Status Report of Speech and Hearing Professionals Graduated from AIISH: National and Global Scenario

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INTRODUCTION

Communication sciences and disorders entail the ability to receive, send, process, and comprehend verbal, nonverbal and graphic symbol, concepts or systems, and any impairment within these areas (American Speech-Language-Hearing Association; ASHA, 1993). Professionals who deal with the science of communication and its disorders provide a wide range of services as health care professionals, regulatory bodies, agencies, educators and consumers. Speech-language pathologists and audiologists along with allied professionals such as special educators, work towards the prevention, assessment, diagnosis, rehabilitation or management, enhancement, and scientific investigation of speech, language, hearing and swallowing disorders. The field of communication sciences and disorders has established itself as a necessary resource in health care services in many countries and is still in its formative stages in most others. In most countries, communication disorders are not viewed as a disability that may be overcome by availing professional services (Wylie, McAllister, Davidson & Marshall, 2013). All the more, availability of manpower still remains a major concern in many parts of the world. With these varied scenarios in the countries around the world, it is interesting to understand where the professionals trained at the All India Institute of Speech and Hearing (AIISH), Mysuru, fare nationally and internationally. The field of communication sciences and disorders is gaining wide acceptance in our country with the increased awareness about the services provided by these professionals. Although there is observable growth in the profession in India, there is not much evidence to substantiate how the profession has grown over the years, and the status of the professionals in comparison with professionals in other fields.

Speech-Language Pathology and Audiology

The field of Speech-language pathology is a dynamic and continuously developing profession (ASHA, 2007) where the professionals serve to improve an individual's communication and swallowing abilities, and thus improve the quality of life. Professionals in the field of Audiology provide comprehensive screening, diagnostic and rehabilitative services for auditory, vestibular, and related impairments (ASHA, 2004). The roles and activities of speech-language pathologists and audiologists include clinical and/or educational services (diagnosis, assessment, planning, and treatment), prevention, awareness, advocacy, education, administration and research.

The International Classification of Functioning, Disability and Health (ICF) which is a multidimensional health classification system developed by the World Health Organization (WHO, 2001) provides a framework for describing the role of Speech-language pathologist and Audiologist in the prevention, assessment, and rehabilitation, enhancement, and scientific investigation of communication and swallowing. It consists of two components: Health Conditions and Contextual Factors. Body functions, structures and activity and participation are dependent on the health condition. Contextual factors relate to the environmental and personal factors. The framework of the field of communication sciences and disorders thus encompasses these health conditions and contextual factors. Speech language pathologists and Audiologists work to improve quality of life of their stakeholders by reducing impairments of body functions and structures, reduce restrictions to activity and participation, and weaken the barriers created by contextual factors.

Speech-language pathologists address typical and atypical communication and swallowing in areas such as speech sound production, resonance, voice, fluency, language, pragmatics, literacy, pre-linguistic communication, paralinguistic communication, cognition,

feeding and swallowing, neonatal problems, developmental disabilities, auditory problems, neurological disease/dysfunction, psychiatric disorder and genetic disorders (ASHA, 2007; Indian Speech and Hearing Association, ISHA, 2011). Professionals in the field of Audiology address disorders such as hearing disorders involving both central and peripheral pathways of hearing, tinnitus, hyperacusis and balance disorders in infants, toddlers, adults and geriatrics (ASHA, 2004; ISHA, 2011). The primary role of these professionals is to provide clinical services that include prevention and pre-referral, screening, assessment, consultation, diagnosis, management, counselling, collaboration, documentation, and referral. A Speech-language pathologist's/ Audiologist's role in prevention and advocacy activities include, promoting healthy lifestyle practices that can help prevent communication disorders; providing early identification and intervention services for persons with communication disorders; advocating for individuals and families of persons with communication disorders to facilitate access to full participation in communication, and elimination of societal, cultural, and linguistic barriers. The role of professionals in the field of communication sciences and disorders as educators, administrators, and researchers involves activities such as educating and creating awareness among the general public regarding communication and its disorders; educating and mentoring current and future Speech-Language Pathologists and Audiologists; administering and managing clinical and academic programs; conducting basic and applied/translational research related to communication sciences and disorders, and swallowing (ASHA, 2004; ASHA, 2007).

Speech-language pathologists and Audiologists work in a wide variety of service settings. A few of these include public and private schools, hospital settings, private practice settings, universities and university clinics, individuals' homes and community residences,

corporate and industrial settings, state and central government institutions, research facilities (ISHA, 2011).

The profession has been expanding very steadily in India with the establishment of the All India Institute of Speech and Hearing at Mysuru, advancing the field to greater heights. Corroborative knowledge about how the profession had established itself in the country is imperative and continual research has to be carried out to study the growth and issues related to the profession and professionals at large.

Until 1992, there was no data available in India about the availability of human resources in the field of disability. With the establishment of the Rehabilitation Council of India (RCI) in 1992 it was realized that there is an acute scarcity of manpower working towards the rehabilitation of a very large population of persons with disability in the country. The same year, an estimate was made by the RCI that by the end of the Tenth Plan the country may need about 7, 24,000 trained manpower in the field of rehabilitation. These estimates however, were not based on any empirical data or evidence (IAMR, 2009).

In the year 2007, an in-depth study carried by RCI and Institute of Applied Manpower Research (IAMR), undertook broad objectives such as: (i) estimating future need of human resources based on education and specialization; (ii) estimating mismatch between demand and supply of different categories of manpower in the field, and (iii) estimating the cost of training for meeting the requirement of human resources for the area of disability.

The estimates made by IAMR (2009) showed that the number of persons with disability will be increasing from 20.80 million in the year 2002 to 22.69 million in 2016, and in terms of percentage of the total population, it will decrease from 1.8 per cent in the year 2002 to 1.5 per cent in 2016 (Retrieved from

http://www.iamrindia.gov.in/Downloads/IAMR%20reports/projection.pdf). It indicates that different preventive measures taken by the Government of India has made a dent in dealing with the issues of disability. The report also stated that during the years 2002 to 2016 there would be some shift in the disability composition. Locomotor disability will increase from 51.9 percent to 56.67 percent because of the increase in road traffic accidents, industrial hazards, change in lifestyle, etc., whereas, hearing, speech disabilities and visual disabilities will decrease by about 2.6 percent owing to different corrective measures adopted using latest technology. Hence by their recommendation, while framing a policy for generating human resources, future demand for such categories should be taken care of.

As per this report, the number of 2079 Speech therapists and Audiologists and 1324 Speech Pathologists will be surplus in India by 2016. The results of this report were quite alarming for the profession of communication sciences and disorders in India, raising questions about why a health profession which is still unable to reach the persons in need, is being portrayed as a human resource that is in surplus. Moreover, only the Speech Language Pathologists and Audiologists have been shown as surplus while all other sectors have been reported with a shortage of manpower. Truly, this report being one of the studies in India based on empirical data, the following assumptions can be drawn based on its results. The undergraduate (UG), post-graduate (PG) and doctoral programs in the field of Speech and Hearing may no longer be lucrative after 2016. With this, the institutions running these programs may have to find better ways to ensure employment for their students.

Upon reviewing the "facts" presented by the report in greater depth, it becomes evident that the profession itself may not have been clearly defined, resulting in the major lacunae between the real world scenario and findings of the report. Without a clear understanding of the field of speech-language and hearing, the disorders dealt by

professionals in the field were limited to congenital hearing loss. The profession of speech, language and hearing seems to have been misinterpreted as a more insignificant part of the public health sector. The scope for service by speech, language and hearing professionals includes, but is not limited to persons with congenital hearing loss. The broad areas in which the professional's services are essential have been omitted.

As professionals in the field, it is common knowledge that speech, language and hearing disorders are the only conditions which can occur in isolation or in association with other conditions. These communication disorders may occur in persons of any age group. Road traffic accidents resulting in traumatic brain injuries and ageing also result in major communication difficulties, yet these conditions are not addressed in the report. However, the report selectively specifies only loco-motor problems associated with these conditions. It is interesting to note that the World Health Organization (WHO; 2011) in a report states that the world's population of persons aged above 65 years is increasing steeply every decade, and by 2050, India is expected to see a 280 percent increase from today in its population of elderly persons, suggesting a higher incidence of speech, language and hearing issues. This report by WHO stands contradictory to the findings of IAMR (2009).

The IAMR report (2009) also overlooks the need to have consulted AIISH, Mysore, a leading institute and the oldest in India, dedicated in its service toward persons with communication disorders. The sole government institution consulted for preparation of this report was the Ali Yavar Jung National Institute for Hearing Handicapped (AYJNIHH) whose services are restricted to persons with hearing impairment.

The IAMR report (2009) appears to have many more loopholes and inconsistencies with regard to its facts about the professions of audiology and speech language pathology. An

important yet questionable conclusion of this report was that there would be no more job openings in the field of speech and hearing after the year 2016.

Need for the study

The scarcity of studies focusing on the profession of communication sciences and disorders in India is alarming, and the currently available literature does not uplift the profession in any manner. Keeping in mind that there is no intention to devalue the findings of the IAMR report, it draws attention to the possible lack of understanding about this field among other professionals. The job expertise and areas of expertise of the professional remain a mystery even for those in the medical and allied professions.

In this report, only the more overt responsibilities of the profession have been considered. Certain areas of their expertise such as rehabilitation of persons with Aphasia, or swallowing disorders have not been addressed at all. The number of persons with disabilities and the number of persons seeking professional help for their communication problems will vary based on the addition or omission of these disabilities. In turn, the professionals required for the population of persons with communication disorders will also vary accordingly. This brings us to a greater need for conducting research that define the roles of the professional in the society, focusing on the responsibilities and clarifying the areas of expertise of the professional, and providing empirical data on the availability of professionals in different parts of the country.

The facts stated in the IAMR report (2009) thus, raise questions about the need for such a profession and trivialize the speech, language and hearing disabilities. The findings of this scientifically based and official report is alarming as it indicates the lack of

understanding of the scope of practice of professionals and in turn, failure to assert the role of speech language hearing professionals.

With an evident gap in the understanding of the field of speech, language and hearing, and a lack of insight into the need for such a professional, this study attempts to understand the current scenario of this profession and the status of the professionals and personnel in this field. Hence this project is an empirical study aimed at the following objectives:

(1) To develop a databank of manpower generated at AIISH since 1967;

(2) Tracking their professional journey- nationally and internationally;

(3) To identify the strength, weakness, and opportunities of AIISH; and

(4) To study the personal views about the field, and professional demographics and satisfaction within the clinical, research and academic domains.

Chapter 2

REVIEW OF LITERATURE

Speech language pathology in the global scenario

Before diving in to understand the field of Speech Language Pathology and its status in our country, an outline of what is happening in the world around us would give us a better idea of where we stand. Considerable research has been carried out in the western countries, exploring the availability of speech language service providers as opposed to the need for speech and language services. Numerous studies based on census reports have estimated the availability of the professionals, and put forth predictions of how the scenario is going to change with the increasing incidence of persons with communication disorders. A previous estimate for children with communication disorders in the US was 5 percent (Education Resources Information Center, 1990). With the rising population of persons above 65 years of age, and an estimated doubling of this population by 2030, the incidence of persons with speech, language and swallowing disorders requiring services of a speech language pathologist (SLP) will be more (Reeter, 2012). Even in the present scenario, it is found that the availability of speech language pathologists is inadequate as opposed to its demand. Based on these reports, it is more than clear that the field of speech language pathology needs to grow to be able to provide better services, and a projection of this growth was made by the United States Bureau of Labour Statistics in a study in 2010. It was estimated that SLPs should grow from 1,19,300 in 2008 to 1,41,400 in 2018. All the more, the study noted that even this increase is inadequate to meet the rising demand of well qualified practitioners in the field of SLP.

Various factors that affect how the profession grows are being studied in much detail by looking into the census reports. The setting in which a professional prefers to work, such as a hospital or school, rural or urban, the financial benefits and rewards, are some of the questions being explored through these studies. A report by the American Speech and Hearing Association (ASHA, 2015) revealed huge gaps of about $20,000 in the median annual salaries of persons working in medical set-ups and clinic set-ups, with the former receiving greater remuneration. The work hours and the amount of responsibility hugely differ from an urban to rural setting in the US (Wilson, Lincoln & Onslow, 2002; Verdon, Wilson, Smith-Tamaray & McAllister, 2011).

A survey of speech language pathologists practicing in the USA was carried out by Reeter (2012) to explore the variables affecting their job satisfaction. A questionnaire comprising 30 questions pertaining to job satisfaction was developed. Appropriate formats for each of the survey question was decided upon, and the final survey consisted of multiple choice questions, a 100-point magnitude estimation scale, ranking scales, and 'check all that apply' questions. Information from currently practicing professionals was collected. As in all surveys, the first of the five sections in this survey probed into the demographic details of the participants. An initial judgment of work satisfaction was asked from the participants, following which questions to assess personality traits of the participants were included. Next, information concerning workplace factors was explored. Finally, a second judgment of work satisfaction was requested by rating on a scale of 1 to 100. This second judgement was taken in order to know if, there was any change in the participants' perception of their work satisfaction after having completed the survey. The electronic survey received 697 responses. Analysis of scores of first and second ratings of work satisfaction indicated that the participants' perception of the field did not change after completing the survey. The results of

the study showed a significant relation of personality type of the participant and their work setting, i.e., a hospital, school, clinic or others. For example, participants in medical and school settings stated themselves as being more sympathetic and adaptive to new ideas, while participants at university settings did not claim such traits. With respect to years of experience, it was evident that participants with more years of experience seemed to be more satisfied with their work than others with less experience, but such a difference was not evident with respect to the educational level of the participants.

Audiology in the global scenario

In contrast to the field of Speech Language Pathology, more studies have looked into the satisfaction of the Audiologists with their work and the career chosen, and how intrinsic and extrinsic variables affect work satisfaction. As Mottaz (1984, 1985) explains, variables such as educational levels, task autonomy and significance, involvement and interest created at workplace, and co-worker bonds were more related to the internal gratification the professional received, whereas salary, benefits, supervisory assistance, and opportunity for promotion were rewards that could be observed more objectively.

Realizing how the field of audiology had grown and the extent to which the profession had diversified, Martin, Champlin and Streetman (1997) conducted a study to understand what audiologists thought of their own profession. It was of greater importance considering the scarcity of studies in this area of understanding. The study investigated the factors that affected their work satisfaction. They also aimed to understand which employment setting promoted better work satisfaction. This survey used a 38-item questionnaire, and participants were randomly chosen from the American Academy of Audiology (AAA) membership directory. The participant was required to take up the survey only if majority of their working hours was spent with patients. Questionnaires sent to each of

these participants were enclosed with a self-addressed, stamped envelope, to mail back their responses. The questionnaire was designed in a way that the respondent had to select an appropriate choice on a 5-point likert scale, here 1 indicating "strongly disagree" and 5 indicating "strongly agree". Background information included in the beginning of the study collected information on personal, educational and professional details. 285 professionals returned the completed forms. Collectively, the percentage of work satisfaction among the audiologists who responded was about 79%. It was also observed that private practitioners were more satisfied than other professionals among the ones who responded. Interestingly, when the respondents were divided into gender categories, males were found to be more satisfied with their work than females, though the difference did not stand out significantly. For the most part, they considered four factors that affected the work satisfaction, that were resources available, challenge, comfort and financial factors. Of these, challenge and resources available were most influential on the satisfaction levels of these participants.

In a similar study by Saccone and Steiger (2012), a survey of audiologists who were members of the ASHA was conducted to understand how happy they were with their work. The authors stated that it was important to understand how satisfied audiologists were with their profession, as this would directly affect the services provided by them, and ultimately the customer satisfaction is lowered. Questionnaire method was followed widely to carry out these surveys, as they were relatively more easy and cheap. Of the 1767 audiologists who were invited electronically to complete the survey questionnaire in this study, 382 responses were received. Categories of information requested included demographic information, educational and professional information as highest degree earned, number of years of experience, and employment setting. The questionnaire was designed similar to that of Martin et.al. (1997), employing a 5-point likert scale wherein respondents could select the most

likely choice for the statement given. It was observed by these authors that there was only a marginal difference in the work satisfaction levels when the results of their study were compared with the earlier study by Martin et.al. (1997). It is surprising that although a lot of variables had changed in the period between the two studies, such as an increase in the educational requirements for a practicing audiologist and better work settings among others, the work satisfaction remained the same. It is also interesting to note that these studies by Martin et.al. (1997) and Saccone and Steiger (2012) consistently reported that private practitioners were more satisfied with their work than other audiologists.

The report by Windmill and Freeman (2013) also reveal astounding numerical facts that have persuaded professionals to look deeper into the reasons for the lowered work satisfaction. Even with the increased number of patients requiring audiological services, the professionals capable of providing these services are far from sufficient. One reason for this as explained by Windmill and Freeman (2013) is the attrition rate in this field, approximately forty percent, which is higher than other health professions reporting less than ten percent attrition rates.

Communication sciences and its disorders in the Indian scenario

On the 9th of August, 1965, an autonomous institute was established under the tutelage of the Union Ministry of Health and Family Welfare in order to impart training in the field of speech and hearing. Thus, the All India Institute of Speech and Hearing (AIISH) came into being and for the first time in India an institute was set up that provided services for persons with communication disorders. After establishing itself as a training institute in 1967, the institute became equipped to generate manpower. The post-graduate program in speech and hearing was initiated in 1967 and the undergraduate program was initiated later in 1968. Ever since the institute has been constantly growing and spreading its wings, and is

thriving on achieving its major objectives, which are to impart professional training, render clinical services, conduct research and educate the public on issues related to communication disorders. Being the premier institute introducing this whole new field and putting the corner stone for recognition of such a profession in this country, it is imperative to know about the institute and its activities.

The institute during its inception began with the vision of providing clinical services and training for manpower generation. Today, the multidisciplinary team at AIISH has been training manpower in the field, conducting research, and providing clinical services for persons with communication disorders besides actively indulging in public education. In the last 50 years, the institute has grown from its infancy to adulthood widening the spectrum of its goals and objectives. The objectives of AIISH are:

- To generate manpower in the field of Speech Language Pathology and Audiology.
- To conduct research both in the areas of basic sciences of speech, language and hearing as well as in the areas of its application for effective communication.
- To provide clinical services to persons with communication disorders along with developing modules for providing services to different levels of the society.
- To strive towards implementing strategies for prevention (be it primary, secondary, tertiary) of communication disorders.
- Public education towards identifying communication disorders in the community.
- To develop materials for better public awareness and education on or about communication disorders with respect to their prevention, identification and management.

Programs run by AIISH

Currently, the institute offers programs such as Certificate programs, Diploma programs, undergraduate programs, post-graduate diploma programs, post-graduate programs, Doctoral programs and also Post-Doctoral Fellowships in the field of communication sciences and disorders. The following are the details of the programs currently offered at the institute: one Certificate program for care givers of children with developmental disabilities (C4D2); three diploma programs viz. Diploma in Hearing Aid and Ear mould Technology (DHA & ET), Diploma in Early Childhood Special Education (Hearing Impairment) and Diploma in Hearing Language and Speech (DHLS) – video conferencing mode; two undergraduate programs viz. Bachelor of Audiology and Speech Language Pathology (B.ASLP) and Bachelor of Education Special Education (Hearing Impairment) [B.Ed. Sp. Ed.(HI)]; four post-graduate diploma programs viz. P.G. Diploma in Clinical Linguistics for Speech-Language Pathologists (PGDCL-SLP), PG Diploma in Forensic Speech Sciences & Technology (PGDFSST):Online, PG Diploma in Neuro-Audiology (PGDNA), PG Diploma in Augmentative and Alternative Communication (PGDAAC); three post-graduate programs viz. Master of Science in Audiology [M.Sc. (Aud)], Master of Science in Speech-Language Pathology [M.Sc. (SLP)] and Master of Education in Special Education (Hearing Impairment) [M.Ed. Sp. Ed. (HI)], and; three Doctoral programs in Audiology, Speech-Language Pathology and Speech and Hearing and Post Doctoral Fellowship (retrieved from the official website of AIISH, Mysuru www.aiishmysore.in/ on 15-10-2015).

With just a single program offered in 1967, to the numerous programs that are offered currently, AIISH has been striving to generate manpower that caters to the needs of persons with communication disorders at various settings.

Infrastructure at AIISH

In the present scenario, there are 11 departments that constitute AIISH and contribute to its growth. The following flowchart demonstrates the various functions of these eleven departments.

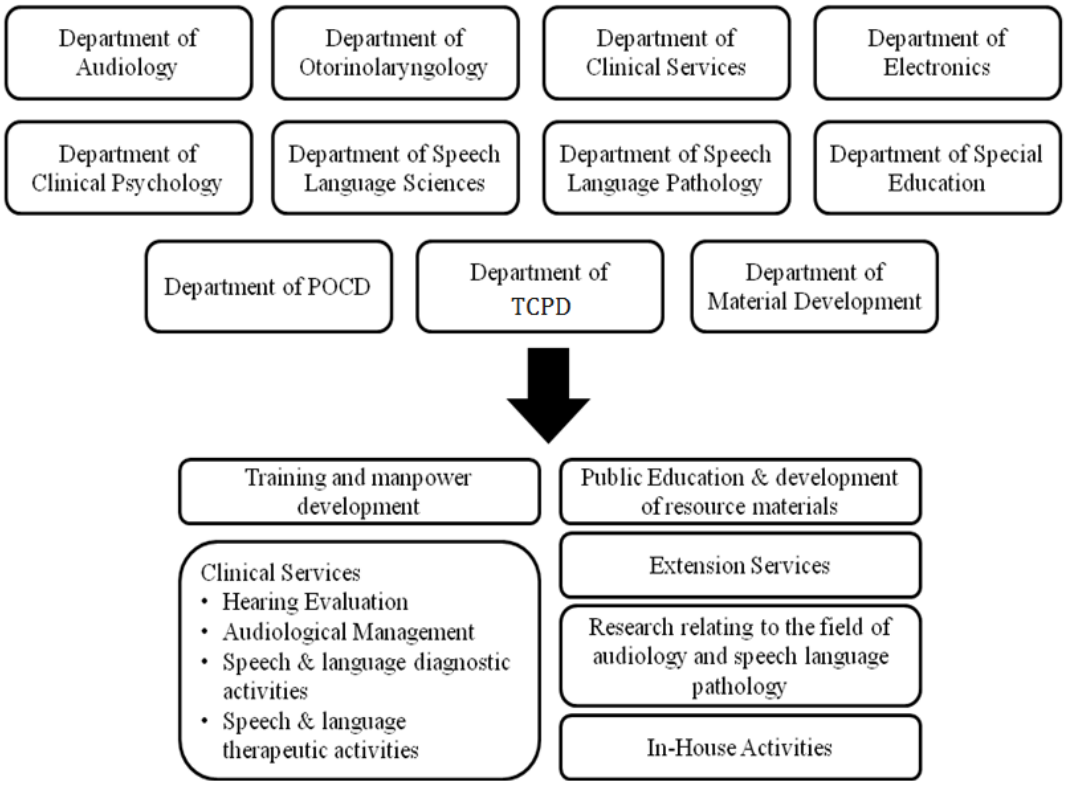


Fig 2.1: Flowchart representing the different departments at AIISH and their functions.

The annual reports of the institute are in-house sources of information that also provide information about the number of stakeholders served till date both from diagnostic and treatment point of view. Information regarding the clinical services provided by the institute from 2008 through 2015 has been summarised in the following section to gain a general understanding of how the profession has been growing to serve larger populations over the years. these details have been obtained from the documents available on the official

website of AIISH, Mysuru (Retrieved from http://www.aiishmysore.in/en/annual_report.html on 09-03-15).

2008-09: In the reporting year, a total of 40,719 patients were provided clinical services. 17276 new patients were registered, 23443 follow up patients were evaluated and 21205 individual therapy sessions were conducted

2009-10: In the reporting year, a total of 47,370 patients were registered for assessment of speech, language and hearing disorders. This included 18,916 new patients and 28,454 follow-up patients. A total of 7,282 and 12,209 clients were seen in speech and language OPD and audiology OPD, respectively.

2010-11: During this period, 50560 patients availed clinical services at the institute, of which 19607 were new patients, and 30953 were follow-up patients.

2011-2012: 19382 new cases availed clinical services at the institute. 28,374 follow-up patients also received services for disorders related to speech, language and hearing.

2012-2013: In this year, a total of 50906 cases were registered, of which 21006 were new cases while 29900 were review cases. Of these, 19713 cases were from Karnataka and 719 cases from Kerala, and the rest from different states of India.

2013-2014: 56,386 cases had registered themselves this between 2013-14, of which 20896 were new cases and 35,490 were review cases. In this year too, the majority of cases, that 19,647 cases were from Karnataka.

2014-2015: 63,450 registrations in the year 2014-15 were recorded of which 22,650 were new cases and 40,800 were review cases. As in the previous years, 21,346 cases, that is a majority were from Karnataka followed by other neighbouring states.

The field of speech language pathology and audiology has risen from very meagre beginnings in India. As opined by Rathna (1993) in spite of the tremendous activities in terms of providing clinical services to stakeholders, there are still a lot of states in India that don't have access to adequate clinical services within their regions. Larger cities may have these facilities, yet even this fall short to provide sufficient and timely services to stakeholders. He further states that although the problem of brain drain may be blamed, it is impossible to keep professionals within the country owing to the lack of opportunities for sophisticated professional activities and the comparatively poorer monetary remuneration, with the latter seeming to be a major factor.

