the financial aspects of managing a department, having frank discussions about productivity, and ensuring our customers are kept happy and content with their respective rehab departments.” Yet another participant stated that “Balancing financial success for a department with meeting clinical needs, such as having correct equipment and supplies for patients” was a challenge in their career.

Supervision

Supervision was also identified a challenge for SLPs who had the responsibility of supervising students, SLP-A's, other SLPs, or professionals from other disciplines. Areas such as delegating tasks, giving feedback in a constructive manner, limited support from administration for supervision needs and limited training to improve skills needed for supervision of specific groups. One research participant identified a challenge as, "Engaging in difficult feedback conversations with those who are not meeting expectations." Another response indicated, "Supervising others very soon after completing my training" was a challenge related to personal leadership skills.

Conflict Resolution

The last theme related to the challenges SLP face is the area of conflict resolution. Specifically, effective communication skills when working with various groups, including interdisciplinary team members, colleagues, supervisors, students, parents, caregivers, and administration. Effective collaboration and working with strong personalities were viewed as challenges. To support this subtheme, one research participant identified, "Working through conflict management with other professionals, particularly as it relates to lack of respect for our profession." Another participant wrote of this area of challenge by stating, "Learning to be in the middle of two sides, that both have the patients' best interest in mind, but very different opinions on the plan to proceed."

Additional Comments

While the survey question focused on specific challenges, one participant stated "none, leading comes naturally to me," indicating limited challenges with personal leadership within the work setting.

Leadership Lessons

Survey question 49 asked research participants to identify specific leadership lessons learned within the work setting. Participants reported learning specific skills in the following sub-theme

categories: Collaboration, Work-place specific tasks, Advocacy, and Supervision/Leadership/Management skills.

Collaboration

The theme of collaboration was identified often and included sub-themes of interpersonal skills, interdisciplinary collaboration, mentorship/networking, and conflict resolution management. The first subtheme of interpersonal skills included many aspects of effective communication. Areas such as clear, open, timely, and consistent communication as well as being a good listener, were identified as important lessons learned. As stated by one research participant, “Listening. Not just to what they are saying but what they might be implying or afraid of saying. Making sure I am open and available to listen to what is going on.” Additionally, the ability to ask questions appropriately and professionally was a lesson learned, as stated by research participants, “admitting when you do not know all the answers” and “not assuming that others have the same understanding.” Other elements placed within collaboration are the characteristics of being honest, patient, kind, flexible, personable, and assertive. Lastly, the idea of “modeling the behavior you expect from others” was connected to lessons learned regarding collaboration. One participant wrote, “Modeling work ethic and professionalism you want from others” as a key lesson learned.

Interdisciplinary collaboration was also a vital leadership lesson learned within the work setting. Specifically, understanding the role team members play, ensuring equal participation for all members, and listening to the perspectives of others were placed within this sub-theme. Also, the recognition that each team and team member is unique and different approaches may be needed to maximize the effectiveness of the group. “Relationships with your team are very important for patient outcomes, everyone should be working towards the same goal within their respective discipline while helping to support other disciplines” was written in support of learning the importance of interdisciplinary collaboration.

Another sub-theme was the importance of mentorship and networking. Specifically, collaborating with experienced clinicians was deemed vital to developing new skills. One research participant wrote, “collaborating with a therapist that is more experienced is a great help.” Additionally, “knowing your limitations, asking for help, and accepting when needed” was recognized as an important lesson learned.

The last sub-theme found under Collaboration was conflict resolution and management. Ideas of approaching individuals with respect and in a professional manner were recognized as key concepts in the management of conflict between professionals and administration, as well as conflict with patients and caregivers. A research participant wrote, “The ability to communicate through disagreements with other professionals to advocate for a patient’s communication needs took years to develop” was viewed as an important lesson learned within the work setting.

Specific Work-place Tasks

Key concepts of resourcefulness, problem-solving, time management, scheduling skills, and organization were recognized in Specific Workplace Tasks. Other areas, such as billing, documentation, reimbursement, and written communication, were also found within this theme. The value of evidence-based practice was also recognized as an important lesson learned within the work setting. Participants wrote of the importance of “knowing the why” behind their clinical work and described how it increased the ability to educate other professionals and improve the ability to counsel caregivers. Others cited that evidenced-based practice allowed continued learning and building overall knowledge and clinical skills. One research participant summarized the importance of learning evidenced-based practice by simply stating, “do your research so you can back up your points.”

Advocacy

As the responses to SQ 49 were reviewed, Advocacy was identified as a major area in which valuable lessons were learned in the work setting. Individual sub-themes of Self-Advocacy, Career Advancement-Promotion of Career, Patient Advocacy, and Professional Advocacy.

The sub-theme of self-advocacy included setting case-load limits and professional boundaries and improving overall job satisfaction. The important lesson of negotiation with administrators concerning salary improvements, obtaining materials, and improving working conditions was also noted under self-advocacy. One participant identified learning the important lesson of self-advocacy by stating, “Being more assertive in what I need when talking to teachers, parents, and administrators.” Related to self-advocacy was the sub-theme of career advancement and promotion of career. Research participants acknowledged the importance of acquiring new skills and building confidence in overall knowledge, which then allowed the SLP to pursue leadership positions more confidently. One participant identified the importance of “adding value to myself as an SLP and (improving) my self-worth”, as one way to advance their career.

Research participants also identified the importance of learning how to advocate for the individual needs of the patient and effectively counsel caregivers regarding the best patient care. One research participant wrote of the importance of patient advocacy by stating, “A patient’s ability to communicate is an important part of a holistic patient care model and should not be minimized. Therefore, it is my responsibility to advocate for the patient as needed to be able to provide the needed care.” In addition, advocating for the profession was recognized as necessary, including educating others regarding the scope of practice and further promoting the field of speech-language pathology. In support of learning to advocate for the profession, one participant stated, I learned “how to advocate for the field of SLP within the medical arena where our field is often overlooked.”

Supervision/Leadership/Management

The last theme identified as a lesson learned within the work setting is Supervision/Leadership and Management. Specific areas recognized were skills related to supervision, leadership, and management. Areas of employee care such as providing motivation, ensuring others feel valued and respected, and providing constructive feedback were recognized as important lessons learned in the supervision of SLP-A's, other SLPs, and professionals from other disciplines. Management responsibilities such as delegating tasks, accountability of task completion, ensuring quality improvement, and managing staff challenges were considered valuable lessons. In addition, several participants discussed gaining financial management skills related to budgeting. Two participants specifically stated learning "how to organize and manage finances within a budget" and "managing a budget to pay staff and overhead costs" as necessary skills gained in the work setting. In addition, this theme also included the supervision of graduate-level clinicians. This sub-theme incorporated the need to identify the individual learning styles of each student, including basic knowledge checks and recognizing that students are still learning, and providing information in a manner that is easily understood. One research participant wrote, "It is important to discover how someone you are mentoring (supervising) learns so that you can teach and model in a way that will benefit them, rather than just doing what you have always done." Additionally, another response stated that "Supervising students was one of the largest contributing factors to my improved communication skills. Having to explain the why behind clinical practices to a student helped me be able to do so with other professionals."

Lacking Areas of Leadership Training

Through the use of SQ 50, research participants were asked to identify areas in which they wished they had learned prior to entering the workforce. Thematic analysis was used to review participant responses and allowed for the identification of major themes, which included the

following: Interdisciplinary Teamwork, Conflict Resolution, Advocacy, Supervision, Leadership, and Business and Financial Management.

Interdisciplinary Teamwork

The area of interdisciplinary teamwork was identified as an area where SLPs would have liked additional training. Collaboration between professionals for best patient care and effective communication skills were specific areas acknowledged within the responses. One respondent wrote that they wish they had learned more about the “importance of building rapport with other agencies and professionals in helping to coordinate other services for your patients and students; referring for evaluations, services, and resources.” In addition, the ability to effectively communicate with and educate other professionals on the role of the speech-language pathologist was highlighted, as this appeared to be a common trend identified within the results. A participant indicated that learning skills related to “communication with other professionals who have a higher leadership position and(or) different position” would have been beneficial.