Audiology in the Indian scenario

A survey designed in a study by Easwar, Boothalingam, Chundu, Manchaiah and Ismail (2013) targeted audiologists practicing within India to better explore the Audiological practices in India. The authors intended to probe into domains such as the participant's demographic information, the tools/ test battery used for audiological assessment, hearing aid fitting, and the protocol used for testing by each of the participants. The online based survey created using Google forms (Google Inc., Retrieved from https://apps.google.com/products/forms/ on 11-02-2015) consisted of 32 questions, all of which were mandatory to be answered. Multiple-choice and open-ended questions were included in the survey based on the information that was required from the participant. The survey was sent out to be filled in by practicing audiologists either via electronic mail, or by posting the survey on a social networking site, to which 199 responses were received. The

questions incorporated in the survey that probed into the demographic information explored information as the current city of work, place of work, availability of hearing aid services, vestibular services, speech and language services and infant hearing screening services at their place of work, nature of the patient clientele, number of patients catered to every day, the participant's qualification, years of experience in the field and number of audiologists working in their work place. The audiological assessment and hearing aid fitting domains incorporated questions such as the frequency of calibration of audiometers, frequency of listening checks, otoscopic examination, performance of tests as tympanometry, reflex audiometry, and speech tests, style of hearing aids prescribed, prescription rule used for hearing aid fitting in children and adults, etc. They also probed into the different methods used for assessment of infants and young children.

This study by Easwar et al. (2013), was one of the first investigating audiological practices in India. After analysis of the responses by the 199 participants, it was observed that majority of the participants, i.e., almost 62 percent held a postgraduate degree in Audiology or Speech-Language pathology and Audiology. It was also noted that almost 45 percent of the participants worked in private clinics, rather than in hospitals, schools or institutes. Further, information on workplaces revealed that most of the clinics catered to roughly five to ten cases each day.

Having glanced upon the current scenario of the professions of Speech Language Pathology and Audiology, it is clearer that we are still in our growing stages. A lot of factors, whilst helping us grow, there are others still holding us back. In order for us to understand how this profession is growing and its status compared to other health professionals, it is of primary importance that we look into the work satisfaction of these professionals. Moreover,

as Haas, Cook, Puopolo, Burstin, Cleary and Brennan (2000) state, patient satisfaction was greater when the professionals serving them were satisfied with their work.

The voids in the quantity and quality of research that attempts to understand the status of the professionals within the field of communication sciences and disorders in India may justify the lack of awareness about the expertise and responsibilities among other professionals. The IAMR report (2009) clearly suggests a partial and distorted understanding about professionals in the field of communication sciences and disorders. The current understanding about the profession may not be conducive for the full-fledged growth of the professionals in the country. Thus, there is a far greater need to project the work of professionals within this field in terms of the services provided by them for persons with communication disorders, and carry out research to substantiate the same.

Chapter 3

METHOD

To present a realistic picture and actuality of the professionals in the field of communication sciences and disorders, this study considered the following objectives:

(1) To develop a databank of manpower generated at AIISH since 1967;

(2) Tracking their professional journey- nationally and internationally;

(3) To identify the strength, weakness, and opportunities of AIISH; and

(4) To study the personal views about the field, and professional demographics and satisfaction within the clinical, research and academic domains.

Operational definitions

Following are the operational definitions of the various terms and concepts used in the present study:

Survey: Survey methodology used in the study ensured a good representation of the whole population was included in the study.

Professional: A professional in this study, refers to an alumnus of AIISH, Mysore, who completed academic coursework/ training for completion of their professional education.

Personnel: Alumni of AIISH, Mysore, who fulfilled academic coursework for completion of their diploma program.

Research Scholars: Students admitted to the doctoral/ post-doctoral program at AIISH

Student admissions register: Official record containing the names and demographic details of all the students admitted to the various programs run by AIISH, Mysore.

Programs: This term represents all academic programs offered by AIISH, Mysore from 1967-2012, that are, DHA & ET, DTYHI, DHLS, B.Sc. (Sp. & Hg.), B.S.Ed (HI), PGD-CLP, PGD-FSST, PGD-NA, PGD-AAC, M.S.Ed (HI), M.Sc. (Aud), M.Sc. (SLP), MSc. (Sp. & Hg.), Ph.D. (Audiology), Ph.D. (SLP), Ph.D. (Sp. & Hg.), Post-doctoral fellowship

Simple random sampling technique: A type of random sampling where each of the elements have an equal chance of selection.

Stratified sampling technique: A random sampling method where the members of a population are divided into 'strata', or homogenous subgroups, followed by application of random sampling technique.

R software: The software R version 3.2.2 was used to generate numbers to randomly select participants

Adobe Acrobat: Electronic-version of the questionnaire was developed using this software

Statistical Package for Social Sciences version 16.0 (SPSS 16.0): Software used for descriptive analysis of all data compiled from participant responses.

Procedures: A standard operating procedure (SOP) was followed to achieve the objectives of the study

i. An official permission was obtained from the Director of the institute and the academic coordinator to access student admission records of various programs run by the institute since 1967.

ii. After obtaining the official permission from the competent authority, the student data at AIISH, Mysore, were preserved in a paper format till 2012. This data was manually accessed and was transferred to a Microsoft Word file. Further, the accessed data was categorized based on the program and year of admission of the students.

iii. The final categorized data consisted of the students who completed graduation from AIISH but not of those who discontinued the program.

iv. Name of the candidate, date of birth, contact address at the time of admission and program admitted to, were the details extracted from the student admission registers.

v. Updated demographic information of each of the student whose basic details were extracted from the student admission registers was collected through various publicly accessible sources. These updated details were organized to make a directory of alumni who graduated from AIISH (refer Directory).

vi. Based upon these demographic details, the participants were selected using stratified sampling technique.

The present study was conducted in five phases, as mentioned below:

Phase 1: Review of existing literature for developing the questionnaire

Phase 2: Preparation of the questionnaire

Phase 3: Data collection from secondary sources

Phase 4: Distribution of questionnaire and data collection

Phase 5: Analysis and reporting of results

Phase 1: Review of existing literature for developing the questionnaire

The first phase of the study was initiated with a detailed literature review using search term Speech language and hearing in India. Corresponding literature available internationally was also reviewed. An online search using a freely available online search tool was carried out, with the major keywords "online survey", "professional satisfaction", "speech language pathology", "audiology", "India", "special educators", "health professionals", "client/patient rating/satisfaction" were used in combination with other words/phrases. All equivalent and supporting studies were systematically coded for the study design and quality according to the decided criteria.

Phase 2: Preparation of the questionnaire

With a basic framework at hand, an outline for the questionnaire for professionals was prepared, keeping with the objectives of the study. A comprehensive questionnaire was developed that sought information about personal and professional aspects and the professionals' views about their alma mater. This elementary form of the questionnaire was evaluated using a rating scale with five points ranging from very poor to excellent. Ten randomly selected professionals employed at AIISH, Mysuru, were asked to judge each of the questions on fourteen parameters including simplicity, relevance, and coverage of objectives. These parameters and the scale on which these were rated were adapted from the Feedback questionnaire for Aphasia Treatment Manuals (Goswami, Shanbal, Navitha & Samasthitha, 2010), which originally has twenty parameters, and the definitions of few of the parameters were modified to suit the present study. The questions which were rated good or excellent were retained in the final questionnaire. Based on the ratings and feedback of these participants, certain questions were modified, and in specific sections, questions were either added or deleted.

The final questionnaire (see Appendix I) was prepared with each question categorized under seven domains: (1) Personal information, (2) Professional/ Personnel information- General, (3) Professional/ Personnel information- Clinical, (4) Professional/ Personnel information- Research, (5) Professional/ Personnel information- Academic, (6) Professional's/ Personnel's views about their field, and (7) Professional's/ Personnel's views about AIISH. The details of each domains is illustrated in Table 3.1

Table 3.1: Seven major domains of the questionnaire and their purpose

Sl.No	Title	Purpose of the domain
I	Personal information	General demographic information was requested
II	Professional/ Personnel information- General	Inquired about the nature of work, the status of professionals and their satisfaction with their work. In addition, certain questions sought to understand how the participants were able to manage their time balancing life and work.
III	Professional/ Personnel information- Clinical	Sought information about the clinical services provided.
IV	Professional/ Personnel information- Research	Sought information about the contributions to research in the field of speech and hearing
V	Professional/ Personnel information-	Sought information about the academic contributions

	Academic	
VI	Professional's/ Personnel's views about their field	Requested general information about satisfaction with work, and future aspirations
VII	Professional's/ Personnel's views about AIISH	Inquired the participants' personal views about the institute, and directions for further improvement in the services provided by AIISH.

Within these seven domains, the final questionnaire consisted of questions in the multiple-choice format, yes/ no format and questions requesting subjective opinions. Each of the domains has several questions in either of these formats, or a combination of these, and also consist of sub-questions, for example, "if yes, please explain".

Phase 3: Data collection from secondary sources

Within the given objectives, the present study considered individuals who completed their education at AIISH, Mysore between 1967 and 2012. In these 47 years of academic services rendered by the institute, there were nine programs offered, and the number of students who were admitted for any of these programs within this period was 2234. This population comprised of professionals who were pursuing a higher education, working, or not working. Those working were either employed at AIISH, or at various setups within or outside India. Missing data of student batches in various programs raised major concerns during compilation of information from the student admission records. Of the students who

enrolled under B.Sc. (Speech and Hearing), the admission records of academic years 1986-1987, 1987-1988, 1988-1989, 1989-1990 and 1990-1991 could not be traced. Further, of the students who enrolled under post-graduate program in speech and hearing, the admission records of academic years 1979-1980, 1984-1985, 1986-1987, 1987-1988, 1988-1989, 1989-1990 and 1990-1991 could not be traced.

Phase 4: Distribution of questionnaire and data collection

Inclusionary criteria

Individuals satisfying the following criteria were included in the study:

- Participants who have completed a minimum education at AIISH, Mysore.
- Participants having completed their education in the field of speech and hearing, who may or may not be practicing the same profession.
- Participants having completed their education in the field of speech and hearing, whether employed or not at the time of the study, were included.

Exclusionary criteria

- Graduates in the field of speech and hearing who completed all of their professional education at institutes or colleges other than AIISH, Mysore.
- Individuals who at the time of the study were still pursuing their education (UG or Diploma) at AIISH, Mysore.

Ethical issues

Keeping in view the AIISH Ethics Protocol for Bio-behavioral Sciences, the following ethical concerns were addressed and participants were informed about the same:

- Participants were clearly and explicitly informed about the nature of the research and the use that was made of the findings.
- Only professional interpretations and remarks were made from all of the participant responses.
- Participants were informed about their identity being kept confidential for the purpose of the study.
- Participants were informed this study in no way will be used as a promotional act, and participants will not be receiving unnecessary communication by providing their personal details as part of the study.
- Personal details collected from participants was ensured to be secure to avoid any misuse.
- A privacy statement was presented at the beginning of the study. Participants were free to choose to continue or to opt out of the study.
- If any information is used for purposes other than the present study, prior consent will be taken.

The privacy statement reads as

"The Principal Investigators and the project officer of this ongoing project at AIISH would like to thank you for participating in this confidential survey. This survey is not intended as a promotion, nor do we intend to bother you in your busy schedule. This is a survey using scientific methods and we promise that, in obtaining your co-operation, we will not mislead you about the

nature of the research or the use that will be made of the findings. All of the information requested in this survey is only intended to be used for making professional interpretations. With the aim of creating a comprehensive database of the professionals trained at AIISH, Mysore, we also expect that the information collected from this survey shall help in developing manpower and creating infrastructure for better services in different parts of the country for persons with communication disorders. The information you provide will also throw light on further scope of improvement in the services provided by AIISH, Mysore. Further, it is also expected that information from this survey may give some direction for making better policies for the professionals and stakeholders in the area of communication disorders at large. These questions will reveal critical information as the nature of work, the status of professionals and their satisfaction with their work. A section of the questions are also included to understand how the professionals are able to manage their time balancing life and work, this way drawing conclusions as to whether speech and hearing professionals do go underpaid.

With your consent, the information obtained from you will be pooled in the larger data from all of the participants keeping your identity confidential. Only authorised persons have access to the information you provide us."

Participants

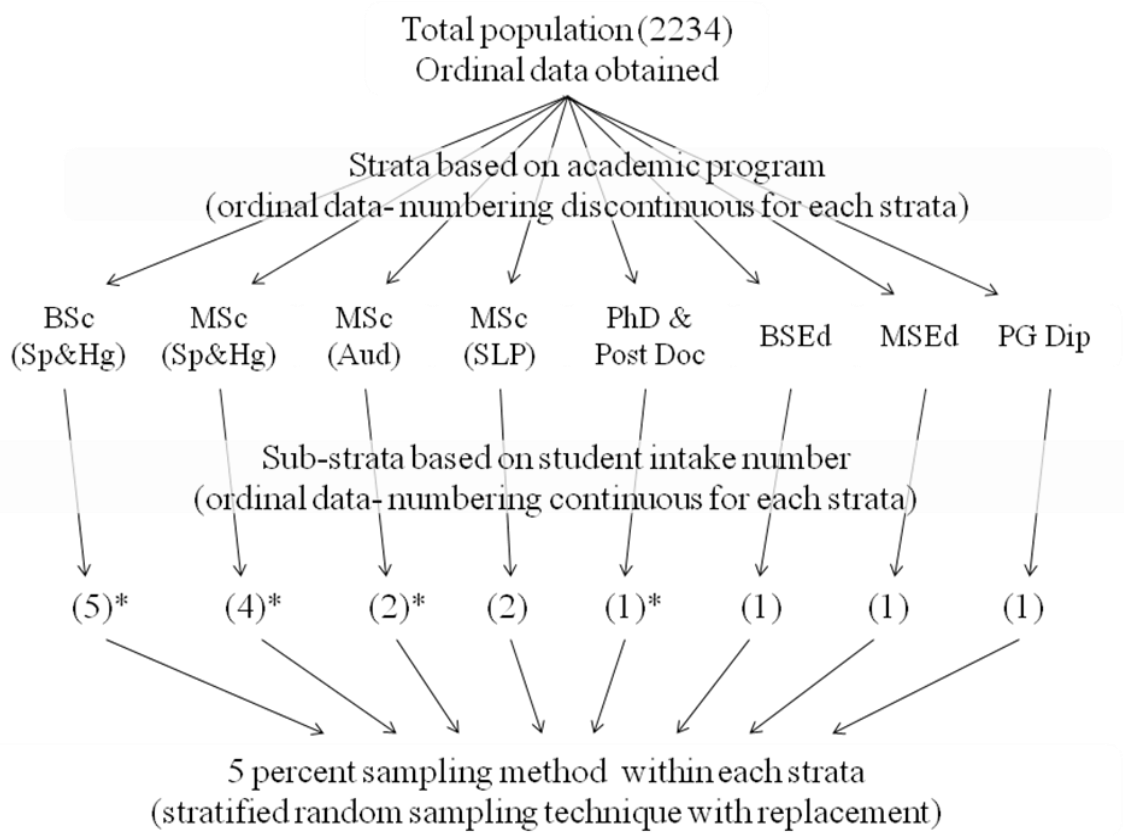
Data collection was begun with the hope that the majority of the population could be involved in the study, and all probable sources were used to collect contacts of the institute's alumni. Electronic mail ID's, telephone numbers, contact addresses and contacts on social networking sites were collected. Every attempt was made to contact each alumnus of the institute, expecting a good participant number, although the numbers revealed a different reality. With this outcome, it was decided upon that sampling methods needed to be applied drawing a good representation of the population.

The population being large and heterogeneous in terms of geographical and demographic distribution and covering student batches from the year 1970 onwards, it was

perceivably acceptable to form smaller congruent groups and set a minimum sampling criterion for each group. The sampling procedure for selection of the participants was discerned to include a good representation from each group. To begin with, the nominal data already available of the whole population was converted to an ordinal data based on the program attended and year of admission. The sampling criterion was set in view of the project duration and financial resources after taking into account the time involved to conduct the study. To decide upon the sample size, the Raosoft sample size calculator, a freely available online software was used (retrieved from http://www.raosoft.com/samplesize.html). Five percent of the population, that is, a sample size of 112 would have a margin of error of 9.03 percent, and considering that this amount of error is statistically tolerable, the required sample size was set as 112. To ensure that a good representation of the heterogeneous population of 2234 would be achieved with the sample size decided, a stratified random sampling technique was preferred. The ordinal data of the whole population was broken down into strata, or homogenous groups, and consequently, a minimum of five percent representation was required from each homogenous group. These homogenous groups, or strata, was outlined based on two criteria, that is, the academic program completed and the time period in which the participant had enrolled for the program. The *period of enrolment* was based on a timeline set according to the maximum number of student intake for each program in an academic year. For example, the population of 1049 students who had enrolled for Bachelor of Science in speech and hearing [B.Sc. (Speech and Hearing)], up to 2012, was divided into five strata or groups based on the maximum student intake numbers in each academic year. For instance, the student intake number was 14 between 1970-75 (Group I), from 1976-1990 the student intake increased to 19 (Group II), between 1991-2000 increased to 30 (Group III) and so on.

The postgraduate program of Master of Science in speech and hearing [M.Sc. (Speech and Hearing)] had 448 students enrolled in total up to 2012. This population was divided into three groups, based on a similar criterion as mentioned above. The postgraduate program of Master of Science in Audiology [M.Sc. (Audiology)] had in all 291 student enrolments, and the population was divided into two strata or groups, based on the same criterion. Similarly, Master of Science in Speech Language Pathology [M.Sc. (Speech-Language Pathology)] with 286 student enrolments was divided into two groups. The academic program of doctor of philosophy in speech and hearing/ speech language pathology/ audiology had, in all, 54 enrolments, and was hence retained as a single strata or group. The Bachelor of Science in Education for Children with Hearing Impairment program [B.S.Ed. (HI)] had 51 enrolments and Master of Science in Education for Children with Hearing Impairment program had 23 enrolments. Each of these programs was considered as a single group. Post graduate diploma programs in clinical linguistics/ forensic speech sciences and technology/ neuro-audiology had 32 student enrolments, considered as one group.

To ensure random selection of the participants from each stratum of the ordinal data, random numbers were generated using the software R-3.2.2 for windows (Retrieved from https://www.r-project.org/ on 15-04-2015). In addition to randomness, stratification was resorted to introduce a secondary element of control as a means of increasing precision and representativeness. In keeping with the proportional allocation principle, the sample size of the data was determined. The procedure for selection of the participants has been summarised in the flowchart in Figure 3.1.



* Number of Sub-strata/ Groups

Fig 3.1: Flowchart representing method of selection of participants.

The participants corresponding to these serial numbers were selected for participation in the present study and were contacted using different methods. Further, whenever there was no response from an alumnus representing the random number, alumni representing numbers close to the random number zone were contacted. In all, 112 professionals participated in the study. Details of the number of participants are as mentioned in Table 3.2.

Table 3.2: Distribution of participants across the population

Programs run by the institute (divided into groups based on yearly student intake)		**Distribution of the population across groups**	**Number of participants from each group**	**Student intake (average number within each group)**
B.Sc. (Speech and Hearing)	Group I: 1970-1975	125	6	14
	Group II: 1976-1990	189	9	19
	Group III: 1991-2000	298	15	30
	Group IV: 2001-2007	273	14	40
	Group V: 2008-2012	164	8	55
M.Sc. (Speech and Hearing)	Group I: 1967-1975	90	4	12
	Group II: 1976-1990	84	4	11
	Group III: 1991-1996	137	7	23
	Group IV: 1997-2002	137	7	23
M.Sc. (Audiology)	Group I: 2003-2007	91	5	18
	Group II: 2008-2012	200	10	33

M.Sc. (Speech-Language Pathology)	Group I: 2003-2007	88	4	18
	Group II: 2008-2012	198	10	33
Ph.D. programs	2001-2012	54	3	*
B.S.Ed. (HI)	2003-2012	51	3	*
M.S.Ed. (HI)	2007-2012	23	1	*
P.G. Diploma-CL, FSST, and NA	2008-2012	32	2	*

* Stratification based on student intake not considered as the number of alumni within these strata was very less and student intake also did not vary with each academic year.

Procedure

The task of preparation of the questionnaire once completed, and the participants selected by random sampling methods, the likely participants were contacted. All likely participants were informed about this study, its purpose, and the role of these professionals in this study by either of these modes: Electronic mail, social networking sites, blog sites, telephone communication, and in-person communication. Once the professionals were successfully contacted, the questionnaire was distributed in two formats: paper-format and electronic-format. The most convenient method was employed for each participant. For the paper-format, the questionnaire was photocopied and distributed to the participants in person. The questions were simple and the format for responding to these questions was simple. General instructions regarding completion of the questionnaire was given with each domain,

and specific instructions with certain questions. Additionally, professionals at a national level conference were also contacted in person and requested to participate in the study.

For creating the electronic-format of the questionnaire, various softwares were looked into. Trial versions of online programs for developing survey pages – Survey Monkey (Retrieved from https://www.surveymonkey.com/ on 24-12-2014), Qualtrics (Retrieved from https://www.qualtrics.com/ on 09-01-2015), Free Online Surveys (Retrieved from https://freeonlinesurveys.com/ on 12-01-2015), Online Surveys (Retrieved from http://www.onlinesurveys.com/ on 29-01-2015), Google Forms, Survey Gizmo (Retrieved from https://www.surveygizmo.com/ on 18-02-2015), Vanguard Vista (Retrieved from http://www.vista-survey.com/ on 27-02-2015) were compared along with others options such as the developer option in Microsoft Word and Adobe Acrobat Pro (https://acrobat.adobe.com/in/en/products/acrobat-pro.html on 10-03-2015). All of the programs were compared for the features available for creating the survey page, cost of acquiring the full versions, user-friendliness, and aesthetics. Considering all of these factors, Adobe Acrobat Pro with Forms Central was purchased with a perpetual license for a single user. With the licensing key provided, the researchers were able to develop, design, distribute the questionnaire, and compile all data for further analysis.

Varied means were employed for distribution of questionnaires in electronic-format. To most participants, the questionnaire was sent via electronic-mail and to others as personal messages with attachment on social media. Accounts/ groups dedicated for this purpose were created.

Phase 5: Statistical analysis

To satisfy the first objective of the study, which was to develop a data bank of the manpower generated from AIISH, a directory of speech and hearing professionals was prepared based on their geographical locations (refer Directory), and no statistical analysis was required for the same. To investigate the other objectives of the study, responses to the questionnaire were analyzed and the descriptive statistics were drawn. The responses were either received in the paper-format or in the electronic form accessible through Adobe Reader program. The Adobe Acrobat not only provided options for creation of digital version of the questionnaire, but also to group together and transfer responses from all the participants to Microsoft Excel. Once this data in Microsoft Excel was organised, descriptive analysis was done, extracting the total number and percentage from the total sample.

Chapter 4

RESULTS

The study focused on professionals graduated from AIISH, Mysore. From a total population of 2234, a five percent sampling criterion was adopted. Responses from 112 participants in the study were obtained in two formats- paper version or in the electronic format in Adobe acrobat. All of the 112 responses were put into the Adobe acrobat software. The options available on the software allowed the investigators to transfer the merged responses into a Microsoft excel spreadsheet. The categorized data in the spreadsheet was then transferred to the Statistical Package for Social Sciences (SPSS; version 16.0) for further analysis.

The first analysis carried out included descriptive statistics to extract the number and percentage of participants for responses on each question across the domains. Second, bivariate cross-tabulation helped to compare information between two variables. For the purpose of comparison across age groups using cross-tabs, the age groups were divided into 4 groups : 20 to 24 years (freshers group), 25 to 29 (early career group), 30 to 44 years (mid career group), and 45 to 64 years (advanced in career group). The number of participants is represented by 'n' and the total number of participants in the study, i.e., 112, is represented as 'N'. Section 4.1 of the results covers the professional information, as provided by the participants. Section 4.2 provides statistical data for questions about work life balance. Section 4.3 provides statistical results for questions pertaining to personal views about the field, professional demographics and satisfaction within the clinical, research and academic domains. Section 4.4 covers results on questions about the clinical activities/ duties, and section 4.5 about Research related activities. Results of the data on strength, weakness, and

opportunities of AIISH are covered in section 4.6 and results on the demographic and general information in section 4.7.

4.1. Professional information: Tracking their professional journey- nationally and internationally

4.1.1. Current employment status

108 participants out of 112 (96.4 percent) were employed at the time of the study. The same has been represented in the Table 4.1.