Conflict Resolution

The management of conflicts or conflict resolution was identified as an area where SLPs felt more training at the graduate level would be beneficial in the workplace. Research participants specifically identified the need for effective strategies to use with students, patients, caregivers, co-workers, and administrators when conflicts arise. Specific quotes such as “how to be more assertive in a polite and direct manner,” “how to handle conflict and different viewpoints,” “having difficult conversations with colleagues,” as well as “dealing with difficult situations (doctors, RNs with differing opinions)” were directly related to the desire to have learned more regarding conflict resolution. The following quote highlights the feelings related to this topic as one participant wrote, “Conflict resolution/dealing with difficult people-that is a basic skill that is needed all the time in

the work world. We were not taught that sometimes the hardest part of the job is dealing with the family of the patients.”

Advocacy

Advocacy was identified as an area where research participants felt additional training would have been beneficial at the graduate level. Responses included topics related to self-advocacy, patient advocacy, and professional advocacy. Self-advocacy included the skills of negotiation for more manageable caseload/workloads, better work conditions, as well as improving salary and benefits. In support of this theme, one participant wrote, “I wish I would have learned more job-specific advocacy. We were taught how to advocate for our clients and their families but not really how to do that for ourselves in the workplace.”

Furthermore, research participants indicated that more training in the area of patient advocacy, specifically how to advocate for patient needs, equipment, and counsel caregivers, would have been beneficial as they entered the workforce. Professional advocacy, specifically how to educate others about and bring awareness to the field of speech-language pathology, was also recognized as an area where additional training was needed. One participant identified this area by indicating the need for “professional advocacy- how to make the professions better known and understood.” One additional participant indicated that being taught “how to advocate for ourselves in terms of immediate job benefits (increased salary, more time off, lower productivity requirements, etc.) so we can improve the collective profession” as a way of improving the awareness and understanding of the field of speech-language pathology.

Supervision

Supervision was highlighted as an area where research participants indicated a desire for additional training. The area of supervision can include graduate clinicians, SLPs in a clinical fellowship year, SLP-A’s, paraeducators/aides, other SLPs, or professionals from other disciplines.

Research participants indicated the desire for a better understanding of the supervisory process, while one wanted to know “What is required of a good supervisor, regardless of the level (students or up to a corporate level position).” Another wrote, “A graduate course on leadership development, leadership as a mentor, and leadership as a supervising SLP would have been very beneficial.” More specifically, regarding the supervision of SLP-A’s or paraeducators/aides, one participant identified a desire to better understand “how to train paras and sometimes teachers to work on speech skills with students.” Yet another participant identified the need for training in the area of “management of professional staff when improvements need to be made.” Furthermore, the area of “giving and receiving feedback/ constructive criticism” was identified as an area where SLP wished they had received graduate-level training.

Leadership

The general area of leadership was where participants would have liked to have more training in graduate school. The comments below support two basic subthemes of awareness of leadership opportunities for SLPs and basic leadership principles. Responses such as, “(understanding the) leadership roles the SLP could fill” or knowing the “possible leadership opportunities (for the SLP) and how to move up on the clinical ladder.” One specifically, one research participant wrote that understanding “that we are leaders in every position we may have, starting with the CF (clinical fellowship) and throughout our careers” would have been beneficial prior to entering the workforce. Additionally, one participant identified the desire to have learned “how to foster/develop leadership qualities.” Another participant stated that knowing “how to pursue administrative-like or leader roles within my work setting after graduation” was an area where additional training was needed.

Business and Financial Management

The area of business and financial management was identified as a major theme when reviewing the responses to SQ50. Specific subthemes of budgeting-managing funding, obtaining grants/funding, organizational structure and management, program development, private practice, and overall customer service. One participant identified the desire to have obtained knowledge of “how to obtain funding and resources to support better therapeutic outcomes.” Other participants identified the specific area of writing grants and budgeting as areas where more training would have been beneficial. A research participant wrote, “General business soft-skills- there are so many general (business) skills that are needed and never discussed or explicitly taught,” indicating the desire for understanding basic business principles. To further support this idea, research participants described the need to understand the organizational management structure of both the school and medical settings. In addition, one research participant identified “Increased information about the billing and financial side of our profession so that advocacy and understanding all the elements of our job would have been easier post-graduate school.” This statement supports the overall theme of research participants wishing they knew more about business and financial management. The area of private practice was also highlighted with the following quotes expressing a desire for “an elective course regarding finances, private practice concerns, being a non-profit, and/or applying for grants,” and “how to manage the financial aspect of a clinical practice and how to build a budget.” Additionally, one research participant expressed a desire for “more financial/billing/coding/reimbursement education and training.”

Summary

The purpose of this study was to determine how a perceived lack of leadership training at the graduate level contributes to inadequate preparedness for the clinical, professional, and supervisory leadership roles professionals hold within the field of speech-language pathology (Kummer, 2017). More specifically, this study sought to identify current leadership concerns of practicing SLPs,

exploring whether and/or how lack of leadership training has affected their professional growth or career. The findings and their implications will be examined in the next chapter.

Chapter 5: Summary, Implications, and Recommendations

As defined by the American Speech-Language-Hearing Association, a speech-language pathologist is an individual that strives to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults (ASHA, n.d.-i). The roles and responsibilities of the speech-language pathologist include situations throughout the workday that call for various leadership skills. To fully describe the day-to-day leadership responsibilities, Ann Kummer (2017) identified the three distinct roles of clinical, professional, and supervisory leadership that the SLP must demonstrate within the work setting. Clinical leadership was identified as the ability to influence patients and caregivers to achieve goals for the best possible outcomes (Kummer, 2017). The ability to influence colleagues, coworkers, and administrators in professional situations, such as educating others about the field of speech-language pathology, negotiating for patient and professional needs, and advocating for program needs and development, is defined as professional leadership (Kummer, 2017). The last leadership role identified is that of supervisory leadership, which can be defined as the ability to influence those under the direct supervision of the SLP. Supervisory leadership includes the supervision of graduate students, SLP within the clinical fellowship year, and SLP-A's (Kummer, 2017). This role may also include the position of director or manager within the work setting (ASHA, 2004).

Specific leadership competencies were found to be important as the SLP moves into a management or supervisory position. Pilling and Slattery (2004) identified effective communication skills, problem-solving ability, understanding of evidence-based practice and accountability, teamwork skills, organization, decision-making ability, and understanding of the healthcare industry as inherent skills within speech-language pathologists. While these skills were deemed as required for a successful transition to management positions, the additional skills of human resource management, administrative skills, overall leadership skills, finance, and business strategy were

found to be lacking and proved to be challenging areas for SLPs in management positions (Pilling & Slattery, 2004.) Furthermore, Lincoln et al. (2001) identified the leadership areas of teamwork, interpersonal communication, conflict resolution, collaborative goal setting, time management, ability to advocate, planning and implementing educational programs, and the evaluation of other professionals as skills that are required in speech-language pathologists. These skills were further described as often lacking in newly graduated SLPs which can negatively impact their career, placing them at a disadvantage in the workplace.

Tolan (2021) identified a severe lack of documented leadership training at the graduate level in the field of speech-language pathology when compared to that of other health professions. Specifically, leadership elements were found within 6% of the mission statements and curriculum of the top fifty speech-language pathology graduate programs and were identified as significantly lower than other healthcare disciplines (Tolan, 2021). The potential impact from a perceived lack of leadership training at the graduate level may negatively impact the professional career of the speech-language pathologist, leaving the SLP unprepared for the roles and responsibilities of the workplace.

Purpose of Study

This study aimed to determine how a perceived lack of leadership training at the graduate level of speech-language pathology programs contributes to the inadequate preparedness for the clinical, professional, and supervisory leadership roles (Kummer, 2017) SLPs face within the work setting. Furthermore, this study was designed to determine the leadership concerns of current SLPs and, more specifically, how a lack of leadership training affected the professional growth of the SLP. To accomplish the purpose of this research study, five research questions were developed:

Research Question 1: To what extent do SLPs find Effective Communication/Teamwork skills important in clinical, professional, and supervisory practice?

Research Question 2: To what extent do SLPs find Supervisory/Staff Relations Management skills important in clinical, professional, and supervisory practice?

Research Question 3: To what extent do SLPs find Negotiation/Advocacy skills important in clinical, professional, and supervisory practice?

Research Question 4: To what extent do SLPs find Managing Funding skills important in clinical, professional, and supervisory practice?

Research Question 5: To what extent do SLPs find Organizational Practices and Management skills important in clinical, professional, and supervisory practice?

Summary of Findings

A brief discussion of the findings for each research question follows. More detailed results are reported in Chapter 4.

Research Questions 1: To what extent do SLPs find Effective Communication/Teamwork skills important in clinical, professional, and supervisory practice?