Table 4.1: Number of participants by employment status

Employment status	n	Percentage of Total N
Employed	108	96.4
Not employed	4	3.6

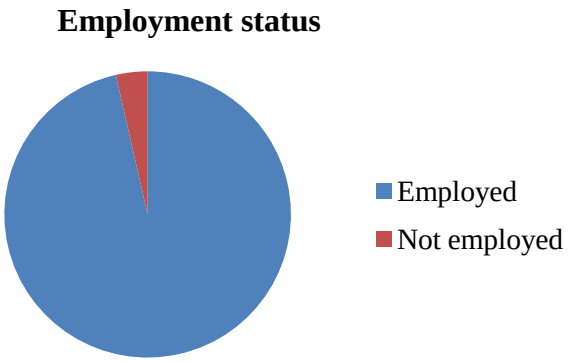


Fig 4.1: Graphical representation of participants by employment status

Of the 108 participants who reported they were employed, 38.9 percent (n=42) were in the age group of 20-24 years. 31.5 percent (n=34) were in the age group of 25-29 years. 18.5 percent (n=20) were in the 30-44 years age group, and 11.1 percent (n=12) were in the

45-64 years age group. On analysis within age groups, it was observed that within the age group of 20-24 years 93.3 percent (n=42) were employed, and 6.7 percent (n=3) were not employed. In the 25-29 years age group 97.1 percent were employed (n=34) and 2.9 percent (n=1) were not employed. In the mid and late career groups, that is, 30 to 44 years and 45 to 64 years respectively, 100.0 percent of the participants were employed.

Analysis of employment status across highest educational qualification showed that of the four participants who were not employed, 25.0 percent (n=1) was a Master of science in Audiology and 75.0 percent (n=3) was a Master of science in Speech Language Pathology.

Across gender, it was observed that of the participants without an employment at the time of the study, all were females (n=4; 100.0 percent).

4.1.2. Current work schedule

89 participants provided information about their work schedule, of which four participants (3.6 percent of the total sample) had part-time jobs. The number of participants in each can be observed in Table 4.2.

Table 4.2: Number of participants by current work schedule

Work schedule	n	Percentage of Total N
Primary	85	75.9
Part-time	4	3.6
NI	23	20.5

*NI=No Information

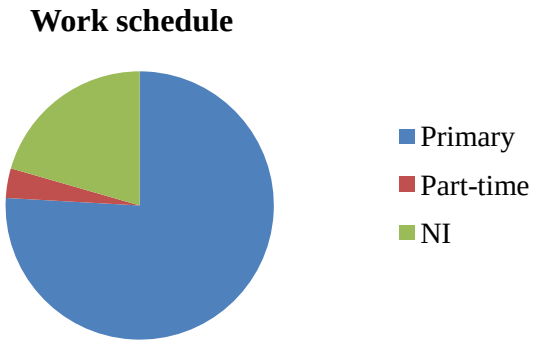


Fig 4.2: Graphical representation of participants by current work schedule

4.1.3. Work setup preference

Participants rated nine work setups in the order of their preference. Participants rated "1" to the work setup they preferred the most, and "9" to the work setup they preferred the least.

23.2 percent (n=26) of the participants stated that working in a Central government institute is most preferable, while 20.5 percent participants (n=23) stated that this work setup is least preferable. A considerable number of participants (21.4 percent; n=24) were of the opinion that hospital setups were most preferable. An equal percentage of participants also had the same opinion about running their own setup (21.4 percent; n=24).

Fewer participants preferred working in a special school, school or lab setup. More participants chose to skip these three work setup options, as they were either irrelevant to them, or were not preferred by them. The number and percentage of participants based on their preference rating is as represented in Table 4.3.

Table 4.3: Number of participants by work setup preference

		1	2	3	4	5	6	7	8	9	NI
CGI	n	26	9	6	5	2	6	5	10	23	20
	%	23.2	8.0	5.4	4.5	1.8	5.4	4.5	8.9	20.5	17.9
SGI	n	12	12	8	8	9	9	6	16	6	26
	%	10.7	10.7	7.1	7.1	8.0	8.0	5.4	14.3	5.4	23.2
MC	n	16	9	6	8	6	12	10	11	6	28
	%	14.3	8.0	5.4	7.1	5.4	10.7	8.9	9.8	5.4	25.0
Hosp	n	24	7	14	5	8	12	6	6	8	22
	%	21.4	6.2	12.5	4.5	7.1	10.7	5.4	5.4	7.1	19.7
Corp	n	15	7	8	7	14	8	8	8	6	31
	%	13.4	6.2	7.1	6.2	12.5	7.1	7.1	7.1	5.4	27.7
Own	n	24	4	6	11	7	9	7	2	15	27
	%	21.4	3.6	5.4	9.8	6.2	8.0	6.2	1.8	13.4	24.1
School	n	11	12	8	7	12	8	8	10	5	31
	%	9.8	10.7	7.1	6.2	10.7	7.1	7.1	8.9	4.5	27.7
SpSch	n	16	8	7	14	8	5	13	7	4	30
	%	14.3	7.1	6.2	12.5	7.1	4.5	11.6	6.2	3.6	26.8
Lab	n	16	8	12	5	9	3	8	5	15	31
	%	14.3	7.1	10.7	4.5	8.0	2.7	7.1	4.5	13.4	27.7

Note: CGI= Central Government Institute; SGI= State Government Institute; MC= Medical College; Hosp= Hospital; CS= Company setup; Own= Own setup; School= School setup; SpSch= Special School; Lab= Research lab

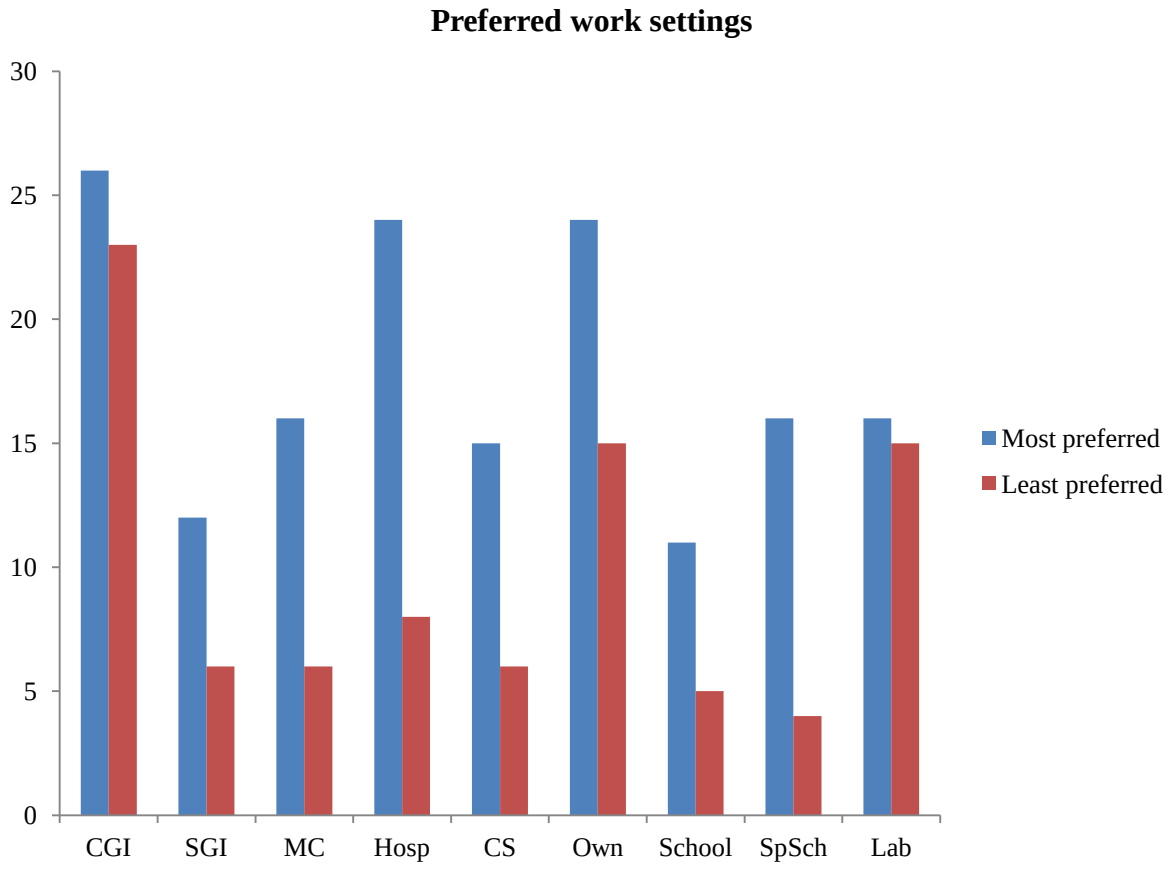


Fig 4.3: Graphical representation of participants by work setup preference

4.1.4. Current Work Setting

58.9 percent of the participants (n=66) worked in an institute, while fewer percent of the participants worked in schools and non-government organizations. The number and percentage of participants based on their current work setting is as represented in Table 4.4.

Table 4.4: Number of participants by current work setting

Current Work Setting	n	Percentage of Total N
Corporate setup	5	4.5
Hospital	11	9.8
NGO	1	0.9
Private Clinic	7	6.2
Research Lab	1	0.9
School	1	0.9
Special School	3	2.7
Special School, Hospital, Private Clinic	1	0.9
University Hospital	1	0.9
Academic and/or research Institute	66	58.9
Medical College	1	0.9
NI	14	12.5

*NI=No Information

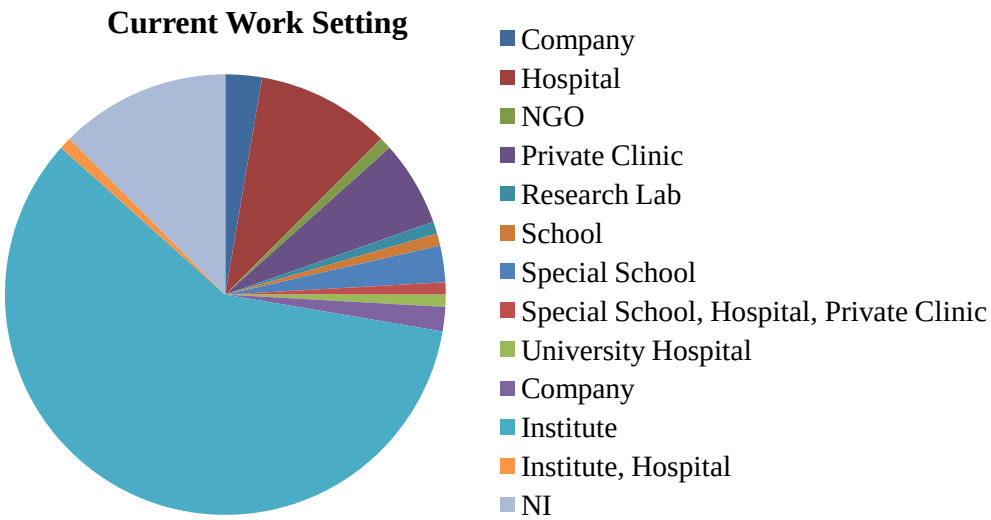


Fig 4.4: Graphical representation of participants by current work setting

4.1.5. Work position preference

Participants rated work position- researcher, academician, clinician, administrator, marketer, teacher, or advocator of rights of persons with communication disorders, with numbers between one and seven, in the order of their preference. "1" indicated most preferred and "7" indicated least preferred.

A larger percent of the participants stated that their most preferred work position would be that of a marketer (26.8 percent; n=30), while 28 participants (25.0 percent) also considered it the least preferred work position. A greater percent of participants preferred to be clinicians (25.9 percent; n=29) rather than researchers (20.5 percent; n=23) in the field of communication and communication disorders. The number and percentage of participants with their preference rating is represented in Table 4.5.

Table 4.5: Number of participants by work position preference

		1	**2**	**3**	**4**	**5**	**6**	**7**	**NI**
Res	n	23	18	17	6	8	7	14	19
	%	20.5	16.1	15.2	5.4	7.1	6.2	12.5	17
Acad	n	15	14	16	16	9	10	10	22
	%	13.4	12.5	14.3	14.3	8.0	8.9	8.9	19.7
Clin	n	29	12	15	6	2	11	21	16
	%	25.9	10.7	13.4	5.4	1.8	9.8	18.8	14.3
Admin	n	11	12	9	16	16	18	5	25
	%	9.8	10.7	8.0	14.3	14.3	16.1	4.5	22.3
Mark	n	30	6	1	4	6	9	28	28
	%	26.8	5.4	0.9	3.6	5.4	8.0	25.0	25.0
Teach	n	21	6	8	14	17	11	13	22
	%	18.8	5.4	7.1	12.5	15.2	9.8	11.6	19.7
Advo	n	9	15	11	11	16	11	11	28
	%	8.0	13.4	9.8	9.8	14.3	9.8	9.8	25.0

Note: Res= Researcher; Acad= Academician; Clin= Clinician; Admin= Administrator; Mark= Marketing; Teach= Teacher; Advo= Advocacy

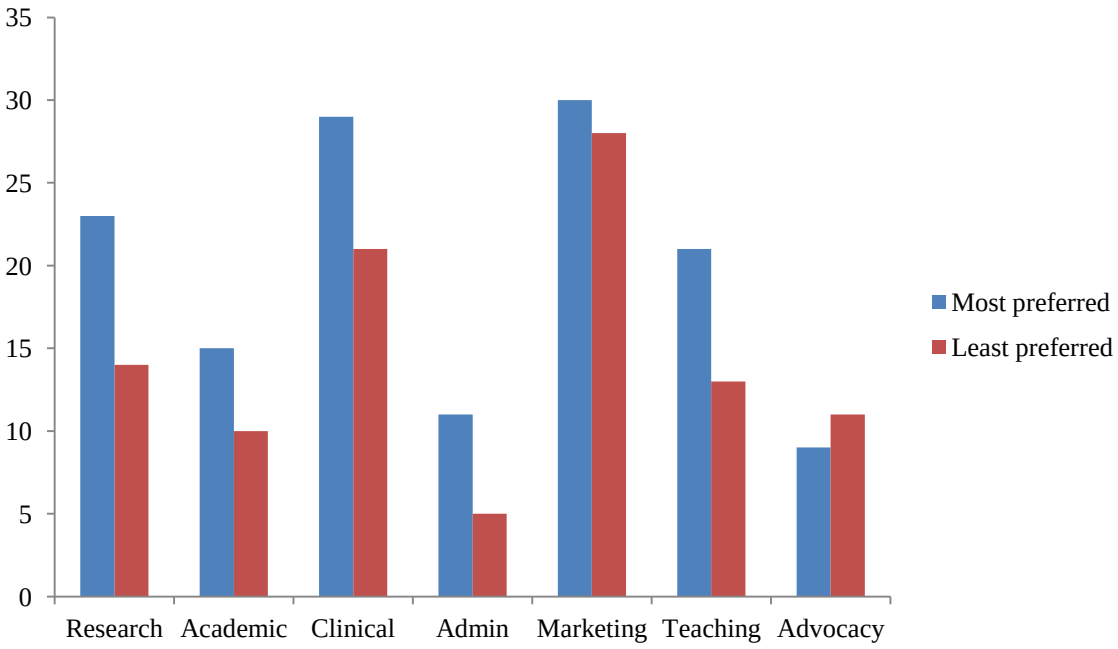


Fig 4.5: Graphical representation of participants by work position preference

4.1.6. Current professional position

Of the 112 participants in the study, 54 (48.2 percent) were central government employees. 22.3 percent (n=25) participants did not provide any information about their professional position, which included four participants who were not employed at the time of the study. The number and percentage of participants is as represented in Table 4.6.

Table 4.6: Number of participants by current professional position

Current Professional Position	n	Percentage of Total N
Central Government employee	54	48.2
State Government employee	3	2.7
Retired Government Employee	1	0.9
Company employee	18	16.1
Corporate hospital employee	3	2.7
Employee at a Special school	1	0.9
Owning a company	1	0.9
Private clinic employee	1	0.9
Private clinic owner	2	1.8
Private hospital employee	1	0.9
School SLP/ Audiologist/ Special Educator/ Teacher	2	1.8
NI	25	22.3

*NI=No Information

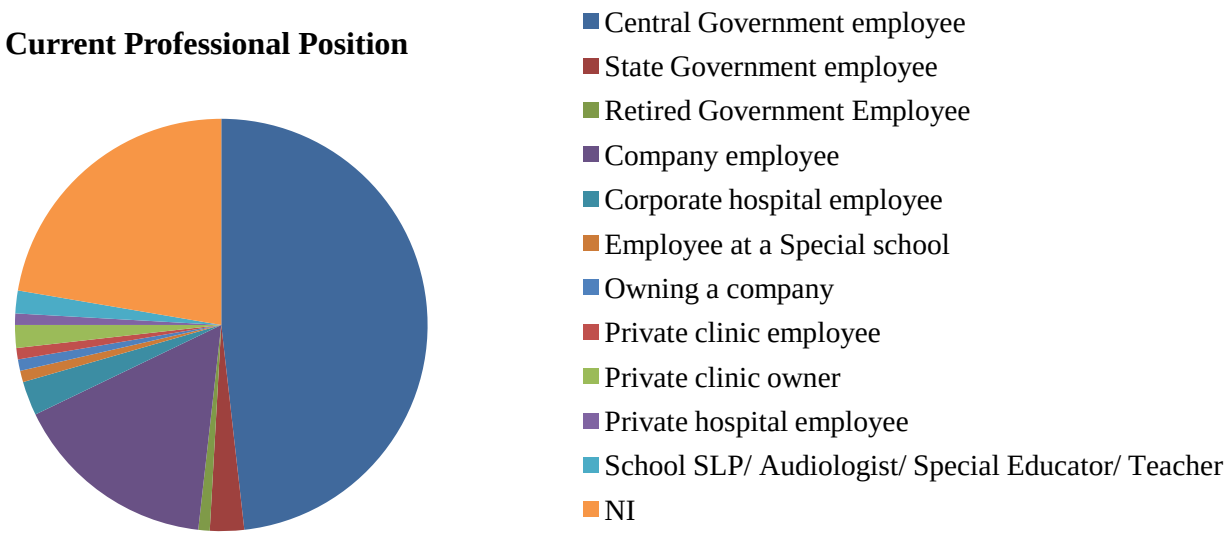


Fig 4.6: Graphical representation of participants by current professional position

Of the 54 participants working in central government institutes, 37.0 percent (n=20) were in the 20-24 years age group, 25.9 percent (n=14) were in their early career (25-29 years age group) and 20.3 percent (n=11) were in their mid-career. 16.6. percent (n=9) were in their late career. All of the three participants who were state government employees were within the 20 to 29 years age range. Of the participants owning or employed at a private clinic, all three were in the 20 to 34 years age range. Of the 25 participants who did not provide any information regarding their current workplace, 48.0 percent (n=12) were new to their careers, that is, in the 20-24 years age group.

52.7 percent of the 74 female participants (n=39) worked in a central government institute, while only 39.5 percent of the 38 male participants (n=15) worked in a central government institute. 21.1 percent males (n=8) worked in a company setup.

70.3 percent of the participants (n=38) employed in a central government institute had a qualification of Master of Science degree and 22.2 percent participants (n=12) had a doctoral or post-doctoral degree.

4.1.7. Duration of current position

Participants were asked to state the number of years since they held the current professional position, and of the 90 participants who responded to this information, a majority of them held the same position for fewer years. 52.6 percent participants (n=59) held the same position for three years or less. The number and percentage of participants is as represented in Table 4.7.

Table 4.7: Number of participants by duration of current position

Duration of current position	n	Percentage of Total N
0.5	15	13.4
1	18	16.1
1.5	6	5.4
2	8	7.1
2.5	3	2.7
3	9	8.0
4	6	5.4
5	5	4.5
6	4	3.6
7	5	4.5
7.5	1	0.9
8	3	2.7
10	3	2.7
11	1	0.9
12	2	1.8
30	1	0.9
NA/NI	22	19.6

*NA=Not applicable; NI=No Information

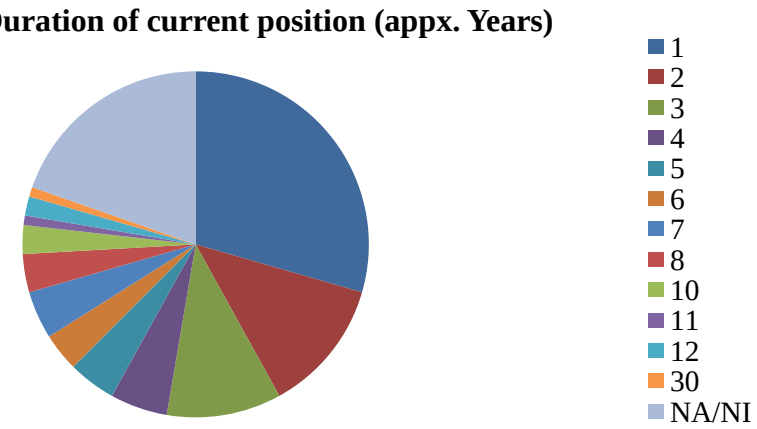


Fig 4.7: Graphical representation of participants by duration of current position

4.1.8. Current workplace location- State

75 participants (67.0 percent of the total sample) were employed within Karnataka, 17 others (15.2 percent) were employed in different throughout India, at the time of the study. The distribution of participants across various states in India has been presented in the Table 4.8.

Table 4.8: Number of participants by current workplace location- State

Workplace - State	n	Percentage of Total N
Andhra Pradesh	2	1.8
Jharkhand	1	0.9
Karnataka	75	67.0
Kerala	2	1.8
Maharashtra	1	0.9
Manipur	2	1.8
New Delhi	1	0.9
Punjab	1	0.9
Rajasthan	1	0.9
Tamil Nadu	4	3.6
Telangana	2	1.8
NA	4	3.6
NI	7	6.2

* NA=Not applicable; NI=No Information

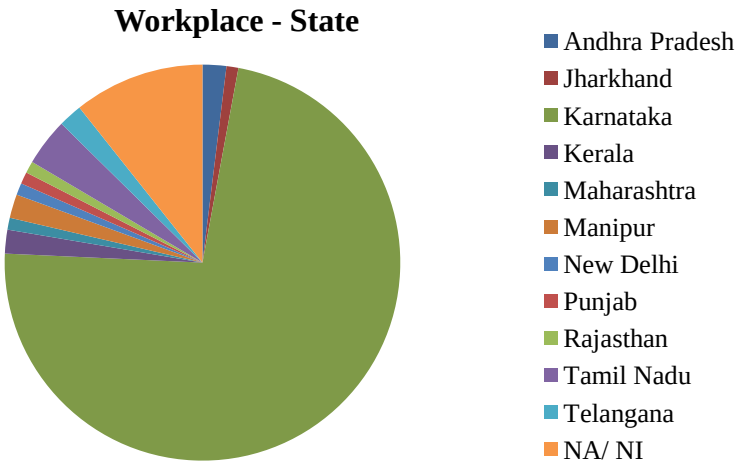


Fig 4.8: Graphical representation of participants by current workplace location- State

4.1.9. Current workplace location- Country

96 of the 112 participants (85.7 percent) were employed within India while10 others (8.9 percent) were employed outside India. Table 4.9 below represents this information.

Table 4.9: Number of participants by current workplace location- Country

Workplace – Country	n	Percentage of Total N
India	96	85.7
Australia	3	2.7
Maldives	1	0.9
Singapore	1	0.9
United Arab Emirates	1	0.9
United States of America	4	3.6
NA	4	3.6
NI	2	1.8

* NA=Not applicable; NI=No Information

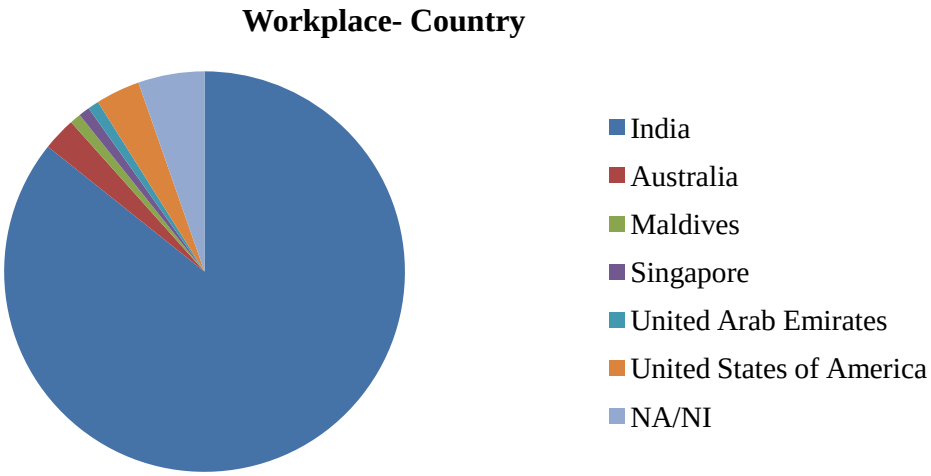


Fig 4.9: Graphical representation of participants by current workplace location- Country

Within the age group of 20-24 years, 88.9 percent (n=40) were employed in India, 4.4 percent (n=2) were employed outside India and 6.7 percent (n=3) were not employed. In the early career age group, 82.9 percent (n=29) were employed in India, while 14.2 percent (n=5) were employed outside India. Among participants in their mid-career (30-44 years), 80.0 percent (n=16) were employed in India, and 15.0 percent (n=3) were employed outside India. In the late career group, 91.6 percent participants (n=11) were employed in India.

The four female participants who were not employed at the time of the study had marked “not applicable” for the information on current workplace location.