The first research question was designed to determine the extent to which SLPs find communication/teamwork skills important to their roles as clinical, professional, and supervisory leaders. These skills were deemed as important in clinical, professional, and supervisory leadership roles by more than 75 % of respondents. Research participants also indicated feelings of confidence regarding communication/teamwork skills, with most respondents indicating feeling confident or very confident within the area of communication and teamwork skills.

The majority of research participants identified listening and pragmatic/interpersonal skills as innate personal traits. In addition, many believed verbal communication to be an innate personal trait; however, a similar number of participants indicated that early career experiences contributed to the development of this skill. Graduate school experiences contributed to the development of written communication abilities. Working with others/diplomacy appeared to be a

communication/teamwork skill viewed as an innate personal trait with further development in graduate school and early career experiences as similar responses were found for each time period. Networking abilities were developed in early career experiences; however, a similar number of participants reported they are “still developing the skill.”

Research participants identified specific experiences that contributed to the overall development of communication/teamwork skills. The majority of respondents indicated that learning from a mentor, supervising experiences, and workplace training as experiences that contributed to the growth in the area of communication/teamwork. Experiences such as participation on committees, continuing education units, and workplace training were viewed as possible contributing factors to the development of communication/teamwork skills for some; however, a similar number of participants indicated that these experiences did not assist with overall development. Participants did not indicate that leadership development training assisted with the development of communication and teamwork skills. Research participants provided written responses using an open text box to identify additional experiences that contributed to the overall growth of communication and teamwork skills. Specific experiences were placed into thematic categories and consisted of personal/outside-of-work experiences, formal educational experiences, and engaging in independent practice.

Research Question 2: To what extent do SLPs find Supervisory/Staff Relations Management skills important in clinical, professional, and supervisory practice?

Research question two was designed to determine the extent to which SLPs find supervisory and staff relations management important to the roles of clinical, professional, and supervisory leaders. Supervisory and staff relations management was identified by the majority of research participants as important or very important in clinical, professional, and supervisory leadership roles. While some individuals indicated feelings of confidence to very confident, a similar number

of respondents indicated feeling somewhat confident or not confident with supervisory and staff relations management skills. Overall, feelings of confidence were lower than in other leadership skill areas.

Research participants were asked to identify when supervisory and staff relations skills were developed. The highest percentage of respondents reported that early career experiences contributed to the development of these skills; however, a similar number of respondents also indicated they were still developing the skill. This data supports the lower levels of confidence with supervision and staff management skills.

Specific experiences such as learning from a mentor, being a mentor, and supervising experiences were reported to have contributed the most to gaining supervision and staff relations skills. Research participants identified the experiences of participating on committees, leadership development training, continuing education, and workplace training as neutral, meaning that for some individuals, the experiences contributed to the development of supervisory and staff relations and did not for others. In addition, thematic analysis of open-text responses revealed the main areas of formal education, outside-of-work experiences, interdisciplinary experiences, and engaging in independent practice as contributing factors to the development of supervisory and staff relations.

Research Question 3: To what extent do SLPs find Negotiation/Advocacy skills important in clinical, professional, and supervisory practice?

Through the use of research question three, information was gathered regarding the importance, confidence, and development of negotiation/advocacy skills. Research participants ranked the importance of negotiation and advocacy skills as important to very important to clinical, professional, and supervisory leadership skills. Data suggested that research participants feel less confident with negotiation and advocacy skills than in other leadership areas. Specifically, 43% of respondents indicated feeling somewhat confident, which indicated a lack of confidence in this skill.

Participants were asked to identify when skills in the area of negotiation and advocacy were obtained. Data indicated that all skills were found to “still be developing,” with the next highest percentage showing that skills were obtained in early career experiences. The skill of advocating for department/unit or program needs was identified as developing through early career experiences at 40%; however, 37% of respondents identified this skill area as “still developing.” The ability to advocate and promote the field of speech-language pathology was identified as developing in early career experiences; however, a similar number of SLP’s indicated they were still developing the skill.

Specific experiences were identified as contributing to the development of negotiation and advocacy skills. Experiences such as learning from a mentor, being a mentor, and supervising were clearly identified as contributing to the development of negotiation and advocacy. Leadership development training, continuing education, and workplace training presented similar results, which indicated that these experiences assisted with the development of skills for some respondents but may not be a large contributing factor to the overall development of negotiation and advocacy skills. In addition, research participants did not perceive that participation on committees contributed to the development of negotiation and advocacy. Additional experiences were identified through an open-text box and included the main themes of outside-of-work experiences, independent learning experiences, and social media as additional experiences that contribute to the development of negotiation and advocacy skills. Low levels of confidence may be related to participants indicating that skills in the area of negotiation and advocacy are “still developing,” indicating the need for additional training.

Research Question 4: To what extent do SLPs find Managing Funding skills important in clinical, professional, and supervisory practice?

Research participants were asked to answer a series of questions regarding their perceptions of the importance of financial management skills in the area of clinical, professional, and supervisory leadership roles. Overall, financial management skills were identified as less important than other skills, as evidenced by similar percentages for all rankings ranging from not important to very important. Overall, 41% of research respondents indicated feeling confident with managing funding skills; however, percentages were found to be evenly spread throughout the rankings offered, with 22% reporting feeling very confident, 25% feeling somewhat confident, and 13% not confident.

Research participants were asked to identify the point in their career when financial management skills were developed, as well as specific learning experiences that assisted with the development of financial management skills. The majority of respondents indicated that they were “still developing skills” in the area of financial management.

Research participants were given the option of selecting learning from a mentor, participation on committees, experiences from being a mentor, leadership development training, supervising experiences, continuing education, and workplace training to identify experiences that contributed to the development of financial management skills. Data indicated that these experiences did not contribute to the development of financial management skills. Additional experiences were identified through an open text box and yielded the main thematic categories of outside-of-work experiences, family experiences, engaging in independent practice, formal learning experiences, grant writing, and networking/mentoring as experiences that assisted in the development of financial management skills.

Research Question 5: To what extent do SLPs find Organizational Practices and Management skills important in clinical, professional, and supervisory practice?

The final research question served to gather information on the importance, confidence, and development of organizational practices and management skills as it relates to clinical, professional, and supervisory leadership skills. Research participants overwhelmingly ranked this skill as important or very important, with at least 90% or more of respondents selecting these options. Respondents also indicated feeling confident to very confident within the area of organizational practices and planning, with only 21% of respondents selecting the option of somewhat confident.

Participants were asked to identify the point in their career when specific skills related to organizational practices and planning were developed. The majority of respondents indicated that time management and planning/prioritizing were innate personal traits, with graduate school experiences also contributing to the overall development. The skill of completing outcome measures/quality assurance was identified as developing with early career experiences; however, this skill was also identified as an area that is still developing. Compliance with local, state, and national guidelines was developed in early career experiences; however, some research participants also indicated graduate school experiences assisted with the development in this area.

Specific experiences were identified as assisting with the development of organizational practices and planning. Experiences such as learning from a mentor, experiences from being a mentor, supervising, and workplace training were found to contribute to the development of organizational practice and planning skills. Results indicated that continuing education experiences assisted with the development of organizational practices and planning for some but not all respondents. Likewise, research data indicated that leadership development training and participation on committees did not contribute to the development of these skills for the majority of respondents; however, a small percentage indicated that these experiences assisted in the development of organizational practices and planning skills. Outside-of-work experiences, networking/mentoring activities, engaging in independent practice, and formal educational

experiences were identified as additional experiences that contributed to the development of organizational practices and planning skills.

Qualitative Findings

As reflected in the research results, the overwhelming majority of participants indicated they were expected to demonstrate clinical, professional, and supervisory leadership skills early in their careers. In addition, 68% of participants indicated insufficient training in the area of leadership, resulting in feelings of inadequate preparedness for the requirements of a career in speech-language pathology. The effects of insufficient training were identified as the need for additional and independent learning requiring personal time and money, limited career advancement, overall feelings of unpreparedness for workplace demands, unpreparedness for advocacy requirements, and increased feelings related to burnout.

Participants identified specific areas of challenge regarding their personal leadership experiences related to their career as a speech-language pathologist. The challenges identified were placed within the main themes of unpreparedness for the workplace, advocacy and negotiation, overall business and financial management, supervision, and conflict resolution. Unpreparedness for the workplace included challenges with workplace structure, understanding the role of administration, time management, documentation requirements for billing, and regulatory guidelines. Participants also identified self-advocacy and negotiation for improved salary/working conditions, patient advocacy for additional services or equipment, and advocacy for the profession as challenges faced within the work setting. Additionally, the area of business and financial management was identified as a challenge due to a reported general lack of business knowledge. The lack of knowledge was more specifically identified as managing budgets, developing, and implementing new programs, marketing, and obtaining funding for the maintenance of programs or new initiatives. The research participants also identified the area of supervision as a challenge, with

many responses discussing the difficulty with delegating tasks, providing constructive feedback, as well as identifying limited administrative support and training to improve supervisory skills.

Conflict resolution was also identified as a challenge regarding leadership with effective collaboration and working with strong personalities identified as specific areas of concern.

Participants also identified specific lessons learned within the workplace regarding the area of leadership. One of the main areas identified as a lesson learned was the importance of effective and efficient collaboration with other professionals. Additionally, specific workplace tasks were identified as an area learned within the work setting and included tasks such as billing, reimbursement, and documentation. The importance of advocacy was identified and covered subthemes such as self-advocacy, career advancement/promotion of career, patient advocacy, and professional advocacy. Lastly, supervision/leadership/management was identified as valuable lessons learned. Supervision of students, SLP-As, and other professionals was identified as a subtheme with specific tasks of providing constructive feedback and motivation as well as ensuring that others feel valued as key supervisory lessons learned in the workplace. Specific management skills were also identified as areas learned, which included basic business principles related to delegating tasks, accountability, ensuring quality improvement, and managing staff challenges.

Research participants were asked to identify desired areas of training in the area of leadership, or more specifically, areas they wish they had been trained in during graduate school. These areas were identified as interdisciplinary teamwork, conflict resolution, advocacy, supervision, business and financial management, and leadership. Interdisciplinary teamwork skills included building and maintaining rapport with other professionals and agencies and effective communication with administrators. The area of conflict resolution was also identified and included a desire for effective strategies to use with students, patients, caregivers, co-workers, and administrators. The area of advocacy was also identified and included specific needs in the sub-

areas self-advocacy, patient advocacy, and advocacy for the profession. Supervision was also an area in which SLPs indicated a desire for additional training, specifically the supervision of graduate students, SLP-A's, other SLPs, professionals from other disciplines, and SLPs in the Clinical Fellowship year. Furthermore, providing feedback and constructive criticism were identified as part of the supervisory responsibilities where SLPs would like additional training. Lastly, SLPs expressed a desire to have gained an understanding of basic leadership principles as well as an awareness of leadership opportunities/responsibilities for the SLP.

Discussion of Findings

Altogether, the results indicated similar findings to Pilling and Slattery (2004), Lincoln et al. (2001), Newport et al. (2021), and Tolan (2021), which found that leadership training is lacking in the field of speech-language pathology. The results of this study identified the importance and confidence levels of specific areas of leadership for the speech-language pathologist. Participants identified the areas of Communication and Teamwork, Supervisory and Staff Relations, Negotiation and Advocacy as well as Organizational Practices and Management as important to the clinical, supervisory, and professional leadership roles found within the day-to-day responsibilities of a practicing SLP. The area of Financial Management was judged to be overall less important as this is likely an area that not all SLPs encounter. Perceived levels of confidence were reported as lower in the areas of Supervisory and Staff Relations, Negotiation and Advocacy, and Financial Management skills. Areas with overall higher levels of confidence were in the areas of Communication and Teamwork, as well as Organizational Practices and Planning skills, which were also areas identified as innate traits. Table 22 displays leadership competencies identified as innate traits within the profession of speech-language pathology. These results were found to be similar to the skills identified by Pilling and Slattery (2004) which suggested that SLP's possess innate qualities of

strong communication skills of listening and verbal expression as well as problem-solving abilities and social skills.

Table 22

Innate Leadership Traits Identified within SLPs

Leadership skill	Leadership Competency
Communication and Teamwork	Listening, Verbal communication*, Pragmatic/Interpersonal Social Skills, Working with others/Diplomacy*
Supervision & Staff Management	None
Negotiation and Advocacy	None
Financial Management	None
Organizational Practice and Planning	Time Management, Plan timelines and Prioritize work tasks

Note. The leadership competencies listed show that more than 25% of participants felt that this area was an innate personal trait. The term “None” indicates that no leadership competencies were viewed as innate personal traits as less than 25% of participants selected this response.

* indicates a similar percentage of participants also selected the leadership competencies as developing with Early Career Experiences.

The results of this study also identified the point in the professional career where specific leadership skills were developed and the experiences that contributed to the development of these skills. Specific skills were identified as developing within graduate school as seen in Table 23, which displays those skills identified with 25% or more of the research participants responding to this category.

Table 23

Leadership Competencies Identified as Developing in Graduate School Experiences with 25% or Higher Identification

Leadership skill area	Leadership Competency
Communication and Teamwork	Written communication
Supervision & Staff Management	None
Negotiation and Advocacy	None
Financial Management	None
Organizational Practice and Planning	Time management*, Plan and prioritize work tasks*

Note. This Table displays leadership competencies identified as developing in Graduate school with at least 25% or more of research participants selecting this category. The term “None” indicates that no leadership competencies were selected by more than 25% of participants in this area.

* denotes leadership competencies that were identified with higher percentages in the category of Innate personal trait but were selected by 25% or more of participants.

While some skills were identified as developing during Graduate School experiences, the majority of leadership competencies were developed in Early Career Experiences as displayed in Table 24, which shows the highest percentage of reported development for each leadership competency.

Table 24*Leadership Competency Development Graduate School vs. Early Career Experiences*

Developmental time frame	Leadership skill area	Leadership Competency
Grad school	Communication and Teamwork	Written Communication
	Supervision & Staff Management	None
	Negotiation and Advocacy	None
	Financial Management	None
	Organizational Practice and Planning	None
Early Career	Communication and Teamwork	Verbal Communication*, Networking abilities, Working with others/Diplomacy*
	Supervision & Staff Management	Delegation of tasks, Manage accountability, Conflict management, Staffing decisions, Provide feedback and Performance reviews, Coordinate staff and student-related development programs, Guide staff and student clinicians through procedural change
	Negotiation and Advocacy	Ability to resolve conflicts with administrative staff, Advocate for department or program needs, Advocate for and promote the field of SLP
	Financial Management	None
	Organizational Practice and Planning	Complete organizational outcome measures/Quality assurance projects/improve workplace practices, Compliance with local, state, and national guidelines/legislative requirements

Note. The * denotes Leadership Competencies that were identified as innate traits and skills that were developed in early career experiences. The term “None” indicates that no leadership competencies were selected by more than 25% of participants within each area.

The leadership competencies identified as developing with Early Career experiences support the research findings of Lincoln et al., (2001) which highlighted the leadership skill areas of future planning, professional practice (advocacy) and team leadership as skills important for new SLPs.

In addition, many skills were identified as still developing, which may contribute to the perceived lower levels of confidence within the areas of Supervisory and Staff Relations, Negotiation and Advocacy, and Financial Management skills. Table 25 displays the specific leadership competencies identified as still developing in the professional careers of SLPs suggesting a lack of preparedness for the demands of the field as well as continued need for additional leadership training. These findings support the research findings of Tolan (2021) stating that a lack of leadership training at the graduate level of speech-language pathology programs.

Table 25

Leadership Competencies Identified as Still Developing

Leadership skill area	Leadership Competency
Communication and Teamwork	Networking abilities
Supervision & Staff Management	Delegation of tasks, Manage accountability, Staffing decisions, Provide feedback and Performance reviews, Coordinate staff and student-related development programs, Guide staff and student clinicians through procedural change
Negotiation and Advocacy	Negotiate/advocate for improvements in career structure, Negotiate/advocate for improvements in salary, Negotiate/advocate for improved working conditions, Ability to resolve conflicts with administrative staff, Advocate for department/unit or program needs, Advocate for and promote the field of speech/language pathology

Leadership skill area	Leadership Competency
Financial Management	Managing a budget, obtain funding for projects, Manage documentation related to funding, Identify and obtain new funding sources
Organizational Practice and Planning	None

Note. The term “None” indicates that no leadership competencies were selected by more than 25% of participants in this area.

While the experiences that contributed to the development of leadership skills varied slightly, the majority of leadership skills were developed through learning from a mentor, experiences from being a mentor, supervising experiences, and continuing education. Overall, specific leadership training did not contribute to the development of leadership skills; however, a large number of research participants indicated they did not receive leadership training or have the opportunity to pursue additional training in leadership.