Observations made with respect to the workplace location across highest level of education were as follows. Among the participants with a highest educational qualification of Masters in Audiology, 5.4 percent (n=2) were employed in countries outside India. Also, 7.1 percent of participants (n=3) with the highest educational qualification of Masters in Speech Language Pathology and 14.3 percent of participants (n=1) with the highest educational qualification of Masters in Speech and Hearing were employed outside India. 11.7 percent

participants (n=2) with doctoral and post-doctoral qualifications were employed outside India.

4.1.10. Job responsibilities

The participants who were employed at the time of the study were asked to state the responsibilities they held at their workplace. Participants indicated their work duties from broad categories of advocacy, research, teaching, marketing, academic, clinical and administrative responsibilities. Table 4.10 below represents this information.

Table 4.10: Number of participants based on job responsibilities

Job responsibilities	n	Percentage of Total N
Advocacy	10	8.9
Research	39	34.8
Teaching	15	13.4
Marketing	5	4.5
Academic	32	28.6
Clinical	59	52.7
Administrative	19	17.0

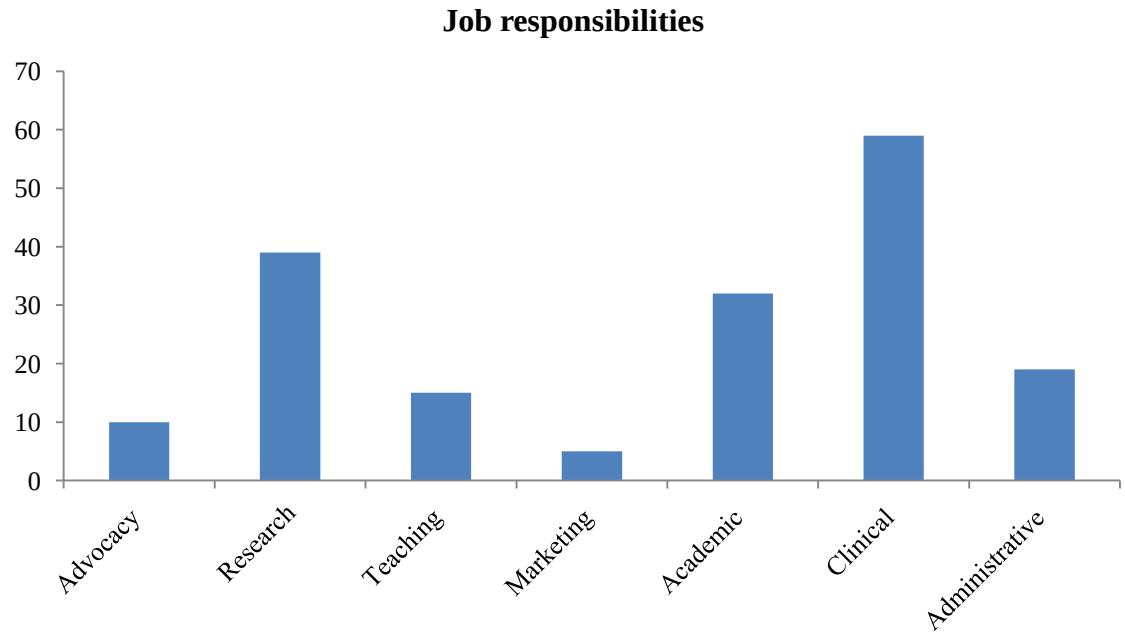


Fig 4.10: Graphical representation of participants based on job responsibilities

(a) Advocacy: Participants who undertook the responsibility of advocacy simply had to select the checkbox adjacent to this option. Other participants who did not find the option relevant, simply left it blank. 8.9 percent of the participants (n=10) fulfilled duties of advocacy. All of the ten participants were employed at the time of the study, who formed only 9.3 percent of all the participants who were employed. Of these 10 participants, 40.0 percent (n=4) were in the 20-24 years age group. On the contrary, these participants who stated advocacy as one of their responsibilities, formed only 8.9 percent of participants in this age group. Of the other participants who stated advocacy as one of their job responsibilities, 10.0 percent participants (n=1) were in their early career, 20.0 percent (n=2) in the mid-career, and 30.0 percent participants (n=3) were in the late-career group.

9.5 percent (n=7) of the female participants and 7.9 percent (n=3) of the male participants stated advocacy as one of their job responsibilities.

Of the participants who stated advocacy as their responsibility, 30.0 percent (n=3) had an educational qualification of Masters in Audiology, 20.0 percent (n=2) had an educational

qualification of Masters in Speech Language Pathology and 20.0 percent (n=2) with Masters in Speech and Hearing. 30.0 percent (n=3) had doctoral and post-doctoral qualifications.

(b) Research: 34.8 percent of the total participants (n=39) stated that they were in involved in research activities at their workplace. Of these 39 participants, 48.7 percent (n=19) in the fresher group, 25.6 percent (n=10) in the early career group, 12.8 percent (n=5) in the mid-career group and 12.8 percent (n=5) in the late-career group reported research as one of their work responsibility.

32.4 percent of the female participants (n=24) and 39.5 percent of the male participants (n=15) reported research as one of their work responsibility.

Of the 108 participants who were employed, 35.2 percent (n=38) stated they carried out research activities as part of their work responsibility. One participant among those who were not employed, stated research as part of the coursework during doctoral program.

Among 39 participants who stated research as their work responsibility, 2.5 percent (n=1) held a diploma, 30.8 percent (n=12) had a qualification of Masters in Audiology, 41.0 percent (n=16) held a Masters degree in Speech Language Pathology and 7.7 percent (n=3) had a Masters degree in Speech and Hearing. 18.0 percent (n=7) had doctoral and post-doctoral qualifications.

(c) Teaching: 13.4 percent, that is 15 participants out of 112 stated that they were involved in teaching activities. This included teaching of children with hearing impairment and/or graduate/ post-graduate or diploma students. The 15 participants formed 13.9 percent of the participants who were employed at the time of the study. With respect to age groups, 6.7 percent of the 15 participants (n=1) were in the 20-24 years age group, 40.0 percent (n=6)

in the 25-29 years age group, 33.3 percent (n=5) in the age group of 30-44 years, and 20.0 percent (n=3) in the age group of 45-64 years.

Within the variable of gender, 6.8 percent of the female participants (n=5) and 26.3 percent of male participants (n=10) reported that they had teaching responsibilities.

Within 15 participants who had teaching responsibilities, 60.0 percent (n=9) held a Masters degree, while 40.0 percent (n=6) had a doctoral or post-doctoral qualification.

(d) Marketing: 4.5 percent of the participants (n=5) held positions where they were involved in marketing. Within the five participants who stated marketing as part of their job, 40.0 percent (n=2) were in the early career group, 20.0 percent (n=1) were in the mid-career group and another 40.0 percent (n=2) were in the late-career group.

Of the female participants, 2.7 percent (n=2) responded, forming 40.0 percent of participants who held marketing responsibilities, and of the male participants, 7.9 percent (n=3) responded, forming 60.0 percent of those who held marketing responsibilities.

All of these participants were working in company setups (80.0 percent; n=4), while only one male participant was employed at a hospital setup (20.0 percent; n=1).

With respect to highest educational qualification, 40.0 percent participants (n=2) had a qualification of Master of Science in Audiology, 20.0 percent (n=1) with Master of Science in Speech Language Pathology and 20.0 percent (n=1) with Master of Science in Speech and Hearing.

(e) Academic: Percentage of participants who had studentship responsibilities to fulfil was 28.6 percent (n=32). These 32 participants who were all employed, formed 29.6 percent of the total participants who were employed. The 20-24 years age group had 12.5 percent participants (n=4) who stated they had academic responsibilities. However, this formed only

8.9 percent of the 45 participants in this age group. 25.0 percent (n=8) participants with this responsibility were in the 25-29 years age group, 34.3 percent of the participants (n=11) in the 30-44 years age group, and beyond 44 years, 28.1 percent (n=9) participants had academic responsibilities.

Of the female participants, 24.3 percent (n=18) responded, forming 56.2 percent of participants who stated they had academic responsibilities, and of the male participants, 36.8 percent (n=14) responded, forming 43.8 percent of those with academic responsibilities.

Among the 32 participants who reported academic responsibilities, 31.2 percent (n=10) had a qualification of Master of Science in Audiology, 15.6 percent (n=5) had a Master of Science in Speech Language Pathology, 12.5 percent (n=4) had a Master of Science in Speech and Hearing, and 40.6 percent (n=13) with doctoral or post-doctoral qualifications had this responsibility.

(f) Clinical: 52.7 percent of the participants (n=59) had clinical responsibilities, concerned with the rehabilitation of persons with communication disorders. These participants formed 54.6 percent of the total participants who were employed at the time of the study.

Of the other participants who stated that they had clinical duties to fulfil at their workplace, 39.0 percent participants (n=23) were in the fresher group, 33.9 percent (n=20) were in their early career, 15.2 percent (n=9) in the mid-career, and 11.8 percent participants (n=7) were in the late-career group.

Cross tabulation with respect to the variable of highest educational qualification showed that among 59 participants who reported they had clinical duties, 6.8 percent participants (n=4) had a graduate degree, 40.7 percent (n=24) had a qualification of Master of

Science in Audiology, 32.2 percent (n=19) had Master of Science in Speech Language Pathology, 6.8 percent (n=4) had Master of Science in Speech and Hearing, and 11.8 percent (n=7) had doctoral and post-doctoral degrees. Within the participants with graduate degree, 100.0 percent (n=4) had clinical responsibilities, within participants with a post-graduate degree, 54.0 percent (n=47) reported that they had clinical responsibilities, while within participants with doctoral and post-doctoral degrees, 47.0 percent (n=8) reported the same.

Within the female participants, 48.6 percent (n=36) responded, who formed 61.0 percent of participants who stated they had clinical responsibilities, and of the male participants, 60.5 percent (n=23) responded, who formed 39.0 percent of those who had clinical duties.

(g) Administration: 17.0 percent of the participants (n=19) held administrative related responsibilities of the 112 participants, and this number formed 17.6 percent of the participants who were employed. Within the participants who held administrative duties, 21.1 percent (n=4) were in the fresher group, 15.8 percent (n=3) were in the early career group, 26.3 percent (n=5) in the mid-career group, and 36.8 percent (n=7) were in the late career group. Also, within the age groups, while in the fresher group the percentage of participants with administrative duties was 8.9 percent, in the late career group there was a larger percentage of participants with administrative duties (58.3 percent).

With respect to the variable of highest educational qualification showed that among 19 participants who had administrative responsibilities, 57.9 percent participants (n=11) had a post-graduate degree and 42.1 percent (n=8) had doctoral and post-doctoral degrees. Within the participants with post-graduate degree, 12.6 percent (n=11) had administrative duties, while within participants with doctoral and post-doctoral degrees, 47.0 percent (n=8) reported the same.

Of the female participants, 13.5 percent (n=10) responded, forming 56.2 percent of participants who stated they had administrative responsibilities, and of the male participants, 23.7 percent (n=9) responded, forming 47.4 percent of those who stated administrative responsibilities.

4.1.11. Annual income

The data on current annual income showed that maximum number of the participants (44.6 percent; n=50) had a yearly income between 2-5 lakhs. A smaller percentage of the participants, that is 2.7 percent (n=3), had an annual income less than one lakh. Only 23 participants (20.6 percent) had an income more than five lakhs. 14 participants (12.5 percent of the total population), chose not to disclose the information about their annual income. The number and percentage of participants according to their income per annum is as represented in Table 4.11.

Table 4.11: Number of participants by current annual income

Current Annual income	n	Percentage of Total N
Less than 1 lakh	3	2.7
1-2 lakhs	10	8.9
2-5 lakhs	50	44.6
5-10 lakhs	17	15.2
More than 10 lakhs	6	5.4
DNWD	14	12.5
NA	6	5.4
NI	6	5.4

* DNWD= Do not wish to disclose; NA=Not applicable; NI=No Information

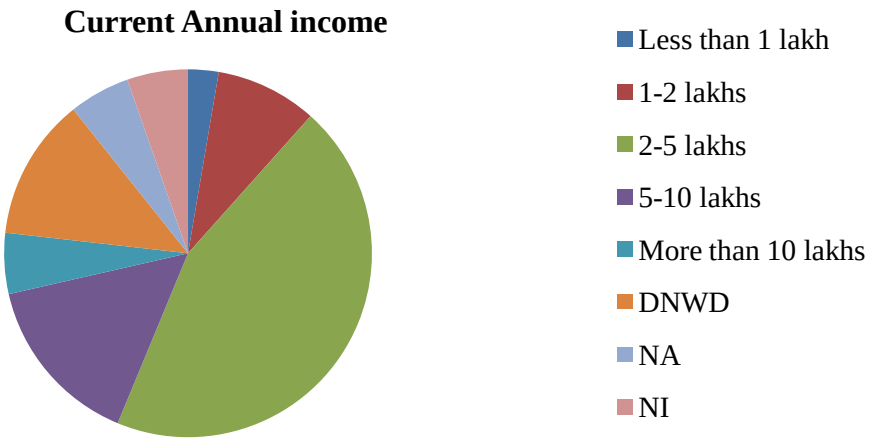


Fig 4.11: Graphical representation of participants by current annual income

4.1.12. Income satisfaction rating

Participants were asked to rate how satisfied they were with their current income on a scale of 0 to 10. Zero on this scale represented extreme dissatisfaction with the income, and ten represented extreme satisfaction. The majority of the participants were moderately to extremely satisfied with their income. 3.6 percent of the participants (n=4) found this question irrelevant as they were not employed at the time of the study, and another 3.6 percent (n=4) did not provide any information to this section. Table 4.12 below represents this information.

Table 4.12: Number of participants based on income satisfaction rating

Income satisfaction	n	Percentage of Total N
0	2	1.8
1	0	0
2	1	0.9
3	0	0
4	2	1.8
5	18	16.1
6	15	13.4
7	8	7.1
8	10	8.9
9	29	25.9
10	19	17.0
NA	4	3.6
NI	4	3.6

*NA=Not applicable; NI=No Information

Fig 4.12: Graphical representation of participants based on income satisfaction rating

25.9 percent participants (n=29) were ninety percent satisfied with their income, while 17.0 percent (n=19) were hundred percent satisfied with the remuneration for their work. 16.1 percent of the participants (n=18) stated that they were neither satisfied nor dissatisfied with their income.

4.1.13. Other benefits availed

Participants, if employed, were requested information about the extra benefits they could avail along with their salary.

19 participants (17.0 percent of the total) checked yes to this option (17.0 percent), which meant that these professionals/ personnel availed medical aid and/or other health benefits. 12 participants (10.8 percent) reported that they received benefits such as retirement and pension plans, while another 5 participants (4.5 percent) reported that they could avail loans for housing alongside their income. Table 4.13 below represents this information.

Table 4.13: Number of participants based on other benefits availed

Benefits	n	Percentage of Total N
Health benefits	19	17.0
Retirement plans	6	5.4
Housing loans	5	4.5
Pension plans	6	5.4

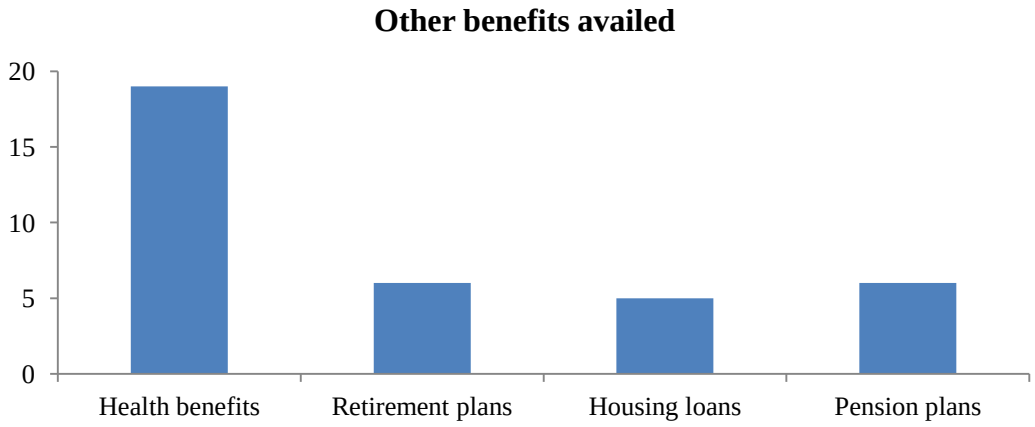


Fig 4.13: Graphical representation of participants based on other benefits availed

4.2. Work life balance

4.2.1. Hours of work

Participants who were employed at the time of the study stated the hours of work per week. 48.2 percent of the participants (n=54) worked for about forty hours per week. Four participants (3.6 percent) found the information not applicable to them, as they were not employed. Nine participants (8.0 percent) did not provide any information. The number and percentage of participants according to their hours of work is as represented in Table 4.14.

Table 4.14: Number of participants by hours of work per week

Work hours (per week)	n	Percentage of Total N
4.0	1	0.9
7.0	1	0.9
8.0	3	2.7
8.5	1	0.9

9.0	1	0.9
12.0	1	0.9
24.0	1	0.9
25.0	1	0.9
30.0	1	0.9
35.0	5	4.5
36.0	3	2.7
38.0	1	0.9
38.5	1	0.9
40.0	54	48.2
42.0	1	0.9
42.5	5	4.5
43.0	1	0.9
44.0	1	0.9
45.0	4	3.6
47.0	1	0.9
48.0	6	5.4
50.0	1	0.9
51.0	1	0.9
54.0	1	0.9
55.0	1	0.9
60.0	1	0.9
NA	4	3.6
NI	9	8.0

*NA=Not applicable; NI=No Information

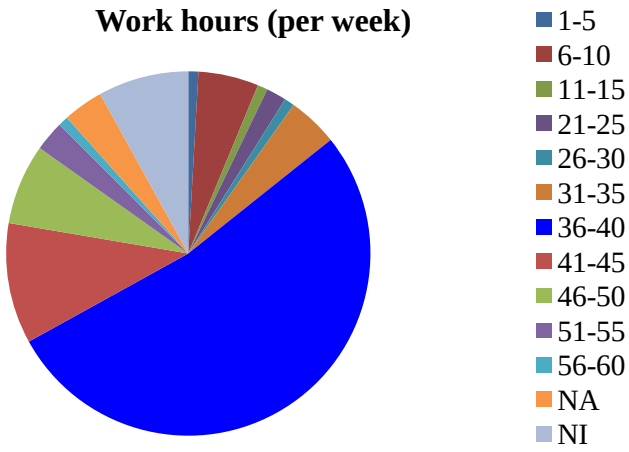


Fig 4.14: Graphical representation of participants by hours of work per week

4.2.2. Overall health

The participants were asked to rate their present general health condition as good, bad or varying. 5.4 percent of the participants (n=6) reported they had a varying general health, and 89.3 percent (n=100), that is vast majority of the participants reported a good overall health. Table 4.15 below represents this information.

Table 4.15: Number of participants based on general health condition

General health	n	Percentage of Total N
Good	100	89.3
Bad	0	0
Varying	6	5.4
NI	6	5.4

*NI=No Information

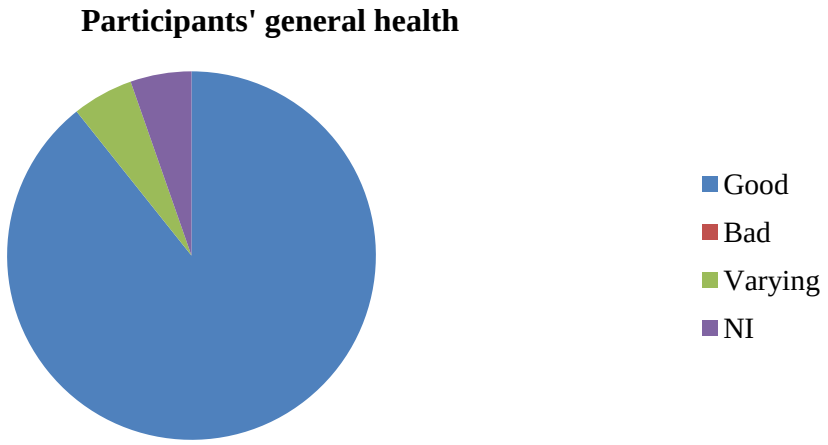


Fig 4.15: Graphical representation of participants based on general health condition

A larger percentage of participants (4.5 percent; n=5) with bad or varying health condition belonged to the 20-24 years age group. Of the participants who reported they had varying health conditions, 50 percent (n=3) were in the 20-24 years age group.

Within age groups it was observed that, in the 20-24 years age group, 4.4 percent had bad health conditions, while 6.7 percent had varying health conditions. Within the 45-49 years age group, 50 percent had bad health conditions.

4.2.3. Time spent away from work

Participants when asked to state how many times in a year they took off from work, or had opportunities to spend time with the family as part of a vacation. The majority of them, that is 45.5 percent (n=51) stated they took time off work at least once in a year. 13.4 percent of the participants (n=15) reported that they never got opportunities for a vacation during their work schedule. This information is represented in Table 4.16 below.

Table 4.16: Number of participants based on time spent away from work

Holidays	n	Percentage of Total N
Once	51	45.5
Twice	17	15.2
More than twice	20	17.9
Never	15	13.4
NA/DNWD	4	3.6
NI	5	4.5

*NA=Not applicable; DNWD= Do not wish to disclose; NI=No Information

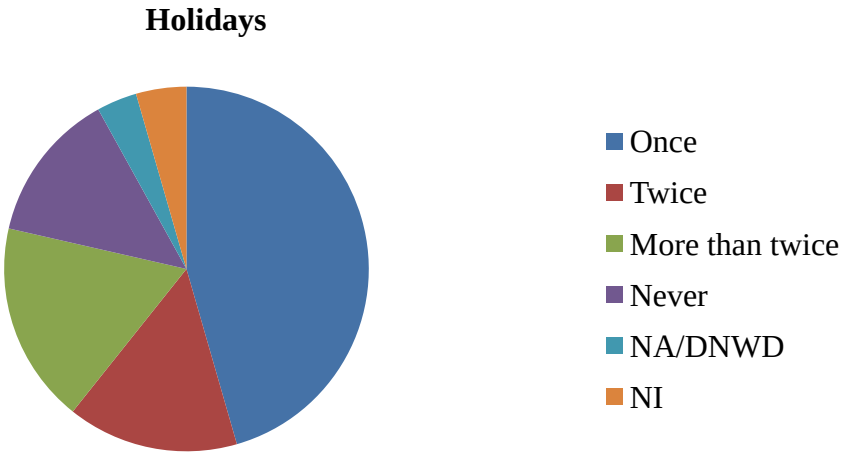


Fig 4.16: Graphical representation of participants based on time spent away from work

4.2.4. Time for hobbies

Information on time spent on recreational activities revealed at least 50 percent of the participants (n=56) had enough time to spare for their hobbies. Another 26.8 percent (n=30) stated that they got no time for hobbies. This information is represented in Table 4.17 below.

Table 4.17: Number of participants based on time available for pursuing hobbies

Time for hobbies	n	Percentage of Total N
Yes	56	50.0
No	30	26.8
At times	16	14.3
NA	1	0.9
NI	9	8.0

*NA=Not applicable; NI=No Information

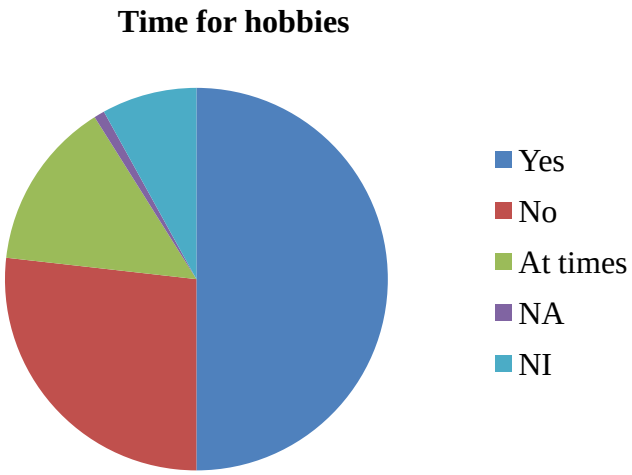


Fig 4.17: Graphical representation of participants based on time available for pursuing hobbies

4.3. Views about the profession: Identifying the personal views about the field, professional demographics and satisfaction within the clinical, research and academic domains.

4.3.1. Satisfaction with career choice

When asked whether they love the career chosen and the field they were in, participants had to select amongst the choices 'Yes', 'No' and 'I guess'. 78.6 percent of the participants (n=88) stated that they loved what they did, whereas 15.2 percent of the participants (n=17) were unsure of their career choice. Only 2.7 percent of the participants (n=3) disliked the work they did. Table 4.18 below represents this information.

Table 4.18: Number of participants based on satisfaction with career choice

Career choice	n	Percentage of Total N
Yes	88	78.6
No	3	2.7
I guess	17	15.2
NI	4	3.6

*NI=No Information

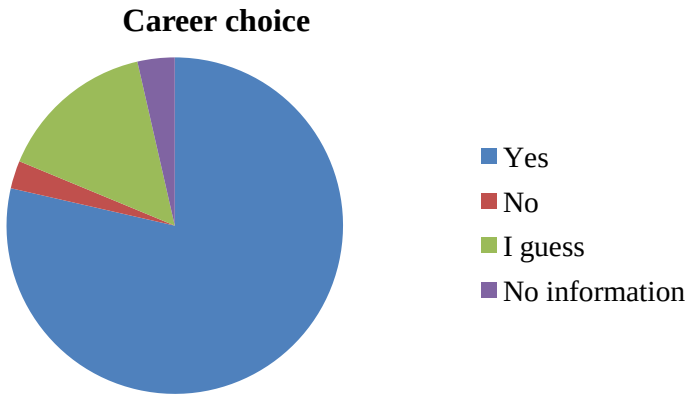


Fig 4.18: Graphical representation of participants based on satisfaction with career choice

All of the participants (3.6 percent; n=4) who did not respond to this information were all employed. This information is represented in the Table 4.19.

Table 4.19: Bivariate cross-tabulation across employment status and choice of career

			Career choice			
			Yes	**No**	**I guess**	**NI**
Employed	Yes	n	84	3	17	4
	No	n	4	0	0	0

*NI= No information

4.3.2. Reasons the profession is a good career choice

If the participants were satisfied with this profession as a career choice, they were asked to state specifically, what made it a good choice. A majority of the participants (77.7 percent; n=87) felt that the satisfaction of serving people is what they loved about the profession. A smaller percent of the participants (n=28; 25 percent) were satisfied with the career choice because of the pay. This information is represented in Table 4.20 below.

Table 4.20: Number of participants based on the reasons for satisfaction with career choice

Satisfactory choice	**n**	**Percentage of Total N**
Good pay	28	25.0
Clinical Satisfaction	87	77.7
Support of Co-workers	35	31.2
Independence at workplace	32	28.6
Range of disorders	53	47.3
Types of Work Setups	49	43.8
Challenging work	55	49.1
Work-Life balance	46	41.1
Learning never ends	67	59.8
Hours of work	23	20.5

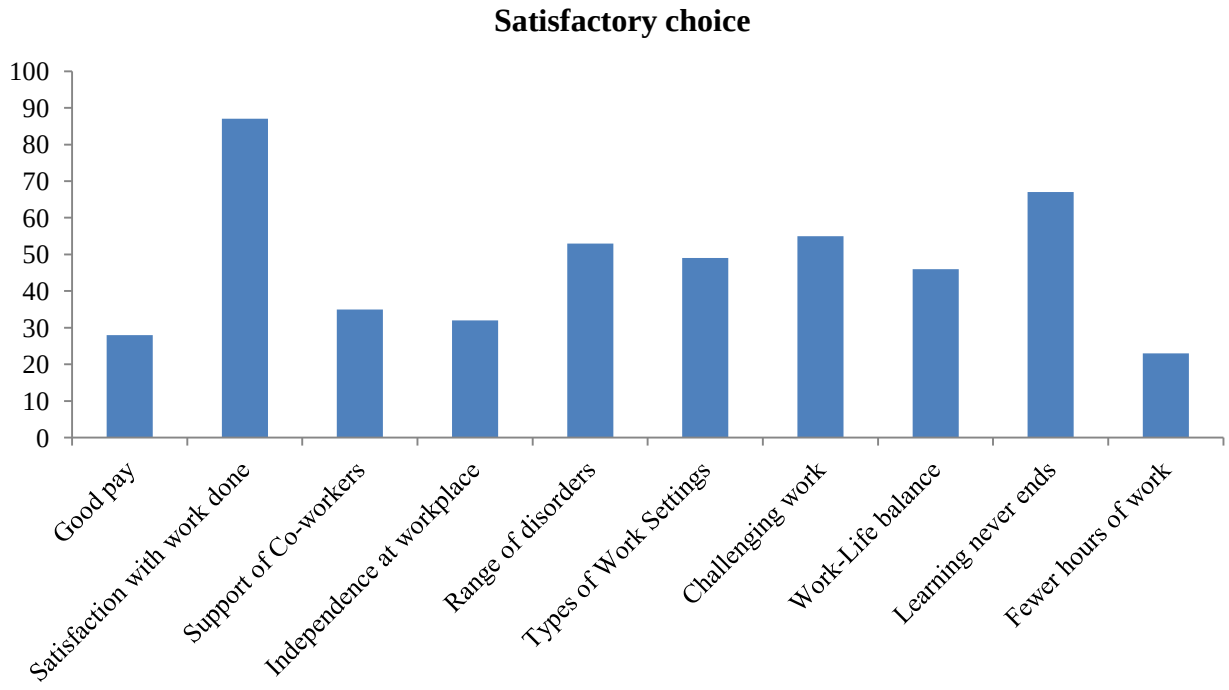


Fig 4.19: Graphical representation of participants based on the reasons for satisfaction with career choice

Apart from the choices presented in the questionnaire, participants reported individual opinions about why they feel this field is a good career choice. Some of these were, opportunity to work as a team, self development in terms of becoming more empathetic the problems of other individuals, and few others stated personal reasons such as their motivation to be a teacher.

4.3.3. Reasons the field is a poor career choice

Fewer participants stated their reasons for dislike of this profession as a career choice. 12 participants (10.7 percent) were of the opinion that there is too much paperwork involved, while 11 participants (9.8 percent) were unhappy with the earnings. Table 4.21 below represents this information.

Table 4.21: Number of participants based on the reasons for dissatisfaction with career choice

Unsatisfactory choice	n	Percentage of Total N
Work Setting	7	6.2
Low pay	11	9.8
Fewer work opportunities	9	8.0
Problems with Co-workers	2	1.8
Administrative issues	10	8.9
Mounds of paperwork	12	10.7
Dissatisfaction with work	3	2.7
Work overload	4	3.6
Hours of work	6	5.4

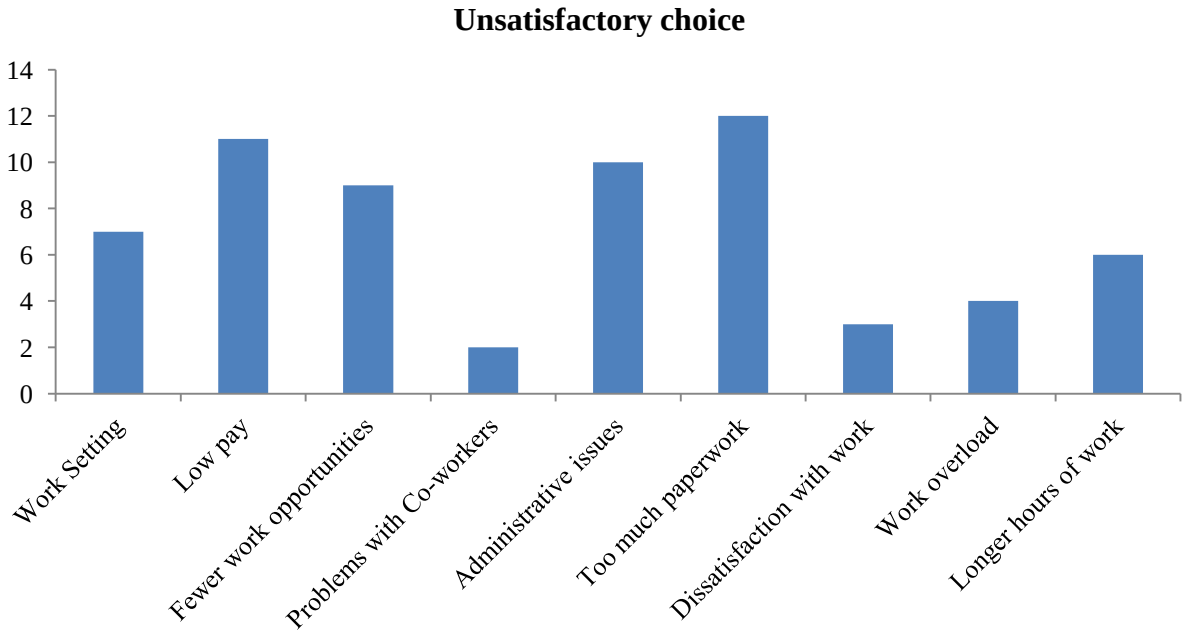


Fig 4.20: Graphical representation of participants based on the reasons for dissatisfaction with career choice

4.3.4. Professional satisfaction rating

Professionals and personnel were asked to rate themselves professionally and personally, based on their satisfaction with their professional and personal lives as a result of their career choice. Participants rated on a scale of 0 to 10, where three points on the scale were explained as 10= extremely satisfied, 5= neither satisfied nor dissatisfied, and 0=extremely dissatisfied. The number and percentage of participants according to their rating of professional satisfaction is as represented in Table 4.22.

Table 4.22: Number of participants based on their rating of professional satisfaction

Professional rating	n	Percentage of Total N
0	0	0
1	1	0.9
2	3	2.7
3	2	1.8
4	3	2.7
5	10	8.9
6	6	5.4
7	32	28.6
8	23	20.5
9	15	13.4
10	11	9.8
NI	6	5.4

*NI=No Information

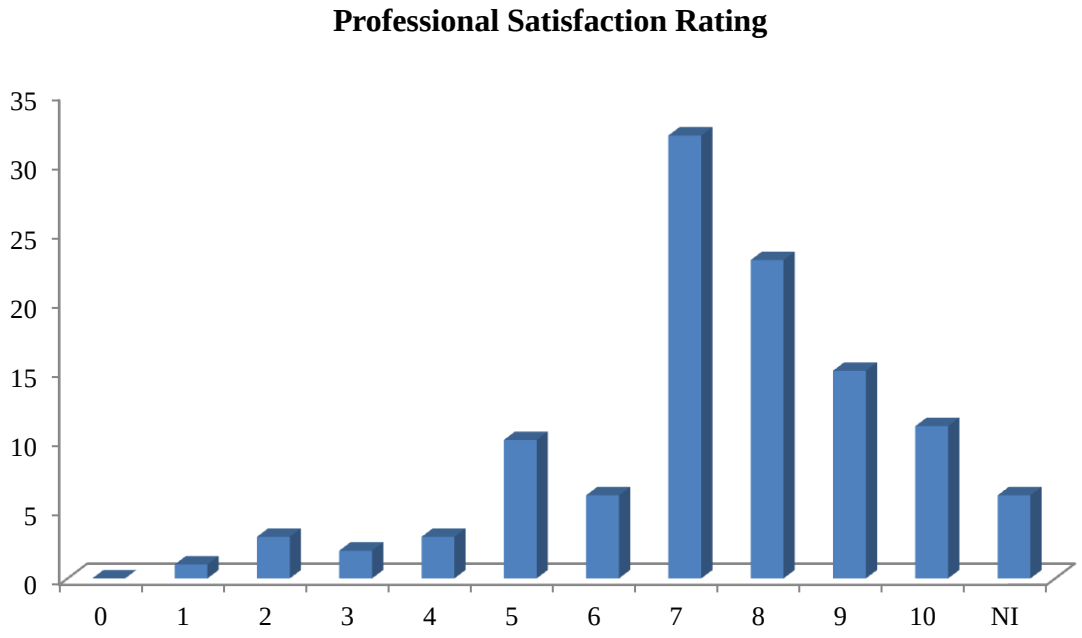


Fig 4.21: Graphical representation of participants based on their rating of professional satisfaction

Thus based on the Fig.4.21, 32 participants (28.6 percent of the population) were seventy percent satisfied with their profession, while 11 participants (9.8 percent of the population) were one hundred percent satisfied with their profession. Ten participants (8.9 percent of the population) were neither satisfied nor dissatisfied.

4.4. Information about clinical activities/ duties

4.4.1. Average number of patients receiving services everyday

Of the 64 participants who provided this information, 21 participants (18.8 percent) stated that on an average they cater to less than five or zero patients per day. A smaller percentage of participants (1.8 percent; n=2) reported that they provided services to more than 100 patients on an average per day. Table 4.21 below represents this information.

Table 4.23: Number of participants based on average number of patients per day

Average patients	n	Percentage of Total N
0-2	5	4.5
3-5	16	14.3
6-8	9	8.0
9-11	11	9.8
12-15	7	6.2
16-20	7	6.2
25	1	0.9
30	2	1.8
40	2	1.8
125	1	0.9
200	1	0.9
NA/NI	48	44.6

*NA=Not applicable; NI=No Information

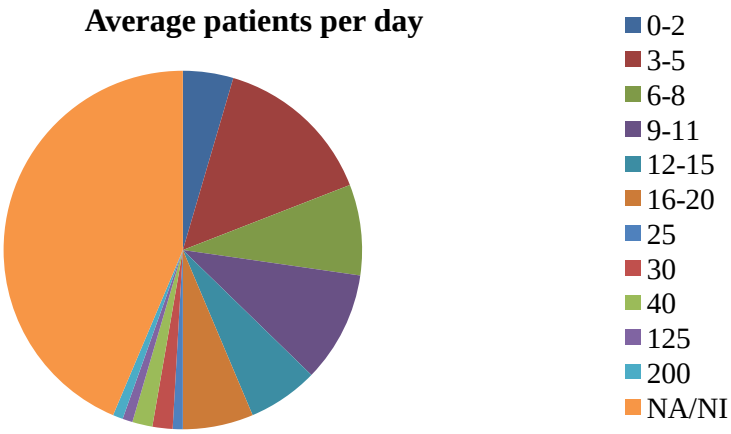


Fig 4.22: Graphical representation of participants based on average number of patients per day

4.4.2. Clinical population catered to

Based on the information provided, participants' services catered mostly to clinical populations with audiological problems (adults with audiological problems= 36.6 percent, n=41; children with audiological problems= 36.6 percent, n=41). There were fewer participants who rendered services to adults with language disorders. This information is represented in Table 4.24 below.

Table 4.24: Number of participants based on clinical population served

Clinical Population	n	Percentage of Total N
Adult Speech	30	26.8
Adult Language	25	22.3
Adult Hearing	41	36.6
Paediatric Speech	34	30.4
Paediatric Language	37	33.0
Paediatric Hearing	41	36.6

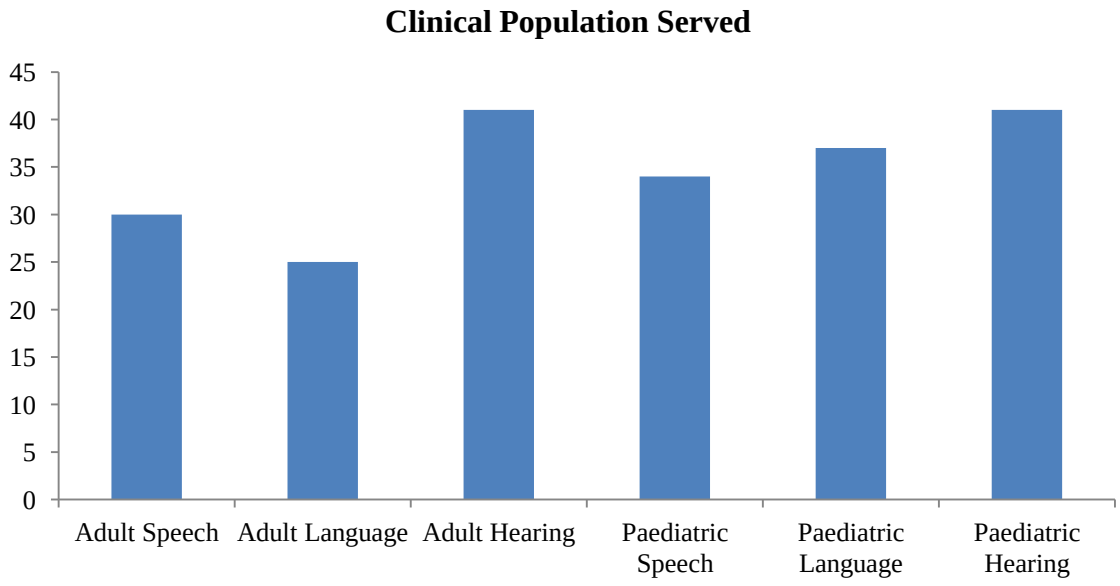


Fig 4.23: Graphical representation of participants based on clinical population served

4.4.3. Time spent on each patient

Participants were required to choose the approximate duration of sessions during clinical practice. Based on the information provided, it was observed that participants to whom it was applicable, a larger number of professionals/ personnel spent 45 minutes on each patient (26.8 percent; n=30). 59 participants (52.7 percent) provided no information. This information is represented in Table 4.25 below.

Table 4.25: Number of participants based on duration of sessions

Duration of sessions (in minutes)	n	Percentage of Total N
30	10	8.9
45	30	26.8
60	13	11.6
NI	59	52.7

* NI=No Information

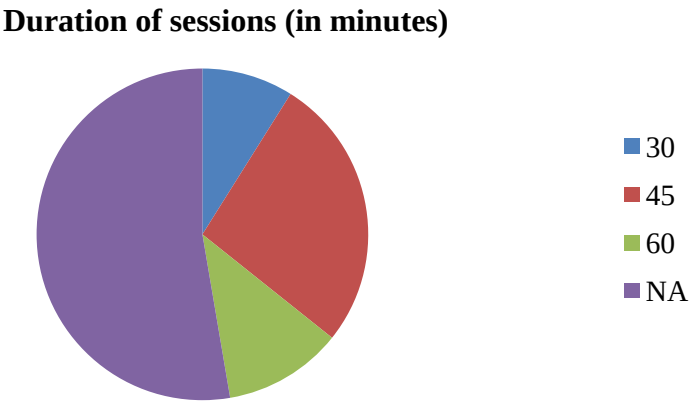


Fig 4.24: Graphical representation of participants based on duration of sessions

4.4.4. Frequency of visits

Based on the availability of services and accessibility, the frequency of sessions can be easily managed by the professional/ personnel. Stakeholders received sessions 2-3 sessions per week as reported by 26 participants (23.2 percent). Table 4.26 below represents this information.

Table 4.26: Number of participants based on frequency of sessions

Frequency of sessions	n	Percentage of Total N
Everyday	25	22.3
Once in a week	8	7.1
2-3 days in a week	26	23.2
Once in a month	4	3.6
DT of 5 days in 2-3 months	1	0.9
As per need	2	1.8
NA	46	41.1

*NA=Not applicable

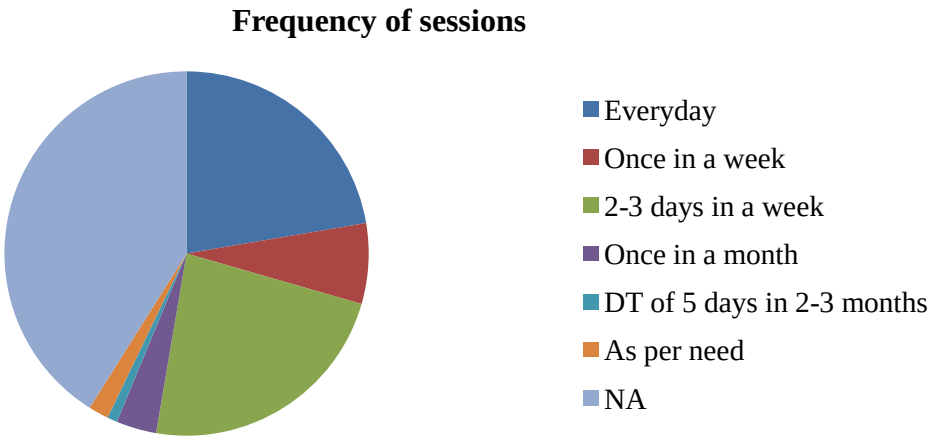


Fig 4.25: Graphical representation of participants based on frequency of sessions

If the participants' duties involved clinical practice, then they were asked to specify the number of patients receiving their services. The question attempted to elicit more specific details about the clinical population and age group served by the participants.

4.4.5. Clinical services provided to Persons with Communication Disorders

Participants were asked to state the number of persons in the paediatric or adult populations with communication disorders, specifically, disorders of speech or language or hearing, who received their services each day. This information is represented in Table 4.27 below.

Table 4.27: Number of participants based on clinical services provided

	CWSLD		**AWSLD**		**PWAP**	
	n	**%**	**n**	**%**	**n**	**%**
0-2	13	11.6	18	16.1	10	8.9
3-5	13	11.6	15	13.4	12	10.7
6-8	7	6.2	1	0.9	6	5.4
9-11	9	8.0	4	3.6	8	7.1
12-15	3	2.7	1	0.9	1	0.9
16-20	0	0	0	0	4	3.6
26-30	1	0.9	0	0	0	0
NA	66	58.9	73	65.2	71	63.4

*NA=Not applicable

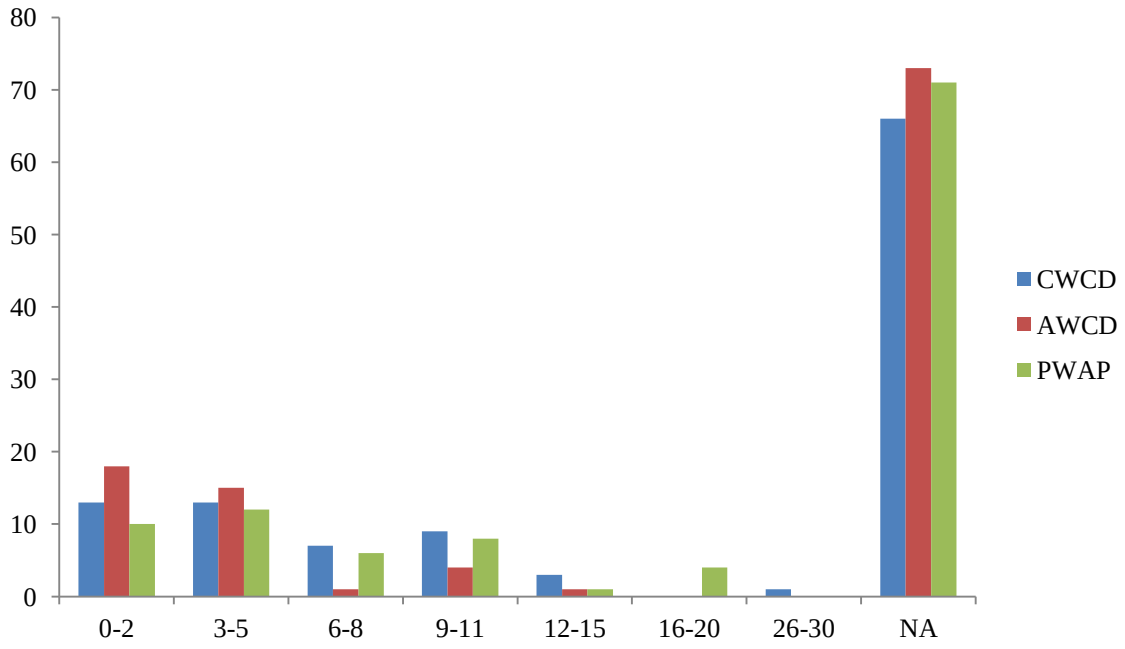


Fig 4.26: Graphical representation of participants based on clinical services provided

4.4.6. Number of hearing aids issued/ repaired

Of the 20 participants to whom this information was applicable, 12 participants stated that the number of hearing aids and devices issued by them each day was an average of two or lesser. Fewer participants reported that they issued more than five hearing aids each day (2.7 percent; n=3). Table 4.28 below represents this information.

Table 4.28: Number of participants based on number of hearing aids issued/ repaired

	Number of HA issued		**Number of HA repaired**	
	n	**%**	**n**	**%**
0-2	12	10.7	3	2.7
3-5	5	4.5	1	0.9
6-8	2	1.8	0	0
9-11	1	0.9	0	0
NA	92	82.1	108	96.4

*NA=Not applicable

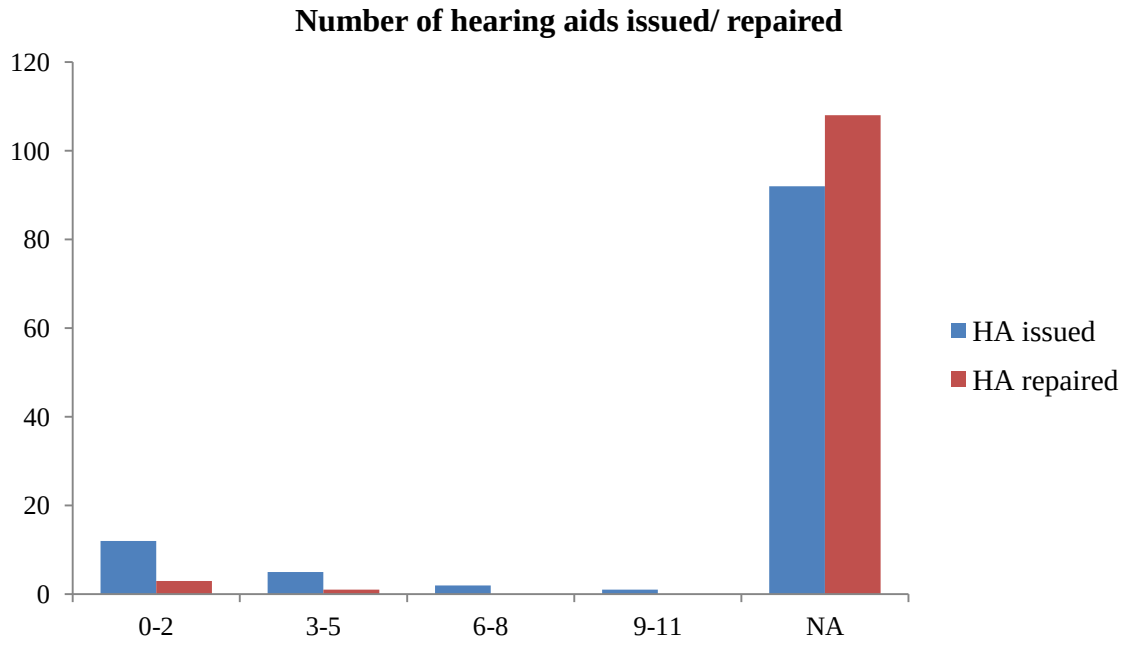


Fig 4.27: Graphical representation of participants based on number of hearing aids issued/ repaired

4.4.7. Number of ear molds prepared

Three participants of the sample of 112 (2.7 percent) stated that they prepared up to five molds for hearing aids each day. The number and percentage of participants based on ear molds prepared is as represented in Table 4.29.