Lastly, through qualitative analysis, participants were asked to identify feelings toward the training they received in the area of leadership, the effects of insufficient training on their career, challenges related to personal leadership skills, lessons learned regarding leadership upon entering the workplace, and areas where additional training at the graduate level would have been beneficial. The overwhelming majority of participants indicated they were expected to demonstrate clinical, professional, and supervisory leadership skills early in their careers. In addition, 68% of participants indicated feelings of insufficient training in the area of leadership, which led to feelings of inadequate preparedness for the roles and responsibilities of a career as a speech-language pathologist. Furthermore, the effects of insufficient training were specifically identified as limited career advancement, overall feelings of unpreparedness for workplace demands, unpreparedness for advocacy requirements, and increased feelings related to burnout. Participants also indicated that

additional training, specifically in leadership, required independent learning as well as the use of personal time and money to gain the needed skills for workplace demands and career advancement.

Participants identified specific challenges related to leadership as unpreparedness for the workplace, advocacy, supervision, conflict resolution, and financial management skills. These challenges were also identified as areas participants would have liked additional training in at the graduate level. Participants also expressed a desire for training in interprofessional collaboration and basic leadership principles/roles as it relates to the field of speech-language pathology. Moreover, research participants also acknowledged specific areas related to leadership where valuable lessons were learned within the workplace. These lessons were identified as the importance of effective and efficient collaboration and advocacy for the needs of the individual SLP, the patient, and the profession of speech-language pathology. Additionally, specific workplace tasks related to billing and reimbursement, as well as skills related to effective supervision and management, were identified as valuable lessons learned.

Overall, it appears that SLPs are required to perform leadership responsibilities related to their role as clinical, supervisory, and professional leaders early in their careers. Evidence indicates that many leadership skills are developed within early career experiences, which supports the majority of SLPs indicating feelings of insufficient leadership training at the graduate level. Further evidence for this can be found within the leadership areas identified as still developing, which also often indicated lower levels of confidence which may indicate an overall lack of accessible leadership training offered for the practicing SLP.

Implications for Practice

This study gathered information regarding the perceptions, attitudes, and beliefs of practicing SLPs regarding a leadership lack of leadership training at the graduate level. By specifically focusing on identified leadership competencies, this study was able to determine the

perceived levels of confidence and importance of each competency level in clinical, professional, and supervisory leadership roles. In addition, the qualitative questions allowed SLPs to identify specific effects on their career, challenges with personal leadership, lessons learned, and areas where training at the graduate level would have been beneficial. By understanding the perceptions, attitudes, and beliefs of the practicing SLP, additional leadership training opportunities can be provided at the graduate level as a means of improving overall preparedness for the demands of the workplace.

Recommendations for Further Study

The purpose of this study was to determine the extent to which a perceived lack of leadership training at the graduate level has affected the career of the SLP. The research was designed to add to the literature on leadership, specifically the leadership needs of the practicing SLP. The study's literature review and data analysis indicate multiple areas for future research; therefore, the following recommendations are made to further explore this area of study.

1. Specific leadership training opportunities/activities offered within the graduate curriculum of speech-language pathology programs were not clearly defined within the literature review, only that a lack of leadership elements was found within the mission statements and curriculum of the top fifty programs. A more in-depth review of the current curriculum, activities, or opportunities presented to graduate-level students would serve to identify what type of leadership training is currently provided.
2. This study's survey instrument could be used with other healthcare disciplines to determine feelings of the importance of leadership, perceived levels of confidence with leadership skills, what activities lead to the development of leadership skills, and when these activities took place within the career. The results could provide an opportunity for

comparative analysis between the results of speech-language pathologists and other health care disciplines.

3. Speech-language pathologists have acknowledged a lack of leadership training at the graduate level, with many research participants indicating a desire for more specific leadership training. A research study could be developed to determine the benefit of providing a basic course on the specific leadership needs of the SLP at the graduate level, further bringing awareness to the concept of clinical, professional, and supervisory leadership. The results could serve as a comparison of levels of confidence and overall preparedness for the demands of the workplace.
4. This research focused on SLPs in the states of Ohio and West Virginia who were licensed in 2022. The study's survey instrument could be offered to speech-language pathologists within other states. By expanding this study to include other states, leadership training needs, and specific leadership challenges could be identified.
5. The majority of research participants were female between the ages of 24-30 and working in the early stage of their careers. Additional comparative analysis could be completed to identify differences in perceptions of SLPs in their early career and those that are in the late career stage. Furthermore, comparative analysis could also be completed to determine differences in perceptions of SLPs working in a school-based setting with those working in a medical setting. By completing this additional comparison, further evidence could be gathered regarding specific leadership needs and development.
6. Research participants, although a small number, identified Social Media as a way in which Negotiation and Advocacy skills were developed. Further research could be completed to determine the effectiveness of this type of activity on the development of

leadership skills. If evidence supported the use of this type of leadership development training, it could be utilized to provide an additional source of training for SLPs offered in a readily available, cost-effective and easy-to-use format.

7. Lastly, all aspects of mentorship were identified as key components in the development of each leadership skill area. Areas of mentorship included serving as a mentor/CF supervisor, and experiences supervising others as well as experiences gained from working with an experienced mentor. Additional research could be completed to identify specific dynamics of the mentor/mentee relationship that assist with the development of leadership competencies. Furthermore, the opportunity to serve as a mentor for experienced SLPs could be explored to identify specific benefits as well as the identification of potential problems associated with being a mentor. Another aspect of this research could include perceptions of the mentee, more specifically the access to an experienced SLP to serve as a mentor and the specific characteristics that make the mentor/mentee relationship beneficial.

References

- Anderson, J. L. (1988). *The supervisory process in speech-language pathology and audiology*. Little, Brown.
- American Speech-Language-Hearing Association. (n.d.-a). *American Speech-Language-Hearing Association*. <https://www.asha.org/about/>
- American Speech-Language-Hearing Association, (n.d.-b) *ASHA leadership academy*. ASHA Community. <https://www.asha.org/about/governance/leadership-academy/>
- American Speech-Language Hearing Association. (n.d.-c) *ASHA member advocacy: An overview*. <https://www.asha.org/advocacy/advocacy-overview/>
- American Speech-Language-Hearing Association, (n.d.-d). *ASHA practice portal: For speech-language pathologists*. <https://www.asha.org/practice-portal/speech-language-pathologists/>
- American Speech-Language- Hearing Association, (n.d.-e.). *Certification Standards for Speech-Language Pathology Frequently asked questions: Speech-Language pathology clinical fellowship (CF)*. ASHA Certification. <https://www.asha.org/certification/certification-standards-for-slp-clinical-fellowship>
- American Speech-Language- Hearing Association (n.d.-f). Clinical Education and Supervision. ASHA. https://www.asha.org/practice-portal/professional-issues/clinical-education-and-supervision/#collapse_1
- American Speech-Language-Hearing Association. (n.d.-g). *Leadership development program*. ASHA. <https://www.asha.org/about/governance/leadership-development-program/>

American- Speech-Language-Hearing Association. (n.d.-h). *Research*.

<https://www.asha.org/research/#:~:text=ASHA%20Academic%20Affairs%20and%20Research,advancing%20academic%20and%20research%20careers.>

American Speech-Language-Hearing Association. (n.d.-i). *Speech-language pathologist: About*

speech-language pathology. ASHA. [https://www.asha.org/students/speech-language-pathologists/#:~:text=Speech%20Language%20pathologists%20\(SLPs\),disorders%20in%20children%20and%20adults.](https://www.asha.org/students/speech-language-pathologists/#:~:text=Speech%20Language%20pathologists%20(SLPs),disorders%20in%20children%20and%20adults.)

American Speech-Language-Hearing Association (n.d.-j). *Speech-Language Pathology*

Assistants. (Practice Portal). Retrieved June, 22, 2022. www.asha.org/Practice-Portal/Professional-Issues/Speech-Language-Pathology-Assistants/.

American Speech-Language-Hearing Association, (n.d.-k). *Strategic pathway to excellence*.

ASHA. <https://www.asha.org/siteassets/uploadedfiles/asha-strategic-pathway-to-excellence.pdf>

American Speech-Language-Hearing Association. (2004). *Knowledge and skills in business practices for speech-language pathologist who are managers and leaders in health care organizations*.

[Knowledge and skills]. ASHA. <https://www.asha.org/policy/ks2004-00073/>

American Speech-Language-Hearing Association. (2008). *Knowledge and skills needed by speech-language pathologists providing clinical supervision*. [Knowledge and Skills].