Table 4.29: Number of participants based on number of ear molds prepared

Number of EM	n	Percentage of Total N
0-2	1	0.9
3-5	2	1.8
NA	109	97.3

*NA=Not applicable

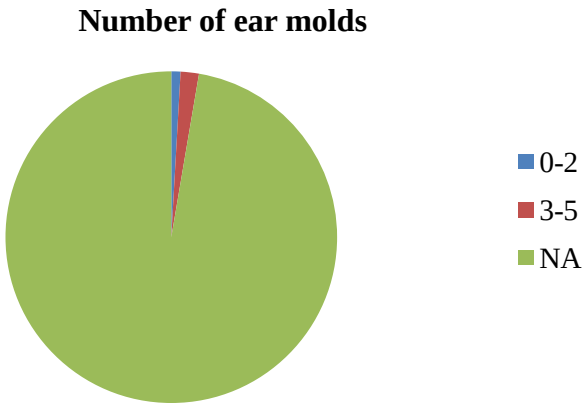


Fig 4.28: Graphical representation of participants based on number of ear molds prepared

4.4.8. Number of forensic cases handled

A very small percentage of the participants (1.8 percent) reported that they had to handle forensics cases, and less than one percent handled such cases on a daily basis. Table 4.30 below represents this information.

Table 4.30: Number of participants based on number of forensic cases

Number of forensic cases	n	Percentage of Total N
0-2	1	0.9
3-5	1	0.9
NA	110	98.2

*NA=Not applicable

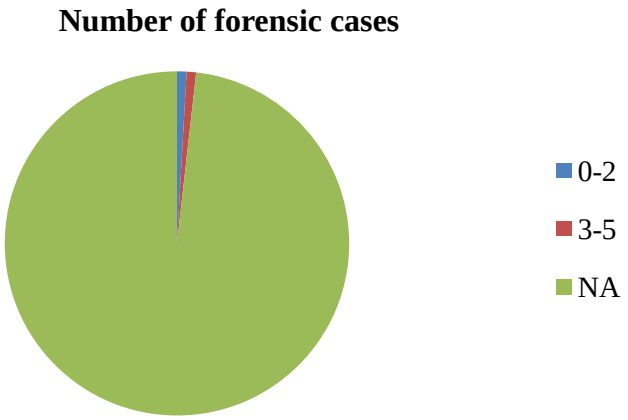


Fig 4.29: Graphical representation of participants based on number of forensic cases

4.5. Information about Research related activities

4.5.1. Number of research publications

19 participants (17.0 percent) stated that they had an average of one research publication every year. 73 participants (65.2 percent) on the other hand, stated that on an average, they had no publications in a year. This information is represented in Table 4.31 below.

Table 4.31: Number of participants based on number of research publications

Research publications in a year	n	Percentage of Total N
1	19	17.0
2	12	10.7
3	4	3.6
5	4	3.6
Nil	73	65.2

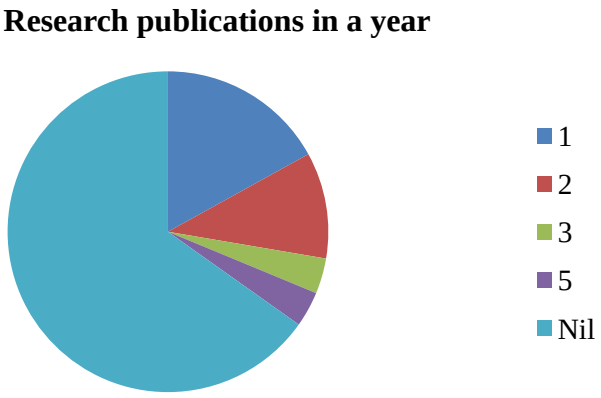


Fig 4.30: Graphical representation of participants based on number of research publications

4.5.2. Number of conferences attended

While 46 participants (41.1. percent) stated that they attended no conferences in a year, 55 other participants (49.1 percent) reported that they attended one or two conferences in a year. Table 4.32 below represents this information.

Table 4.32: Number of participants based on number of conferences attended

Conferences attended	n	Percentage of Total N
1	29	25.9
2	26	23.2
3	7	6.2
5	2	1.8
8	1	0.9
10	1	.9
Nil	46	41.1

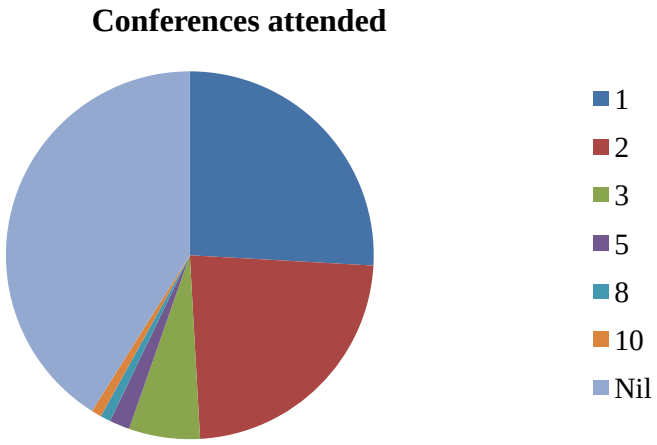


Fig 4.31: Graphical representation of participants based on number of conferences attended

4.5.3. Number of hours spent on advocacy

While a larger percentage of the participants reported that they did not spend time on advocating the rights of persons with communication disorders, 26 participants (23.2 percent) reported that they spent one to ten hours every week towards advocacy. The number and percentage of participants based on hours spent on advocacy is as represented in Table 4.33.

Table 4.33: Number of participants based on number of hours spent on advocacy

Hours on Advocacy	n	Percentage of Total N
1	9	8.0
2	11	9.8
3	2	1.8
8	3	2.7
10	1	0.9
Nil	86	76.8

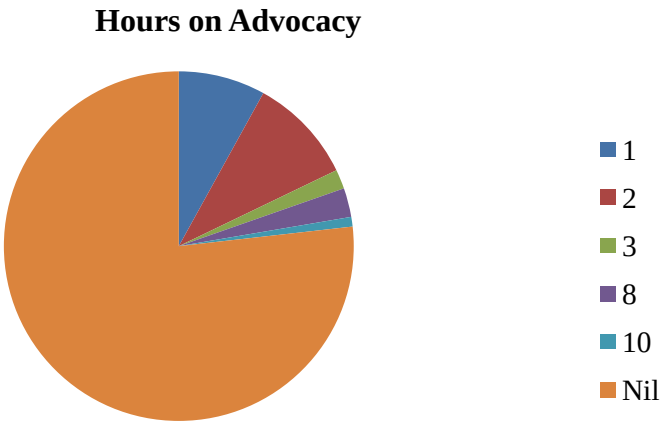


Fig 4.32: Graphical representation of participants based on number of hours spent on advocacy

4.5.4. Number of research articles published

65 participants (58.0 percent) reported that they had no research articles published till date. 33 participants (29.4 percent) reported that they had one to ten research publications in all. This information is represented in Table 4.34 below.

Table 4.34: Number of participants based on number of research articles published

Research articles published till date	n	Percentage of Total N
1	6	5.4
2	9	8.0
3	3	2.7
4	7	6.2
5	2	1.8
6	1	0.9
8	1	0.9
9	1	0.9
10	3	2.7
13	2	1.8
15	3	2.7
19	1	0.9
30	3	2.7
More than 30	4	3.6
150	1	0.9
Nil	65	58.0

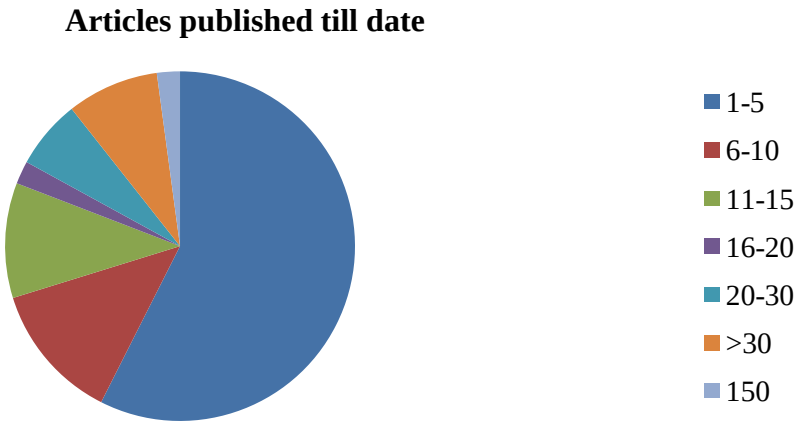


Fig 4.33: Graphical representation of participants based on number of research articles published

4.5.5. Number of books published

When asked if they had ever published any books, 104 participants (92.9 percent) reported that they had never published books, while 8 participants (7.1 percent) stated that they did. Table 4.35 below represents this information.

Table 4.35: Number of participants based on number of books published

Books published	n	Percentage of Total N
1	3	2.7
4	1	0.9
5	1	0.9
9	1	0.9
12	1	0.9
15	1	0.9
Nil	104	92.9

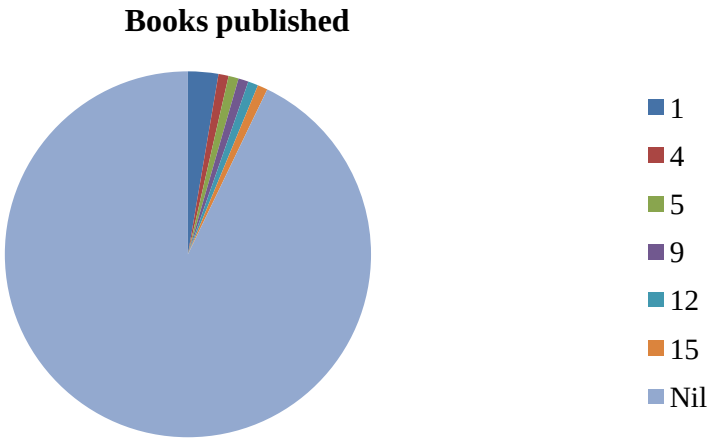


Fig 4.34: Graphical representation of participants based on number of books published

4.6. Strength, weakness, and opportunities of AIISH

4.6.1. Satisfaction with the foundation at AIISH

The professional/ personnel satisfaction with the academic and clinical foundation at AIISH was inquired in this section. 48.2 percent (n=54) were definite that they had received a good foundation at AIISH, Mysore, whereas 0.9 percent (n=1) was definite that the foundation was not good. Table 4.36 below represents this information.

Table 4.36: Number of participants based on satisfaction with the professional training at AIISH

Foundation at AIISH	n	Percentage of Total N
Definitely yes	54	48.2
Mostly yes	48	42.9
Mostly no	8	7.1
Definitely no	1	0.9
NI	1	0.9

*NI=No Information

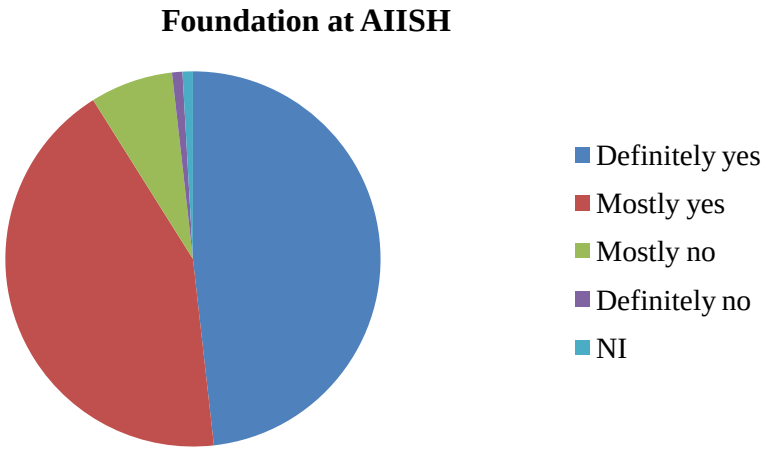


Fig 4.35: Graphical representation of participants based on satisfaction with the professional training at AIISH

Of the 54 participants who stated that their foundation at AIISH has definitely proved advantageous, 42.6 percent (n=23) were in the 20-24 years age group, 38.9 percent (n=21) were in the 25-29 years age group, 12.9 percent (n=7) in the 30-44 years age group and 5.5 percent (n=3) in the 45-64 years age group.

Within the fresher group a larger percentage (51.1 percent) of the participants were had marked “definitely yes” to the question whether AIISH had provided a good foundation for their professional growth. Similarly, in the early career group, 60.0 percent participants had provided the same response. Within the mid-career group, 55.0 percent (n=11) marked “mostly yes”, while in the late career group, 75.0 percent responded as “mostly yes”.

With respect to gender, it was observed that 45.9 percent (n=34) and 44.6 percent (n=33) female participants had marked “mostly yes” and “definitely yes” respectively. Among the male participants, 55.3 percent (n=21) responded as “definitely yes” and 36.8 percent (n=14) gave the response “mostly yes”.

Cross tabulations of these responses with the participants' highest educational qualification revealed that 50.0 percent of the graduates marked "definitely yes" (n=2) and 50.0 percent marked "mostly yes" (n=2). Among the participants holding a diploma, 50.0 percent (n=2) responded as "mostly no", and 25.0 percent (n=1) responded as "definitely no". Within the post-graduates, a larger percentage of the participants, (54.0 percent; n=47) responded that AIISH had definitely helped them grow professionally. Among those participants with doctoral and post-doctoral degrees, 70.5 percent (n=12) responded to this section with a "mostly yes".

Further, it was observed that among participants who were employed, 48.1 percent (n=52) marked "definitely yes" and 42.6 percent (n=46) marked "mostly yes". Among those who were not employed too, 50.0 percent (n=2) marked "definitely yes" and 50.0 percent (n=2) marked "mostly yes".

4.6.2. Strengths of AIISH

Participants were asked to state the areas that they regarded as the strengths of AIISH, helping in building better professionals. 71.4 percent participants (n=80) stated teaching as the strongpoint. The number and percentage of participants based on the areas they regarded as strengths of AIISH are as represented in Table 4.37.

Table 4.37: Number of participants based on areas regarded as strengths

Areas of strength	n	Percentage of Total N
Teaching	80	71.4
Clinical exposure	73	65.2
Clinical training	65	58.0

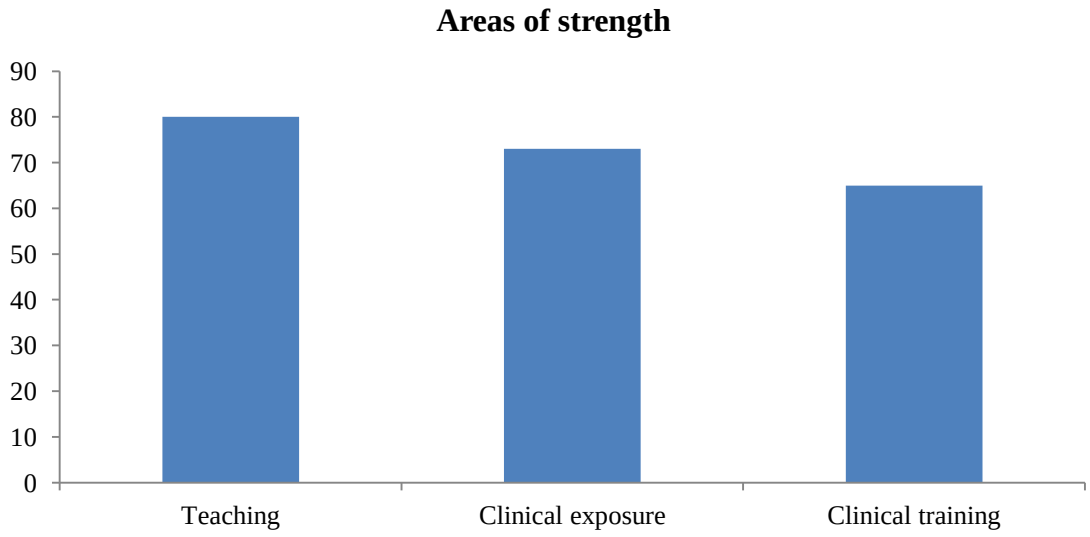


Fig 4.36: Graphical representation of participants based on areas regarded as strengths

(a) Teaching: Among the 80 participants who considered teaching as an area of strength, 38.8 percent (n=31) were in the fresher group, 33.8 percent (n=27) were in the early career group, 18.7 percent (n=15) were in the mid-career group and 8.7 percent (n=7) were in the late-career group. Within the fresher group, 68.9 percent participants recognized the teaching facility as an area of strength, while in the early career group 77.1 percent participants stated teaching as an area of strength. 75.0 percent in the mid-career group and 58.3 percent participants in late-career reported the same.

Cross-tabulation with highest educational qualification revealed the following results. Within the 80 participants who believe that the academic base at AIISH is strong, 37.5 percent (n=30) had a qualification of Master of Science in Audiology, 35.0 percent (n=28) had a Master of Science in Speech Language Pathology, 7.5 percent (n=6) had a Master of Science in Speech and Hearing, and 10.0 percent (n=8) had a Ph.D. in Speech Language Pathology. Within the participants with a qualification of Master of Science in Audiology, 81.1 percent agreed with teaching as

a strength at AIISH, while within participants with a Master of Science in Speech Language Pathology, 66.7 percent reported the same.

(b) Clinical facilities

Clinical exposure: In terms of clinical exposure, 73 participants agreed with it as a strength of AIISH. Of these 41.1 percent (n=30) were in the 20-24 years age group, that is in the fresher group, 28.8 percent (n=21) were in the early-career group, 17.8 percent (n=13) in the mid-career group, and 12.3 percent (n=9) in the late-career group. Within the fresher group, 66.7 percent participants recognized clinical exposure as an area of strength, while in the early career group 60.0 percent participants stated clinical exposure as an area of strength. 65.0 percent within the mid-career group and 75.0 percent participants within late-career reported the same.

Within the variable of highest educational qualification, it was observed that 38.4 percent (n=28) with a qualification of Master of Science in Audiology, 34.2 percent (n=25) with Master of Science in Speech Language Pathology, 5.5 percent (n=4) with Master of Science in Speech and Hearing, 5.5 percent (n=4) with Ph.D. in Speech Language Pathology, and 6.8 percent (n=5) with Ph.D. in Speech and Hearing, reported clinical exposure as a strength. Within the participants with a qualification of Master of Science in Audiology, 75.7 percent reported clinical exposure as a strength. Within the qualification of Master of Science in Speech Language Pathology, 59.5 percent participants and within Master of Science in Speech and Hearing 57.1 percent participants reported the same. Within participants with a graduate degree, 75.0 percent of them stated that clinical exposure was one of the strength of the institute.

Clinical training: Fewer participants (n=65; 58.0 percent) had reported clinical training available for assessment and rehabilitation of persons with communication disorders as a strength, and of these 31 participants (47.7 percent) were in the age range of 20 to 24 years, 18 participants (27.7 percent) in early career group, 13 participants (20.0 percent) in the mid-career group, and 3 participants (4.6 percent) in the late-career group. Within each age group it was observed that 68.9 percent participants within the fresher group, 51.4 percent in the early career group, 65.0 percent in the mid-career group and 25.0 percent in the late-career group agreed with clinical training as a strength.

Cross-tabulation of responses to clinical training as a strength with the highest educational qualification of the participants led to the following observations. Among the 65 participants who reported that the clinical training at AIISH has benefitted them professionally, 33.8 percent (n=22) had a qualification of Master of Science in Audiology, 41.5 percent (n=27) had a Master of Science in Speech Language Pathology, 4.6 percent (n=3) had a Master of Science in Speech and Hearing, and 6.2 percent (n=4) had a Ph.D. in Speech Language Pathology. Within the participants with a qualification of Master of Science in Audiology, 59.5 percent reported clinical training as an area of strength; within participants with a Master of Science in Speech Language Pathology, 64.3 percent reported the same, and with graduates with a Bachelor of Science in Speech and Hearing, 75.0 percent stated the same.

Other areas of strength reported:

Three participants considered research opportunities at AIISH as an area of strength. One participant also reported that the guidance and encouragement students and professionals received in order to carry out research was a quality that the institute upholds. Five participants considered the infrastructure at AIISH as an area

of strength. Three participants considered the library facilities at AIISH as an area of strength. These were reported as areas of strength other than the options provided, which are qualitative in nature.

4.6.3. Weakness of AIISH

Participants provided information about the areas that AIISH lagged in as an educational and professional institute. More number of participants (36.6 percent; n=41) believed that the institute lagged in the clinical training provided to its students. This information is represented in Table 4.38 below.

Table 4.38: Number of participants based on areas regarded as weaknesses

Weakness of AIISH	n	Percentage of Total N
Lack of Infrastructure	8	7.1
Teaching	18	16.1
Clinical training	41	36.6
Clinical exposure	9	8.0

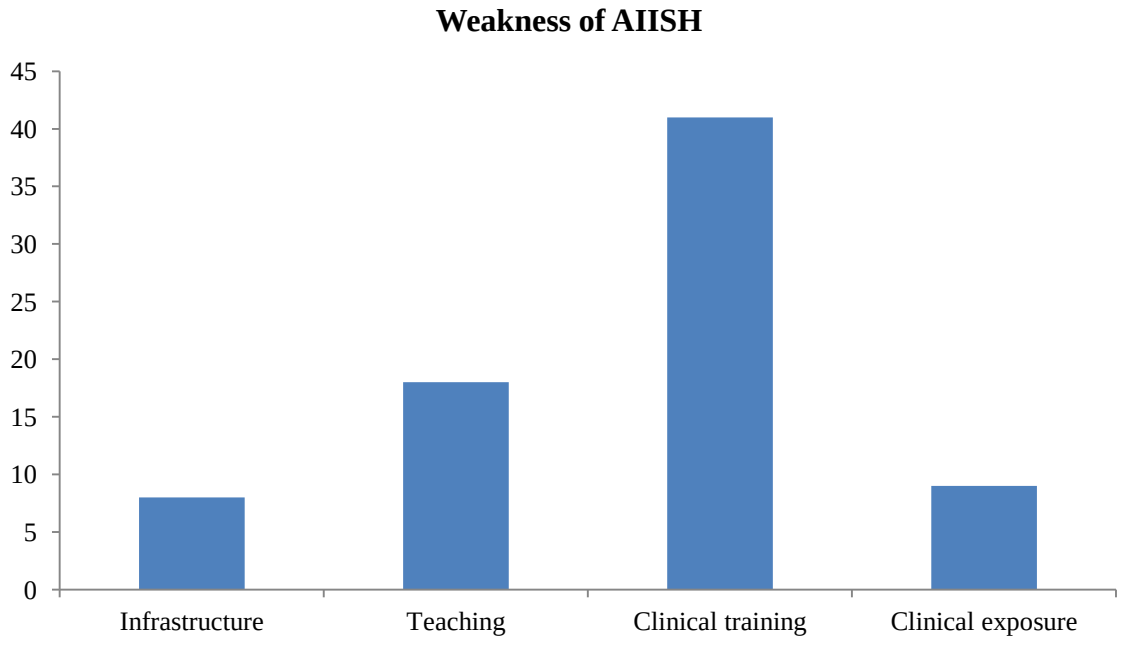


Fig 4.37: Graphical representation of participants based on areas regarded as weaknesses

(a) **Lack of Infrastructure:** Among the 8 participants who considered infrastructure as an area of weakness, 25.0 percent (n=2) were in the early career group, 25.0 percent (n=2) were in the mid-career group and 50.0 percent (n=4) were in the late-career group. Within the early career group, only 5.7 percent participants considered infrastructure as an area of weakness, while 10.0 percent participants within the mid-career group and 33.3 percent participants in late-career group reported the same.

Cross-tabulation with highest educational qualification revealed among the 8 participants, 12.5 percent (n=1) had a qualification of Bachelors of Science in Speech and Hearing, 12.5 percent (n=1) had a Master of Science in Audiology, and 37.5 percent (n=3) had a Master of Science in Speech Language Pathology. Within the participants with a qualification of Master of Science in Audiology, it formed only 2.7 percent of the sample, while within participants with a Master of Science in Speech

Language Pathology, the number of participants who responded formed 7.1 percent of the sample.