<https://www.asha.org/policy/ks2008-00294/>

American Speech-Language-Hearing Association. (2010). *Roles and responsibilities of speech-language pathologists in schools*. [Professional Issues Statement]. ASHA.

<https://www.asha.org/policy/pi2010-00317/>

American Speech-Language-Hearing Association. (2013). *Ad hoc committee on leadership cultivation*. Retrieved June 17, 2020 from <https://www.asha.org/siteassets/reports/report-ad-hoc-committee-on-leadership-cultivation.pdf>

American Speech-Language-Hearing Association. (2013, July 10). *Charting a new course for ASHA: Supporting leadership development*. ASHA. <http://www.ashaweb.org/wp-content/uploads/2014/08/LeadershipLinking.pdf>

American Speech-Language-Hearing Association. (2018). *2018 Schools survey. Survey summary report: Numbers and types of responses, SLPs*.

<https://www.asha.org/siteassets/surveys/2018-schools-survey-summary-report.pdf>

American Speech-Language-Hearing Association. (2020). *Assistants code of conduct* [Ethics].

<https://www.asha.org/policy/assistants-code-of-conduct/>

American Speech-Language-Hearing Association. (2020). *2020 School survey: SLP workforce and work conditions*. <https://www.asha.org/siteassets/surveys/2020-schools-survey-slp-workforce.pdf>

[workforce.pdf](https://www.asha.org/siteassets/surveys/2020-schools-survey-slp-workforce.pdf)

American Speech-Language-Hearing Association. (2022). *2020 Standards and implementation procedures for the certificate of clinical competence in speech-language pathology*. (2020)

Retrieved June 15, 2020 from <https://www.asha.org/certification/2020-SLP-Certification-Standards>

- American Speech-Language-Hearing Association. (2022). *Clinical Fellowship Skills Inventory* (CFSI). ASHA. <https://www.asha.org/siteassets/uploadedfiles/2020-clinical-fellowship-skills-inventory.pdf>
- American Speech-Language- Hearing Association. (2022). *Speech-language pathology-assistant scope of practice* [Scope of Practice]. <https://www.asha.org/policy/slpa-scope-of-practice/>
- Blood, G. W., Ridenour, J. S., Thomas, E. A., Qualls C. D., & Hammer, C. S. (2002). Predicting job satisfaction among speech-language pathologists working in public schools. *Language, Speech & Hearing Services in School*, 33(4), 282-290. [https://doi.org/10.1044/0161-1461\(2002/023\)](https://doi.org/10.1044/0161-1461(2002/023))
- Boaz, P. H. (2011). *Perceptions of nonclinical competencies as an organizational response: Exploring the influence of institutional and task environments, organizational factors and interorganizational relationships on educators' and employers' perceptions of nonclinical competencies in newly graduated speech-language pathologists*. [Doctoral dissertation, University of Arkansas at Little Rock]. ProQuest Dissertations Publishing
- Council of Academic Programs in Communication Sciences and Disorders (CAPCSD). (n.d). *About CAPCSD*. <https://www.capcsd.org/about-capcsd/>
- Council on Academic Accreditation in Audiology and Speech-Language Pathology. (2020). *Standards for accreditation of graduate education programs in audiology and speech-language pathology*. Retrieved June 15, 2020, from <https://caa.asha.org/siteassets/files/accreditation-standards-for-graduate-programs.pdf>
- Duchan, J. F. (2002). What do you know about your profession's history? And why it is important? *The ASHA Leader*, 7(23). <https://doi.org/10.1044/leader.FTR.07232002.4>

- Duchan, J. F. (2010). The early years of language, speech, and hearing services in U.S. schools. *Language, Speech, and Hearing Services in Schools, 41*(2), 152-160.
[https://doi.org/10.1044/0161-1461\(2009/08-0102\)](https://doi.org/10.1044/0161-1461(2009/08-0102))
- Douglas, Natalie F., Squires, Katie, Hinckley, J., & Nakano, Erlene V. (2019) “Narratives of expert speech-language pathologist: defining clinical expertise and supporting knowledge transfer,” *Teaching and Learning in Communication Sciences & Disorders: Vol 2: Iss.2*, Article 1.
DOI: <https://doi.org/10.30707/TLCSD3.2Douglas>
- Fink, A. (2012). *How to conduct surveys: A step-by-step guide* (6th ed.). Sage Publications.
- Glover, A., McCormack, J., & Smith-Tamaray, M. (2015). Collaboration between teachers and speech and language therapists: Services for primary school children with speech, language and communication needs. *Child Language Teaching and Therapy, 31*(3), 363–382. <https://doi.org/10.1177/0265659015603779>
- Gong, Tao & Zimmerli, Laurie & Hoffer, Harry. (2013). The Effects of Transformational Leadership and the Sense of Calling on Job Burnout among Special Education Teachers. *Journal of School Leadership, 23*. 969-993. [10.1177/105268461302300603](https://doi.org/10.1177/105268461302300603).
- Johnson, P. R., & Kummer, A. (2004). Speech-Language Pathology: It’s our business. *Perspectives on Issues in Higher Education, 7* (2) 12-13. <https://doi.org/10.1044/ihe7.2.12>
- Kalkhoff, N. L., & Collins, D. R. (2012). Speech-language pathologist job satisfaction in school versus medical settings. *Language, Speech & Hearing Services in Schools, 43*(2), 164-175. [https://doi.org/10.1044/0161-1461\(2011/11-0007\)](https://doi.org/10.1044/0161-1461(2011/11-0007))

- Kummer, A. (2017). *Leadership and the art of influencing others*. [PowerPoint slides].
SpeechPathology.com. <https://www.speechpathology.com/articles/leadership-and-art-influencing-others-18980>
- Lincoln, M. A., Adamson, B. J., & Cant, R. V. (2001). The importance of managerial competencies for new graduates in speech pathology. *Advances in Speech Language Pathology*, 3(1), 25-36. <https://doi.org/10.3109/14417040109003706>
- Marante, L., & Farquharson, K. (2021). Tackling burnout in the school setting: Practical tips for school-based speech-language pathologists. *Perspectives of the ASHA Special Interest Group- SIG 16*, 6(3) 665-675. https://doi.org/10.1044/2021_PERSP-20-00262
- McCrea, E. S., & Brasseur, J. A. (2003). *The supervisory process in speech-language pathology and audiology*. Pearson Education.
- Newport, M., Saliba, G., Smith, M., & Louw, B. (2021). *Stepping up and talking the lead: School-based SLP's perceptions and attitudes of leadership*. Poster Presentation. East Tennessee State University, Johnson City, TN. <https://dc.etsu.edu/etsuworks/8992>
- 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. <https://doi.org/10.1071/AH042710084>
- Resendiz, M., Summers, C., Ruiz-Felter, R., Belasco, E., & Fox, K. (2017). Perceptions of mentoring SLPs and clinical fellows during the clinical fellowship. *Perspectives of the ASHA Special Interest Groups-SIG 11*, 2. <https://doi.org/10.1044/persp2.SIG11.25>

- Sanger, Dixie., Hux, Karen., & Griess, Katherine. (1995). Educators' opinions about speech-language pathology services in schools. *Language Speech and Hearing Services in Schools*.
<https://doi.org/10.1044/0161-1461.2601.75>
- Secord, W. (2014). The 10 Skills You Need to Be a School Leader. *ASHA Leader*, 19(5), 28-29.
<https://www.proquest.com/trade-journals/10-skills-you-need-be-school-leader/docview/1524708253/se-2>
- Shaughnessy, A., & Sanger, D. (2005). Kindergarten Teachers' Perceptions of Language and Literacy Development, Speech—Language Pathologists, and Language Interventions. *Communication Disorders Quarterly*, 26(2), 67–84. <https://doi.org/10.1177/15257401050260020601>
- Summers, C., Resendiz, M., & Ruiz-Felter, R. (2014) Supervising Clinical Fellows: Preparation and Styles. *Perspectives on administrations and supervision*. 24 (1), 4-11.
<https://doi.org/10.1044/aas24.1.4>
- Swigert, N. B. (2008) Management roles for speech-language pathologist in health care. *ASHA Leader*. 13 (16) <https://doi.org/10.1044/leader.FTR6.13162008.22>
- Tolan, C. M. (2021) *Leadership readiness & curriculum analysis of healthcare graduate programs* (Publication no. 28768424) [Doctoral dissertation, Alvernia University]. ProQuest One Academic. <https://www.proquest.com/dissertations-theses/leadership-readiness-amp-curriculum-analysis/docview/2582970671/se-2?accountid=12281>
- Wheat, K. (2018). Supervising for success: Working with an assistant can help ease-not add to your responsibilities. *ASHA Leader*, 23(2), 36-38.
<https://leader.pubs.asha.org/doi/10.1044/leader.SCM.23022018.36>