(b) **Teaching:** In terms of teaching as an area of weakness, 18 participants agreed with this. Of these 33.3 percent (n=6) were in the 20-24 years age group, 16.7 percent (n=3) were in the early-career group, 11.1 percent (n=2) in the mid-career group, and 38.9 percent (n=7) were in the late-career group. Within the fresher group, 13.3 percent participants considered teaching as an area of weakness. Within the early career group, 8.6 percent participants stated teaching as an area of weakness; 10.0 percent within the mid-career group and 58.3 percent participants within late-career reported the same.

Within the variable of highest educational qualification, it was observed that 27.8 percent (n=5) had a qualification of Master of Science in Audiology, 22.2 percent (n=4) had a Master of Science in Speech Language Pathology, 16.7 percent (n=3) had a Ph.D. in Speech and Hearing, and 11.1 percent (n=2) had a graduate degree in Speech and Hearing. Within the participants with a qualification of Bachelors of Science in Speech and Hearing, 50.0 percent considered teaching facility as a weakness at AIISH. 25.0 percent participants with a diploma, 100.0 percent participants with Ph.D. in Audiology, 60.0 percent participants with Ph.D. in Speech and Hearing, and 50.0 percent participants with post-doctoral degrees considered the same.

(c) **Clinical training:** Greater percentage of participants reported clinical training at AIISH as a weakness, and of these 16 participants (39.0 percent) were in the age range of 20 to 24 years, 17 participants (41.5 percent) in early career group, 4 participants (9.7 percent) in the mid-career group, and 4 participants (9.7 percent) in

the late-career group. Within each age group it was observed that 35.6 percent participants within the fresher group, 48.6 percent in the early career group, 20.0 percent in the mid-career group and 33.3 percent in the late-career group considered clinical training as a weakness.

Cross-tabulation of responses to clinical training as a weakness with the highest educational qualification of the participants led to the following observations. Among the 41 participants, 31.7 percent (n=13) had a qualification of Master of Science in Audiology, 48.8 percent (n=20) had a Master of Science in Speech Language Pathology, 4.9 percent (n=2) had a Master of Science in Speech and Hearing, and 4.9 percent (n=2) had a Ph.D. in Speech Language Pathology. Within the participants with a qualification of Master of Science in Audiology, 35.1 percent reported clinical training as a weakness; within participants with a Master of Science in Speech Language Pathology, 47.6 percent reported the same, and also within 28.6 percent participants with a Master of Science in Speech and Hearing.

(d) **Clinical exposure:** Among the 20 participants who considered clinical exposure as an area of weakness, 55.0 percent (n=11) were in the fresher group, 40.0 percent (n=8) were in the early career group, 5.0 percent (n=1) were in the mid-career group and 0.0 percent (n=0) in the late-career group. Within the fresher group, 24.4 percent participants considered clinical exposure as an area of weakness. In the early career group 22.9 percent participants stated the same. 7.7 percent in the mid-career group and 0.0 percent participants in late-career reported the same.

Cross-tabulation with highest educational qualification revealed that within the 20 participants who believed that the clinical exposure at AIISH is not up to mark, 30.0 percent (n=6) had a qualification of Master of Science in Audiology, 45.0

percent (n=9) had a Master of Science in Speech Language Pathology, and 10.0 percent (n=2) had a Master of Science in Speech and Hearing. Within the participants with a qualification of Master of Science in Audiology, the participants who considered clinical exposure as an area of weakness formed 16.2 percent of the sample. Within participants with a Master of Science in Speech Language Pathology, 21.4 percent reported the same, while within the qualification of Master of Science in Speech and Hearing, the number of participants formed 28.6 percent of the sample.

4.6.4. AIISH curriculum: Meeting of global standards

Participants were asked if the academic, clinical and research curriculum at AIISH met the international standards in the field of communication and communication disorders. While 81.2 percent of the participants (n=91) agreed that the academic curriculum was up-to-date with the international standards, 36.6 percent (n=41) reported that the clinical curriculum did not stand up to the mark. Table 4.39 below represents this information.

Table 4.39: Number of participants based on their opinion about the curriculum at AIISH

	Yes		**No**		**No information**	
	n	**%**	**n**	**%**	**n**	**%**
Academic curriculum	91	81.2	17	15.2	4	3.6
Clinical curriculum	67	59.8	41	36.6	4	3.6
Research curriculum	71	63.4	35	31.2	6	5.4

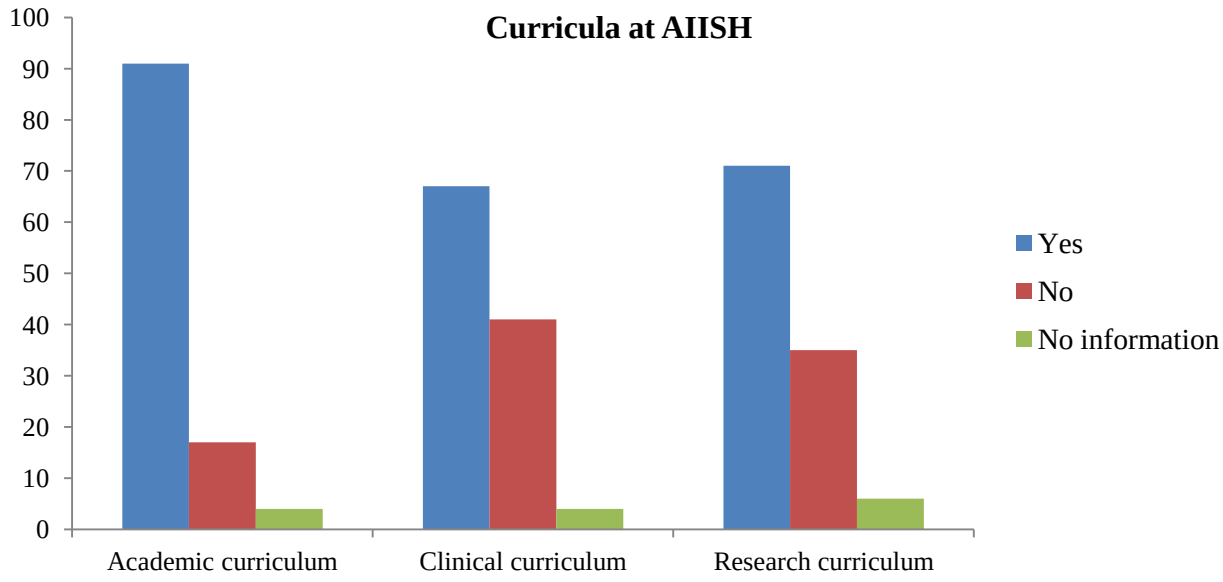


Fig 4.38: Graphical representation of participants based on their opinion about the curriculum at AIISH

4.6.5. Transition from student to professional

89.2 percent of the participants (n=100) had stated that they had a minimum working experience in this field of communication and communication disorders. These participants based on their experiences, judged that they faced more difficulties as a professional due to the lack of awareness about this field. This information is represented in Table 4.40 below.

Table 4.40: Number of participants based on their opinion about difficulties faced as a professional

Difficulties faced as a professional	n	Percentage of Total N
Communicating with professionals	28	25.0
Awareness about the field	73	65.2

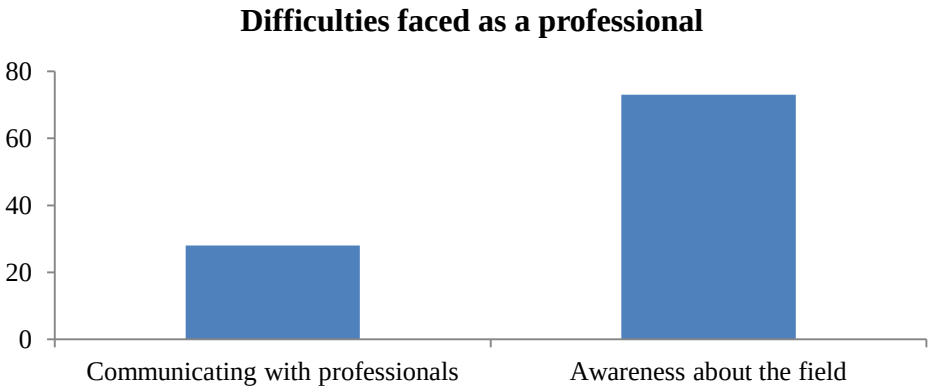


Fig 4.39: Graphical representation of participants based on their opinion about difficulties faced as a professional

4.6.6. Contribution to AIISH by alumni

Larger percentage of participants were willing to contribute to the institute's growth by creating awareness about the institute/ about the field (58.9 percent; n=66), sharing their experiences of being a student/ professional (56.2 percent; n=63), and delivering lectures (45.5 percent; n=51). This information is represented in Table 4.41 below.

Table 4.41: Number of participants based on their opinion about contribution to AIISH

Contributing to AIISH	n	Percentage of Total N
Delivering lectures	51	45.5
Sharing experiences	63	56.2
Creating awareness	66	58.9
Policy making	30	26.8
Participating in prevention of communication disorders	43	38.4
I don't know	3	2.7

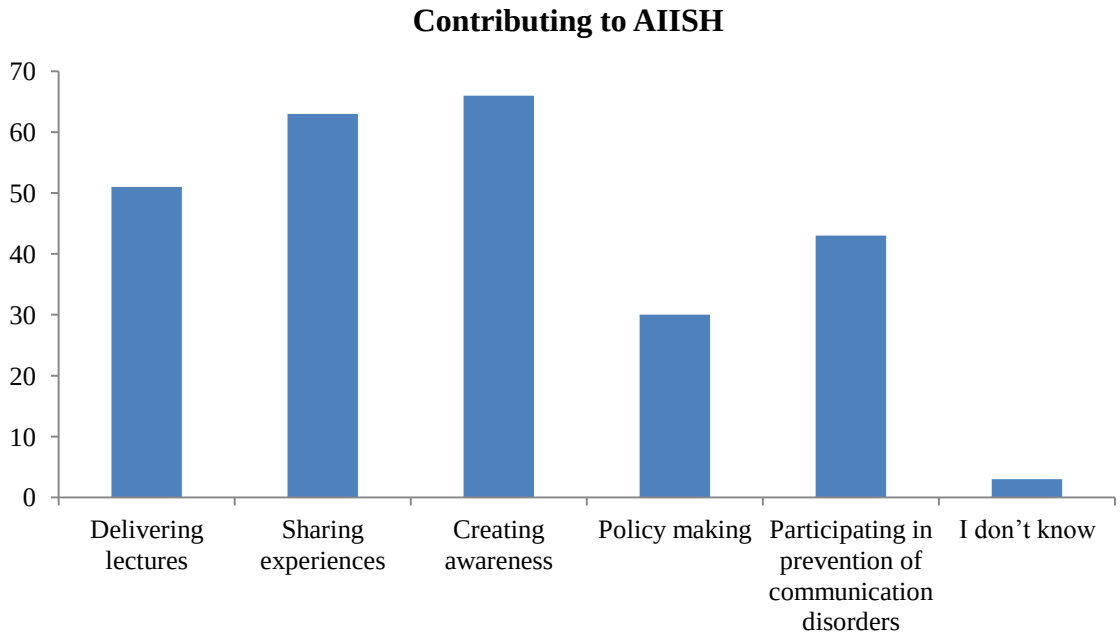


Fig 4.40: Graphical representation of participants based on their opinion about contribution to AIISH

4.6.7. Opportunity to work at AIISH

It was interesting to note that of the 77 participants who responded to this question, 35 participants considered the prospect of working at the institute a good option. This information is represented in Table 4.42 below.

Table 4.42: Number of participants based on their opinion about working at AIISH

Chance to work at AIISH	n	Percentage of Total N
Yes	35	31.2
No	15	13.4
Maybe	6	5.4
NA	21	18.8
NI	35	31.2

*NA= Not Applicable; NI=No Information

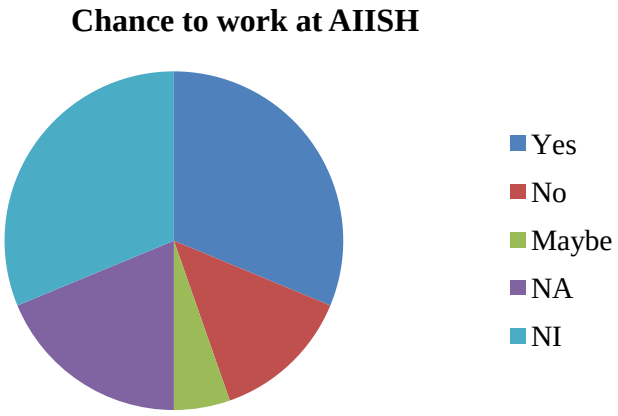


Fig 4.41: Graphical representation of participants based on their opinion about working at AIISH

4.7. Demographic and general information

4.7.1. Age group

The study received participation from professionals in different age groups, ranging from ages 20 to 62 years. The 112 participants were categorized into discrete age groups for analysis. Maximum number of participants were in the age group of 20 to 24 years (40.2 percent of the total participants; n=45). A minimum participation by professionals in the age group of 40 to 44 years (0.9 percent; n=1) and 60 to 64 years (0.9 percent; n=1) was observed. Table 4.43 presents the information on the age groups and the number of participants in each age group.

Table 4.43: Number of participants in each age group

Age group (in years)	n	Percentage of Total N
20-24	45	40.2
25-29	35	31.2
30-34	13	11.6
35-39	6	5.4
40-44	1	0.9
45-49	4	3.6
50-54	5	4.5
55-59	2	1.8
60-64	1	0.9

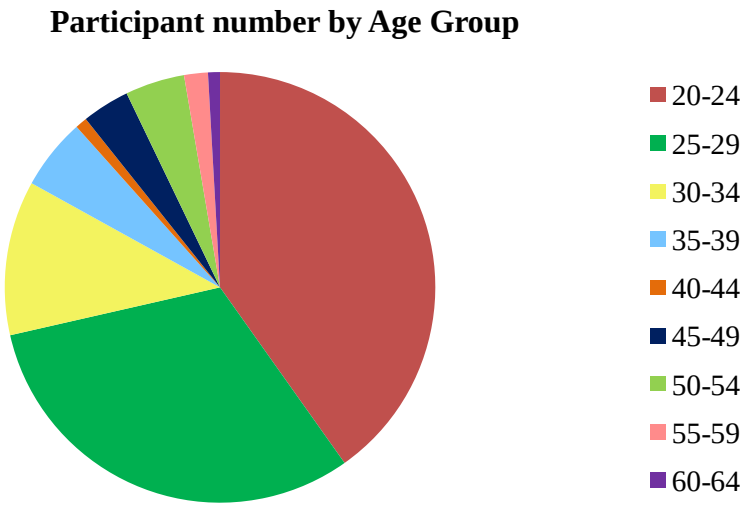


Fig 4.42: Graphical representation of participants in each age group

4.7.2. Gender

Majority of the participants were females. Of the total participants, 66.1 percent (n=74) were females and 33.9 percent (n=38) were males. This information is represented in the Table 4.44.

Table 4.44: Number of participants by gender

Gender	n	Percentage of Total N
Males	38	33.9
Females	74	66.1

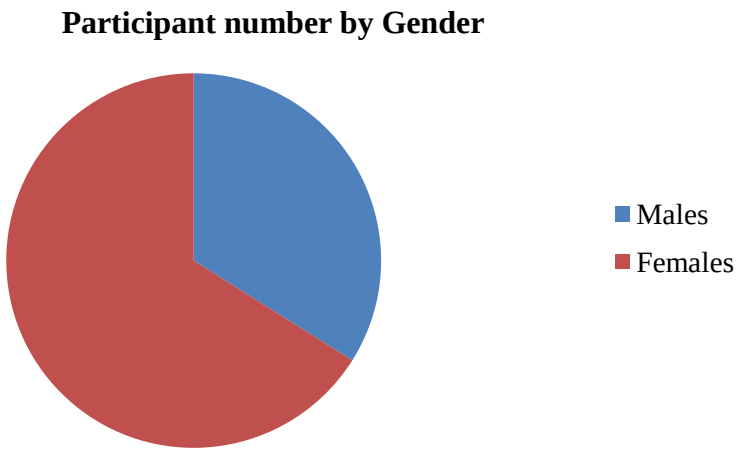


Fig 4.43: Graphical representation of participants based on gender

4.7.3. Date of Birth- Month

An interesting, yet not so crucial data revealed the month in which participants were born. Of the 98 participants who responded to this information, maximum were born in January (10.7 percent), April (9.8 percent), May (10.7 percent) and November (9.8 percent). Marginal numbers of professionals/personnel were born in December (2.7 percent). A total of

14 participants did not wish to disclose their date of birth. Information about the same is as shown in Table 4.45.

Table 4.45: Number of participants based on date of birth (month)

DOB month	n	Percentage of Total N
January	12	10.7
February	5	4.5
March	8	7.1
April	11	9.8
May	12	10.7
June	8	7.1
July	8	7.1
August	6	5.4
September	6	5.4
October	8	7.1
November	11	9.8
December	3	2.7
NI	14	12.5

*NI=No Information

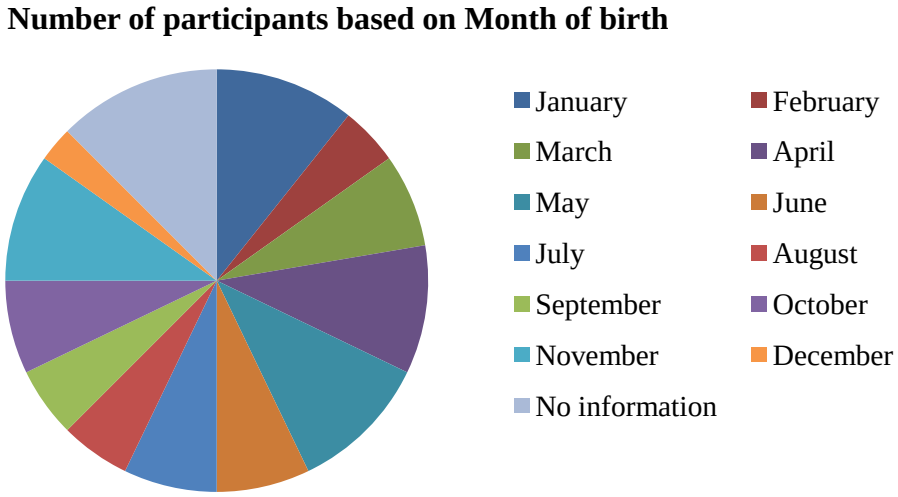


Fig 4.44: Graphical representation of participants based on month of birth

A similar analysis was done with the data obtained from the student admission records. From the total population of 2234 alumni, information about only 2209 participants was obtained. A maximum percentage (12.2 percent; n=269) were born in the month of May. Table 4.46 represents information about the same.

Table 4.46: Number of alumni (from the total population of 2234) based on month of birth

Month	n	Percentage of Total
January	220	10.0
February	143	6.5
March	199	9.0
April	188	8.5
May	269	12.2
June	193	8.7
July	195	8.8
August	178	8.1
September	185	8.4
October	157	7.1
November	142	6.4
December	140	6.3
Total	2209	100.0

4.7.4. Religion

Of the 94 participants who disclosed their religious affiliation, the participants associated themselves with Hinduism, Islam or Christianity. The details of the percentage of participants hailing from each of these religious communities are as specified in Table 4.47.

Table 4.47: Number of participants based on religion

Religion	n	Percentage of Total N
Hindu	75	67.0
Muslim	4	3.6
Christian	15	13.4
DNWD	18	16.1

*DNWD= Do not wish to disclose

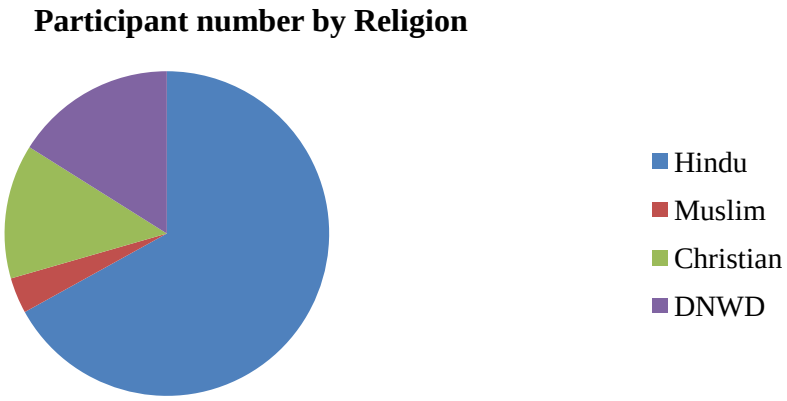


Fig 4.45: Graphical representation of participants based on religion

4.7.5. Category

Of the total participants, 94 participants (84 percent) revealed information about their category, and 55.4 percent of the participants were in the general category, whereas 28.6 percent of them identified themselves within some category, such as scheduled caste, scheduled tribe or other backward classes. Table 4.48 presents information about the same.

Table 4.48: Number of participants based on category

Category	n	Percentage of Total N
General	62	55.4
SC	6	5.4
ST	4	3.6
OBC	22	19.6
DNWD	15	13.4
NA/IDK	3	2.7

*DNWD= Do not wish to disclose; NA= Not applicable; IDK= I don't know

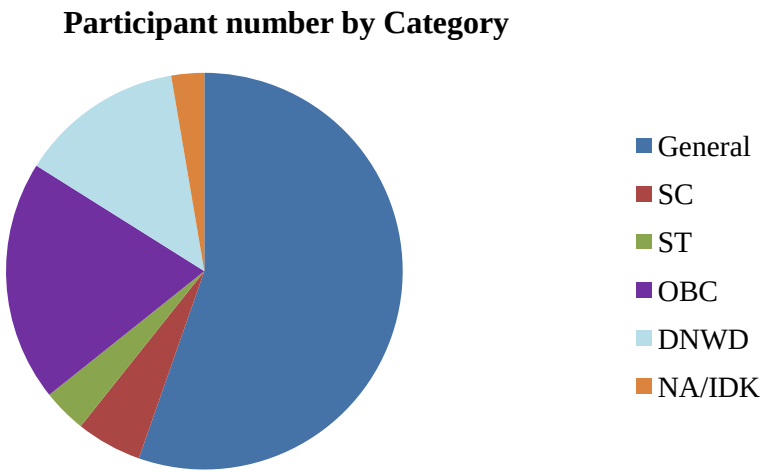


Fig 4.46: Graphical representation of participants based on category

4.7.6. State of current residence

65.2 percent (n=73) of the total participants are those who were currently employed and residing in the state of Karnataka. Other states from which a considerable number of the participants were currently residing were Tamil Nadu and Kerala. 10.7 percent (n=12) of the

participants were residing in countries outside India. Table 4.49 presents information about the same.

Table 4.49: Number of participants based on state of current residence

Current residence (Indian states)	n	Percentage of Total N
Andhra Pradesh	2	1.8
Chhattisgarh	1	0.9
Jharkhand	1	0.9
Karnataka	73	65.2
Kerala	6	5.4
Maharashtra	1	0.9
Manipur	2	1.8
Punjab	1	0.9
Rajasthan	2	1.8
Tamil Nadu	8	7.1
Telangana	2	1.8
New Delhi	1	0.9

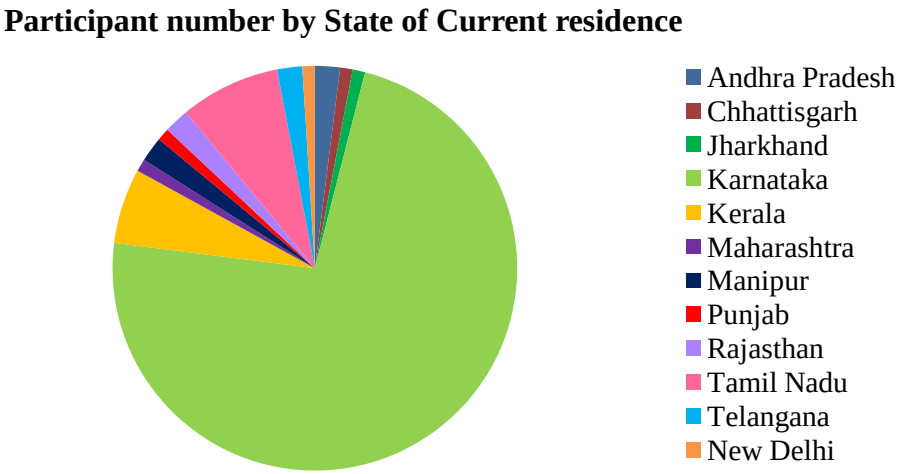


Fig 4.47: Graphical representation of participants based on state of current residence

Upon cross-tabulation between employment status and current residence, it was observed that participants from all states within India were employed at the time of the study, except three participants who were residents of Karnataka (4.1 percent of the participants from Karnataka).

4.7.7. Country of current residence

Twelve participants were residing in countries outside India. These countries included the United States of America, Australia, Singapore, Maldives and the United Arab Emirates. The numbers of participants settled in these countries are as presented in the Table 4.50.