Appendix A: IRB Approval Letter



Office of Research Integrity
 Institutional Review Board
 One John Marshall Drive
 Huntington, WV 25755

FWA 00002704

IRB1 #00002205

IRB2 #00003206

December 5, 2022

Feon Smith-Branch, PhD
 College of Education and Professional Development

RE: IRBNet ID# 1986138-1

At: Marshall University Institutional Review Board #2 (Social/Behavioral)

Dear Dr. Smith-Branch:

Protocol Title:	[1986138-1] Graduate-level Leadership Training for Speech-Language Pathologists: Perceptions, Attitudes, and Potential Effect on Career	
Site Location:	MU	
Submission Type:	New Project	APPROVED
Review Type:	Exempt Review	

In accordance with 45CFR46.104(d)(2), the above study was granted Exempted approval today by the Marshall University Institutional Review Board #2 (Social/Behavioral) Designee. No further submission (or closure) is required for an Exempt study **unless** there is an amendment to the study. All amendments must be submitted and approved by the IRB Chair/Designee.

This study is for student Sandra Kemper.

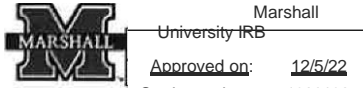
If you have any questions, please contact the Marshall University Institutional Review Board #2 (Social/Behavioral) Coordinator Lindsey Taylor at (304) 696-6322 or l.taylor@marshall.edu. Please include your study title and reference number in all correspondence with this office.

Sincerely,

Bruce F. Day, ThD, CIP
 Director, Office of Research Integrity

Graduate Level Leadership Training for Speech-Language Pathologists: Perceptions, Attitudes, and Potential Effect on Career

Participant Consent



You are invited to participate in a research project designed to analyze how a perceived lack of leadership training at the graduate level contributes to inadequate preparedness for the clinical, professional, and supervisory leadership roles professionals hold within the field of speech-language pathology. More specifically, this study will seek to identify current leadership concerns of practicing SLPs, exploring whether and/or how lack of leadership training has affected their professional growth or career. The study is being conducted by Sandra Kemper, a doctoral student at Marshall University, and has been approved by the Marshall University Institutional Review Board (IRB).

This online survey is comprised of 53 questions and will take no more than 10 - 15 minutes of your time. Your replies will be anonymous, so do not enter your name anywhere on the form.

There are no known risks involved with this study. Participation is completely voluntary, and there will be no penalty or loss of benefits if you choose not to participate in this research study or withdraw. If you decide not to participate, you can leave the survey site. You may choose not to answer any question by simply leaving it blank. Once you complete the survey, you can delete your browsing history for added security. Your responses will remain anonymous. No one will be able to identify you or your responses, and no one will know whether you participated in the study. Completing the online survey indicates your consent for the answers you supply to be included in the pool of responses and confirms that you are 18 years of age or older.

If you have any questions about the study, you may contact Dr. Feon Smith-Branch at 304-696-2381 or Sandra Kemper at 304-696-2971. If you have any questions concerning your rights as a research participant, you may contact the Marshall University Office of Research Integrity at (304) 696-4303. You may print this page for your records.

Thank you in advance for your willingness to share your knowledge and experience.

Sincerely,

Sandra Kemper, EdD Candidate- Co-Investigator
Dr. Feon Smith-Branch, Advisor- Principal Investigator

Version 04/30/14

Appendix B: Participant Email

Hello,

You are invited to participate in a research project designed to analyze how a perceived lack of leadership training at the graduate level contributes to inadequate preparedness for the clinical, professional, and supervisory leadership roles professionals hold within the field of speech-language pathology. More specifically, this study will seek to identify current leadership concerns of practicing SLPs, exploring whether and/or how lack of leadership training has affected their professional growth or career. The study is being conducted by Sandra Kemper, a doctoral student at Marshall University, and Dr. Feon Smith-Branch, Advisor. This study has been approved by the Marshall University Institutional Review Board (IRB).

More information about the survey and consent to participate can be found within the study should you choose to participate.

If you have any questions about the study, you may contact Dr. Feon Smith-Branch at 304-696-2381 or Sandra Kemper at 304-696-2971. If you have any questions concerning your rights as a research participant, you may contact the Marshall University Office of Research Integrity at (304) 696-4303. You may print this page for your records.

If you choose to participate in the study, you will find the survey at:

https://marshall.az1.qualtrics.com/jfe/form/SV_9TfUG8rvqO9Qut8

Thank you in advance for your willingness to share your knowledge and experience.

Sincerely,

Sandra Kemper, EdD Candidate- Co-Investigator

Dr. Feon Smith-Branch, Advisor- Principal Investigator

Appendix C: Survey Questions

Q1 Informed Consent

Q2 Thank you for participating in this survey. You will find the following definitions helpful as you move through the questions.

Leader: A person who is able to influence others to do certain things or achieve certain goals by following his/her direction.

Clinical Leadership: the ability to influence others related to patient care and caregiver behaviors.

Professional Leadership: the ability to influence others related to advocacy and professional situations working with colleagues, coworkers, and administration.

Supervisory Leadership: the ability to influence others related to individuals that are under the direct supervision of the SLP.

Q3 The following **communication and teamwork skills** are important for people in leadership roles. Please indicate the point in your career when you developed skills in each of these areas.

	Innate personal trait	Graduate school	Early career 0-10 yrs	Mid-career 11-21 yrs	Late career 22+ yrs	Still developing skill
Listening skills						
Verbal Comm. skills						
Written Communication skills						
Pragmatic/ interpersonal/social skills						
Networking abilities						
Ability to work with others/Diplomacy						

Q4 Did the following experiences contribute to the development of your **communication and teamwork skills**?

	Yes	No
Learning from a mentor		
Participation on committees		
Experiences from being a mentor		
Leadership development training		
Supervising experiences		
Continuing education (CEUs)		
Workplace training		

Q5 Please describe any **other experiences** that contributed to the development of your **communication and teamwork skills**.

Q6 How confident are you in your **communication and teamwork skills**?

Not Confident

Somewhat Confident

Confident

Very Confident

Q7 Please indicate how important **communication and teamwork skills** are as part of your **clinical** leadership role (i.e., influencing others in patient and caregiver behaviors).

Not important

Somewhat important

Important

Very Important

Q8 Please indicate how important **communication and teamwork skills** are as part of your **professional** leadership role (i.e. engaging in advocacy and working with colleagues, coworkers, and administration).

Not important

Somewhat important

Important

Very important

Q9 Please indicate how important **communication and teamwork skills** are as part of your **supervisory** leadership role (i.e., influencing/leading those who are under your direct supervision as an SLP).

Not important

Somewhat important

Important

Very important

Q10 If needed as a reminder, please use the following definitions.

Leader: A person who is able to influence others to do certain things or achieve certain goals by following his/her direction.

Clinical Leadership: the ability to influence others related to patient care and caregiver behaviors.

Professional Leadership: the ability to influence others related to advocacy and professional situations working with colleagues, coworkers, and administration.

Supervisory Leadership: the ability to influence others related to individuals that are under the direct supervision of the SLP.

Q11 The following **supervision and staff relations management skills** are important for people in leadership roles. Please indicate the point in your career when you developed skills in each of these areas.

	Innate personal trait	Graduate school	Early career 0-10 years	Mid-career 11-21 years	Late career 22+years	Still developing skill
Delegation of tasks						
Manage accountability of tasks given						
Conflict management						
Staffing decisions						
Provide feedback and conduct performance reviews						
Coordinate staff, aides, and student-related development programs						
Guide staff, aides and student clinicians through a procedural change process						

Q12 Did the following experiences contribute to the development of your **supervision and staff management skills**?

	Yes	No
Learning from a mentor		
Participation on committees		
Experiences from being a mentor		
Leadership development training		
Supervising experiences		
Continuing education (CEUs)		
Workplace training		

Q13 Please describe any **other experiences** that contributed to the development of your **supervision and staff relations management skills**.

Q14 How confident are you in your **supervision and staff relations management skills**?

Not confident

Somewhat confident

Confident

Very confident

Q15 Please indicate how important **supervision and staff relations management skills** are as part of your **clinical** leadership role (i.e., influencing others in patient and caregiver behaviors).

Not important

Somewhat important

Important

Very important

Q16 Please indicate how important **supervision and staff relations management skills** are as part of your **professional** leadership role (i.e., engaging in advocacy and working with colleagues, coworkers, and administration).

Not important

Somewhat important

Important

Very important

Q17 Please indicate how important **supervision and staff relations management skills** are as part of your **supervisory** leadership role (i.e., influencing/leading those who are under your direct supervision as an SLP).

Not important

Somewhat important

Important

Very important

Q18 If needed as a reminder, please use the following definitions.

Leader: A person who is able to influence others to do certain things or achieve certain goals by following his/her direction.

Clinical Leadership: the ability to influence others related to patient care and caregiver behaviors.

Professional Leadership: the ability to influence others related to advocacy and professional situations working with colleagues, coworkers, and administration.

Supervisory Leadership: the ability to influence others related to individuals that are under the direct supervision of the SLP.

Q19 The following **negotiation and advocacy skills** are important for people in leadership roles. Please indicate the point in your career where you developed these skills:

	Innate personal trait	Graduate school	Early career 0-10 yrs	Mid-career 11-21 yrs	Late career 22+ yrs	Still developing skill
Negotiate/advocate for improvements in career structure						
Negotiate/advocate for improvements in salary package						
Negotiate/advocate for improved working conditions						
Ability to resolve conflicts with administrative staff						
Advocate for department/unit or program needs						
Advocate for and promote the field of speech/language pathology						

Q20 Did the following experiences contribute to the development of your **negotiation and advocacy skills**?

	Yes	No
Learning from a mentor		
Participation on committees		
Experiences from being a mentor		
Leadership development training		
Supervising experiences		
Continuing education (CEUs)		
Workplace training		

Q21 Please describe any **other experiences** that contributed to the development of your **negotiation and advocacy skills**.

Q22 How confident are you in your **negotiation and advocacy skills**?

Not confident

Somewhat confident

Confident

Very confident

Q23 Please indicate how important **negotiation and advocacy skills** are as part of your **clinical leadership role** (i.e., influencing others in patient and caregiver behaviors).

Not important

Somewhat important

Important

Very important

Q24 Please indicate how important **negotiation and advocacy skills** are as part of your **professional** leadership role (i.e., engaging in advocacy and working with colleagues, coworkers, and administration).

Not important

Somewhat important

Important

Very important

Q25 Please indicate how important **negotiation and advocacy skills** are as part of your **supervisory** leadership role (i.e., influencing/leading those who are under your direct supervision as an SLP).

Not important

Somewhat important

Important

Very Important

Q26 If needed as a reminder, please use the following definitions.

Leader: A person who is able to influence others to do certain things or achieve certain goals by following his/her direction.

Clinical Leadership: the ability to influence others related to patient care and caregiver behaviors.

Professional Leadership: the ability to influence others related to advocacy and professional situations working with colleagues, coworkers, and administration.

Supervisory Leadership: the ability to influence others related to individuals that are under the direct supervision of the SLP.

Q27 The following **financial management skills** are important for people in leadership roles. Please indicate the point in your career when you developed skills in each area:

	Innate personal trait	Graduate school	Early career 0-10 yrs	Mid-career 11-21 yrs	Late career 22+yrs	Still developing skill
Managing a budget						
Obtain funding for projects/programs						
Manage documentation related to funding						
Identify and obtain new funding sources						

Q28 Did the following experiences contribute to the development of your **financial management skills**?

	Yes	No
Learning from a mentor		
Participation on committees		
Experiences from being a mentor		
Leadership development training		
Supervising experiences		
Continuing education (CEUs)		
Workplace training		

Q29 Please describe any **other experiences** that contributed to the development of your **financial management skills**.

Q30 How confident are you in your **financial management skills**?

Not confident

Somewhat confident

Confident

Very confident

Q31 Please indicate how important **financial management skills** are as part of your **clinical** leadership role (i.e., influencing others in patient and caregiver behaviors).

Not important

Somewhat important

Important

Very important

Q32 Please indicate how important **financial management skills** are as part of your **professional** leadership role (i.e. engaging in advocacy and working with colleagues, coworkers, and administration).

Not important

Somewhat important

Important

Very important

Q33 Please indicate how important **financial management skills** are as part of your **supervisory** leadership role (i.e., influencing/leading those who are under your direct supervision as an SLP).

Not important

Somewhat important

Important

Very important

Q34 If needed as a reminder, please use the following definitions.

Leader: A person who is able to influence others to do certain things or achieve certain goals by following his/her direction.

Clinical Leadership: the ability to influence others related to patient care and caregiver behaviors.

Professional Leadership: the ability to influence others related to advocacy and professional situations working with colleagues, coworkers, and administration.

Supervisory Leadership: the ability to influence others related to individuals that are under the direct supervision of the SLP.

Q35 The following **organizational practices and planning skills** are important for people in leadership roles. Please indicate the point in your career when you developed skills in each area:

	Innate personal trait	Graduate school	Early career 0 -10 yrs	Mid-career 11-21 yrs	Late career 22+years	Still developing skill
Time management						
Plan timelines and prioritize work tasks						
Complete organizational outcome measures: quality assurance projects; improve workplace practices						
Compliance with local, state, and national guidelines/legislative requirements						

Q36 Did the following experiences contribute to the development of your **organizational practice and planning skills**?

	Yes	No
Learning from a mentor		
Participation on committees		
Experiences from being a mentor		
Leadership development training		
Supervising experiences		
Continuing education (CEUs)		
Workplace training		

Q37 Please describe any **other experiences** that contributed to the development of your **organizational practices and planning skills**.

Q38 How confident are you in your **organizational practices and planning skills**?

Not confident

Somewhat confident

Confident

Very confident

Q39 Please indicate how important **organizational practices and planning skills** are as part of your **clinical** leadership role (i.e., influencing others in patient and caregiver behaviors).

Not important

Somewhat important

Important

Very important

Q40 Please indicate how important **organizational practices and planning skills** are as part of your **professional** leadership role (i.e., engaging in advocacy and working with colleagues, coworkers, and administration).

Not important

Somewhat important

Important

Very important

Q41 Please indicate how important **organizational practices and planning skills** are as part of **supervisory** leadership role (i.e., influencing/leading those who are under your direct supervision as an SLP).

Not important

Somewhat important

Important

Very important

Q42 Please indicate your years of experience as a licensed SLP.

0-10 years experience- Early career professional

11-21 years experience- Mid-career professional

22 years+ - Late career professional

Q43 At what point in your career were you required to display leadership responsibilities in your **clinical** role (i.e., influencing others in patient and caregiver behaviors)?

Early career

Mid-career

Late career

Q44 At what point in your career were you required to display leadership responsibilities in your **professional** role (i.e., engaging in advocacy and working with colleagues, coworkers, and administration)?

Early career

Mid-career

Late career

Q45 At what point in your career were you required to display leadership responsibilities in your **supervisory** role (i.e., influencing/leading those who are under your direct supervision as an SLP)?

Early career

Mid-career

Late career

Q46 Do you feel you had sufficient leadership training to adequately prepare you for a career as an SLP?

Yes

No

Q47 If no, how do you feel not having leadership training affected your career?

Q48 Please describe the three biggest challenges you have faced related to your personal leadership skills.

If needed, please scroll back to review leadership skill areas using the arrows below.

Challenge 1 _____

Challenge 2 _____

Challenge 3 _____

Q49 Please describe three important leadership lessons you have learned within the work setting.

If needed, please scroll back to review leadership skill areas using the arrows below.

Lesson 1 _____

Lesson 2 _____

Lesson 3 _____

Q50 Please describe three areas you wish you would have learned regarding leadership within your graduate program.

If needed, please scroll back to review leadership skill areas using the arrows below.

Area 1 _____

Area 2 _____

Area 3 _____

Q51 What is your age?

24-30

31-40

41-50

51-60

70+

Q52 What is your sex?

Male

Female

Non-binary

Prefer not to say

Q53 What is your primary work setting?

Birth-Three/Early Intervention

Schools

College/University

Home Health

Inpatient hospital

Outpatient hospital

Skilled nursing/Assisted Living Facility

Outpatient clinic

Not currently working as SLP

Other _____

Q54 Do you have an additional leadership title associated with your SLP position? (For example: director, team leader, etc)

Yes

No

Q55 If so, what is your additional leadership position title?