Table 4.50: Number of participants based on country of current residence

Country of current residence	n	Percentage of Total N
India	100	89.3
USA	5	4.5
Australia	4	3.6
Singapore	1	0.9
Maldives	1	0.9
UAE	1	0.9

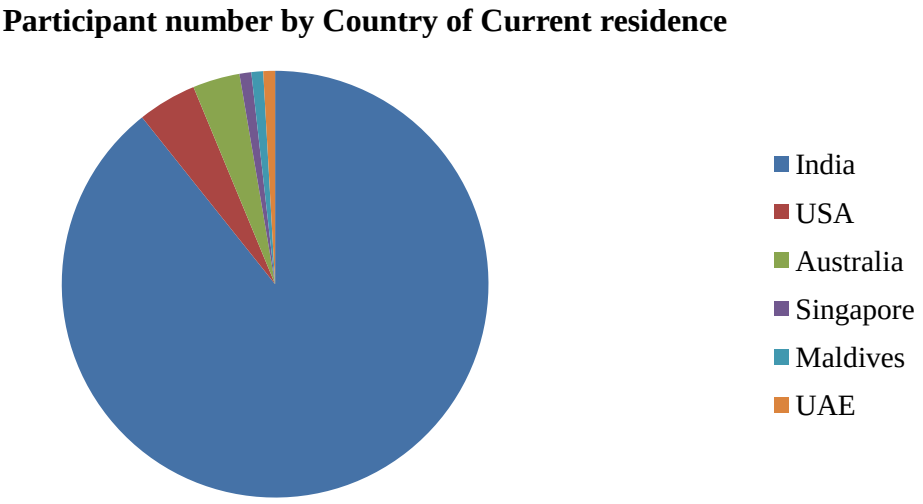


Fig 4.48: Graphical representation of participants based on country of current residence

Eleven participants of twelve (91.6 percent) who were residing outside India were employed. Participant who remained unemployed (8.3 percent; n=1) stated personal obligations as a reason for unemployment.

4.7.8. Permanent address

54 participants reported that they were currently residing in the same place as their current address, while 41 participants were currently residing in a different city, state or country. The details of shift from the permanent residence, if any, are as mentioned in the Table 4.51.

Table 4.51: Number of participants based on permanent residence

Permanent address	n	Percentage of Total N
Same as Current residence	54	48.2
Different from Current residence	41	36.6
NI	17	15.2

*NI=No Information

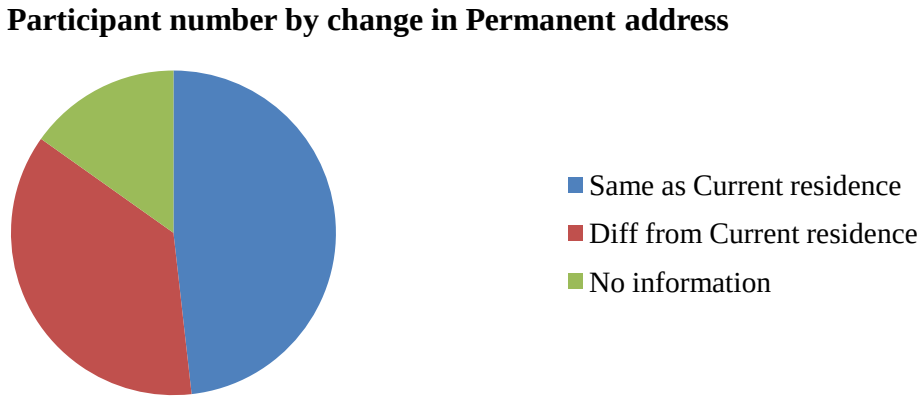


Fig 4.49: Graphical representation of participants based on permanent residence

4.7.9. Citizenship status

While 106 (94.6 percent) of the participants held citizenships in their country of birth, only three of the participants (2.7 percent) held citizenships either by registration, marriage or naturalization. The number and percentage of participants based on citizenship status are as represented in Table 4.52.

Table 4.52: Number of participants based on citizenship status

Citizenship	n	Percentage of Total N
By birth	106	94.6
By descent	0	0
By registration	1	0.9
By marriage	1	0.9
By naturalization	1	0.9
NI	3	2.7

*NI=No Information

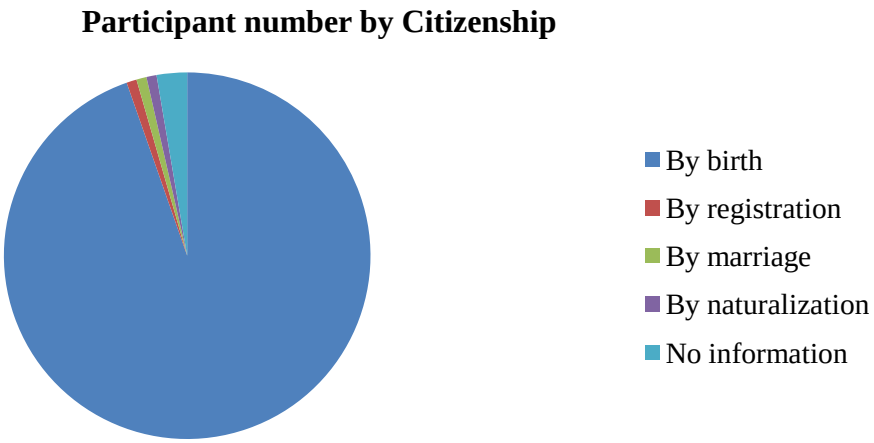


Fig 4.50: Graphical representation of participants based on citizenship status

4.7.10. General health-related information

4.7.10.1. Any health related issues

10.7 percent of the population (n=12) did not wish to reveal whether they had a health related issue (HRI), 80.4 percent of the population (n=90) stated they did not have any health concerns, and only 8.9 percent (n=10) had some issues with their health. The numbers of participants based on the presence or absence of any health related issues is as presented in the Table 4.53.

Table 4.53: Number of participants based on health related issues

HRI	n	Percentage of Total N
Yes	10	8.9
No	90	80.4
DNWD	12	10.7

*DNWD= Do not wish to disclose

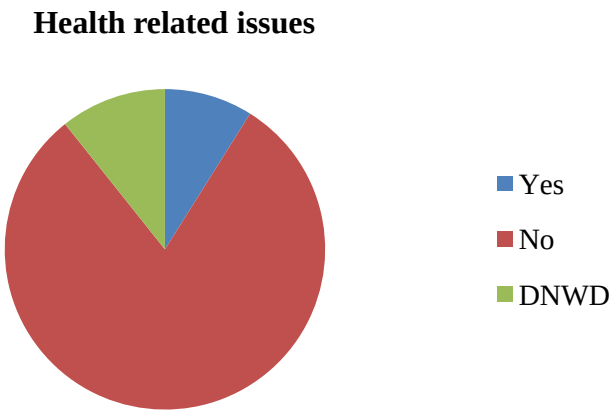


Fig 4.51: Graphical representation of participants based on health related issues

Cross-tabulations of age groups with report on health related issues revealed the following information. Within participants who reported they had HRI, 30.0 percent (n=3)

were in the fresher group, 10.0 percent (n=1) in the early career group, 30.0 percent (n=3) in the mid-career group and 30 percent (n=3) in the late-career group. Within the 20-24 years age group, 6.7 percent of the participants reported a HRI, while in the early career group, only 2.9 percent reported a HRI. Similarly within the mid-career group, 15.0 percent participants and in the late-career group, 25.0 percent participants reported a HRI.

10.7 percent of the total sample (n=12) reported that they did not wish to disclose about their HRI. Of these, 16.7 percent (n=2) were in the fresher group, 33.3 percent (n=4) belonged to the early career group, 25.0 percent (n=3) in the mid-career group and 25.0 percent (n=3) in the late-career group.

Participants were asked to specify the health related issues, if they had any. Few participants who specified reported physical and mental issues, with most conditions pertaining to physical ailments.

4.7.10.2. Frequency of medical check-ups

A large percentage of the participants (37.5 percent; n=42) reported they had a general health check-up done once every year. 9.8 percent (n=11) stated that they never felt the need for a health check-up, whereas another 9.8 percent (n=11) required health check-ups very frequently in a year. Table 4.54 presents information about the same.

Table 4.54: Number of participants based on frequency of medical check-ups

Freq of medical check ups	n	Percentage of Total N
Thrice in a year or more	11	9.8
Once in a year	42	37.5
Never	11	9.8
Twice in a year	18	16.1
Once in two years or less	20	17.9
NA/DNWD	10	8.9

*NA=Not applicable; DNWD= Do not wish to disclose

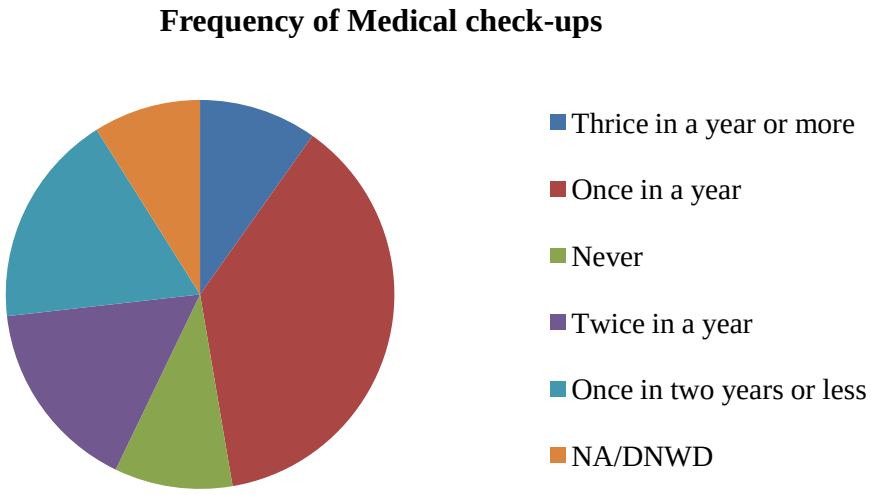


Fig 4.52: Graphical representation of participants based on frequency of medical check-ups

4.7.10.3. Insurance for life or health

65.2 percent of the participants (n=73) reported that they were insured for life, health or any other asset. The numbers of participants based on insurance is as presented in the Table 4.55.

Table 4.55: Number of participants based on insurance

Insurance policy	n	Percentage of Total N
Yes	73	65.2
No	34	30.4
DNWD	5	4.5

*DNWD= Do not wish to disclose

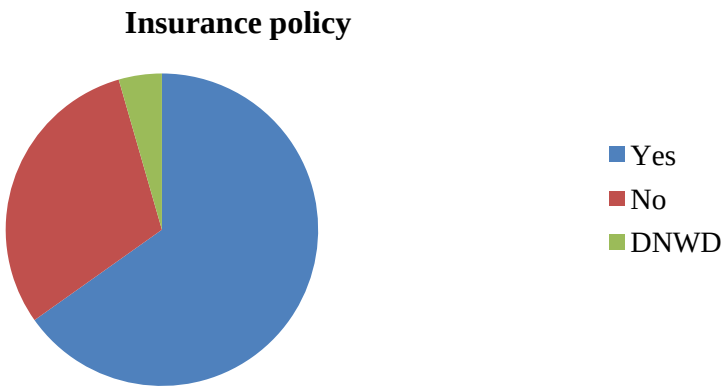


Fig 4.53: Graphical representation of participants based on insurance

Upon analysis using cross-tabulation between age group and information on insurance, it was observed that 28 of the 73 participants (38.4 percent) who reported they had an insurance, were in the 20-24 years age group.

Observation within age groups revealed that within the age groups of mid-career group, 80.0 percent (n=16) had insurance. Within the late career group 75.0 percent (n=9) had insurance. 62.2 percent participants within the 20-24 years age group and 57.1 percent within 25-29 years age group had insurance.

4.7.11. Information about parents

(i) Educational background of parents: A large percent of the participants hailed from families where either one or both parents were graduates (50.9 percent; n=57). There were fewer participants whose parents had a lower educational qualification (10^{th} grade or below, n=12; 10.7 percent of the population). Table 4.56 presents information about the same.

Table 4.56: Number of participants based on highest education of parents

Highest educational background of parents	**n**	**Percentage of Total N**
Below 5th	1	0.9
5th-10th	11	9.8
10th-12th	12	10.7
Diploma	1	0.9
Graduate	57	50.9
PG and above	27	24.1
NI	3	2.7

*NI=No Information

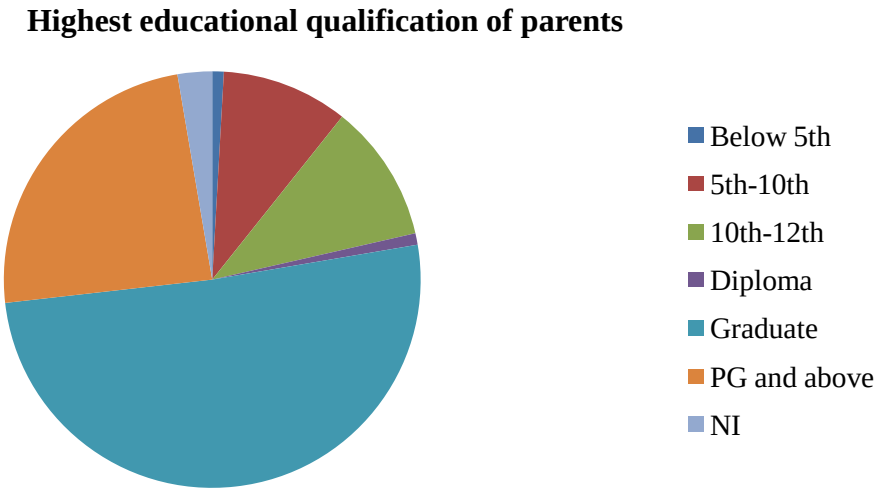


Fig 4.54: Graphical representation of participants based on highest education of parents

It was observed that of the 45 participants in the 20-24 years age group, a larger percentage, that is, 60.0 percent (n=27) had parents who were graduate degree holders. In the early career group, 42.9 percent participants (n=15) had parents who were graduates, and 28.6 percent participants (n=10) had parents who were post-graduates. Within the mid-career group, 40.0 percent participants (n=8) had graduate parents and 30.0 percent (n=6) had parents who were post-graduates. Within the late-career group, 58.3 percent had parents who were graduates (n=7).

(ii) Profession of parents: The number of participants who reported that their parents (mother/father/both) were in central government or state government jobs (n=41; 36.6 percent was greater than participants with other family backgrounds. A fair number of participants also hailed from families where their parents were in the medical profession (n=7; 6.3 percent), or engineers (n=9; 8.0 percent), or teachers (n=14; 12.5 percent). Information about the same is as shown in Table 4.57.

Table 4.57: Number of participants based on professional background of parents

Profession of parents	n	Percentage of Total N
Accountant	1	0.9
Advocate	1	0.9
Advocate, Teacher	1	0.9
Business	10	8.9
Business, Teacher	2	1.8
Casual worker	2	1.8
Central Government employee	16	14.3
Central Government employee, Medical profession	1	0.9
Company Employee	1	0.9
Company Employee, Teacher	1	0.9
Editor of a paper	1	0.9
Electrician, Secretary	1	0.9
Engineer	8	7.1
Engineer, Teacher	1	0.9
Farmer	9	8.0
Fertilizer Technician	1	0.9
Medical profession	6	5.4
State Government employee, Insurance Advisor	1	0.9
State Government employee	19	17.0
State Government employee, Teacher	4	3.6
Teacher	9	8.0
NI	16	14.3

*NI=No Information

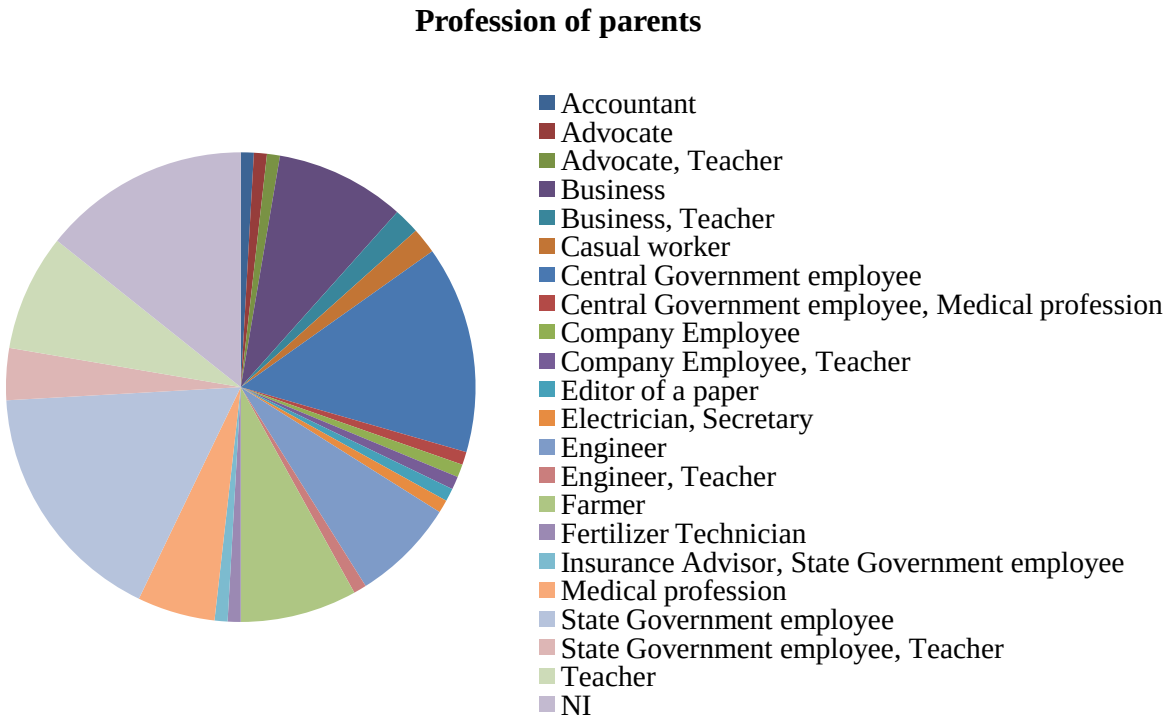


Fig 4.55: Graphical representation of participants based on professional background of parents

Upon cross-tabulation between age group and parents' profession, it was observed that of the 24 participants whose parents were state government employees, 41.6 percent (n=10) were in the 20-24 years age group. 25.0 percent (n=6) were in the 25-29 years age group. Of the 17 participants whose parents were central government employees, 58.8 percent (n=10) were in the 20-24 years age group. The number of participants who reported their parents were in the medical profession was seven, of which, 42.8 percent (n=3) were in the 25-29 years age group.

(iii) Annual income of parents: This information was only intended to make an assumption of the change in the financial status of the participant after having entered this profession, and also to get a better sense of the socio-economic classes who are more aware of this field of communication and communication disorders. 39 participants (34.8 percent)

did not disclose this information, while eight other participants (7.2 percent) did not provide any information. Table 4.58 presents information about the same.

Table 4.58: Number of participants based on annual income of parents

Parents' annual income	n	Percentage of Total N
Less than 1 lakh	10	8.9
1-2 lakhs	19	17.0
2-5 lakhs	23	20.5
5-10 lakhs	13	11.6
DNWD	39	34.8
NA	6	5.4
NI	2	1.8

*NA=Not applicable; DNWD= Do not wish to disclose; NI=No Information

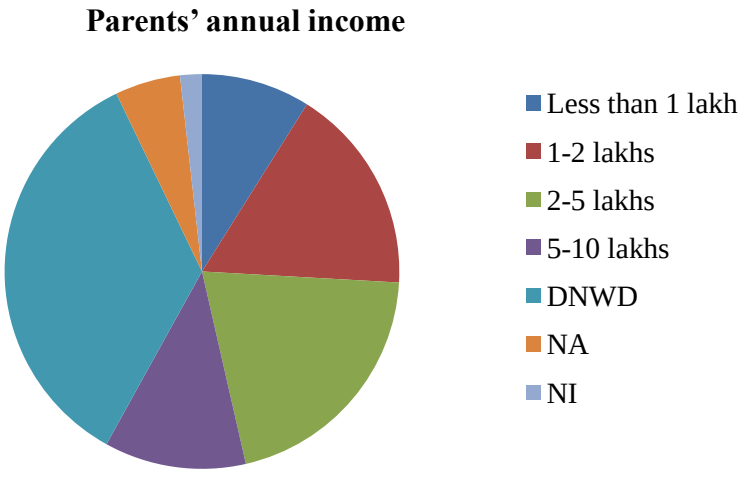


Fig 4.56: Graphical representation of participants based on annual income of parents

4.7.12. Marital status

Of the total number of participants, 45.5 percent of participants (n=51) were married and an almost equal percent of participants, 52.7 percent (n=59) were not married. Table 4.59 presents information about the same.

Table 4.59: Number of participants based on marital status

Marital status	n	Percentage of Total N
Married	51	45.5
Single	59	52.7
Divorced	1	0.9
NI	1	0.9

*NI=No Information

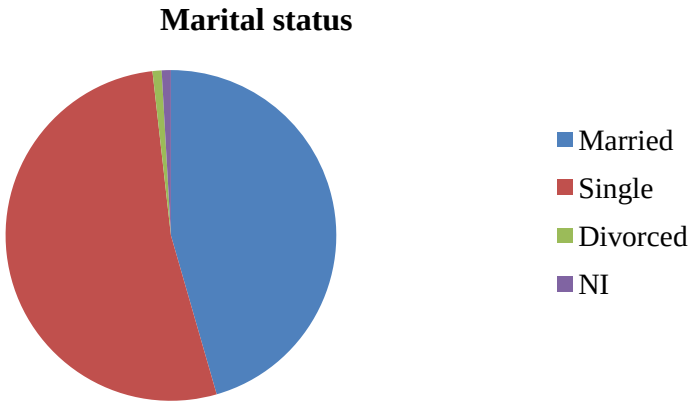


Fig 4.57: Graphical representation of participants based on marital status

4.7.13. Spousal information

Information about the participants' spouse, his/her educational background, profession and annual income, where applicable was obtained.

(a) Educational background of the spouse: Of the 45.5 percent (n=51) of the population who reported they were married, 44.6 percent (n=50) participants provided information about their spouses' educational qualification. Of these 50 participants, 72 percent (n=36) had a qualification of post-graduate or above. Table 4.60 presents information about the same.

Table 4.60: Number of participants based on education of the spouse

Educational background of the spouse	n	Percentage of Total N
NA	59	52.7
Below 10th	0	0
10th - 12th	2	1.8
Diploma	0	0
Graduate	11	9.8
Post-graduate or above	36	32.1
DNWD	1	0.9
NI	3	2.7

* NA=Not applicable; DNWD= Do not wish to disclose; NI=No Information

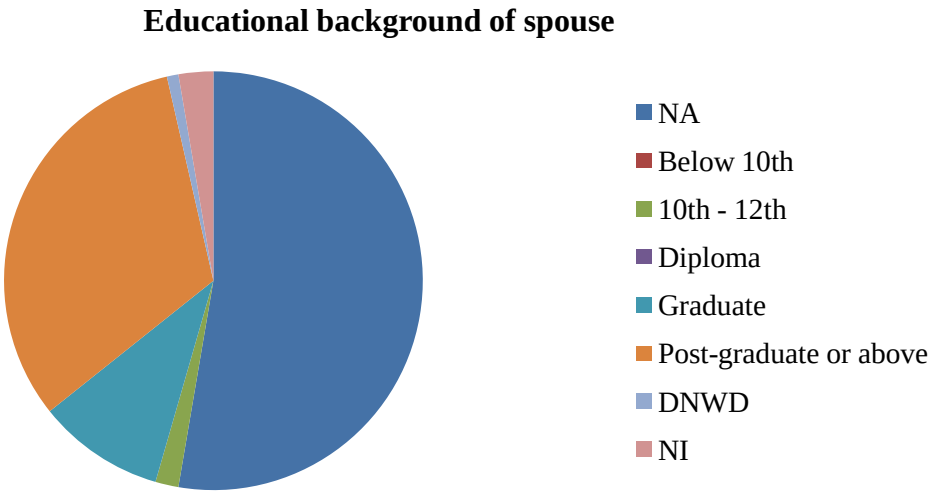


Fig 4.58: Graphical representation of participants based on education of the spouse

(b) Profession of the spouse: Information requested about the profession of the spouse, when applicable, elicited a wide range of data as presented in the Table 4.61. Of the 45.5 percent (n=51) of the married participants in the study, 44 participants revealed information about the profession of their spouse. 25 percent of these 44 (n=11), reported that their spouses were in the medical profession, while 61 (54.5 percent).

Table 4.61: Number of participants based on profession of the spouse

Profession of the spouse	n	Percentage of Total N
Not married	61	54.5
Audiologist	1	0.9
Speech-Language Pathologist	1	0.9
Bank Employee	2	1.8
Business	6	5.4
Central Government employee	2	1.8
State Government employee	4	3.6

Medical profession	11	9.8
Engineer	4	3.6
Professor	1	0.9
Homemaker	1	0.9
Medical representative	1	0.9
SAP Administrator	1	0.9
Student	2	1.8
Teacher	6	5.4
Unemployed	1	0.9
DNWD	1	0.9
NI	6	5.4

* NA=Not applicable; DNWD= Do not wish to disclose; NI=No Information

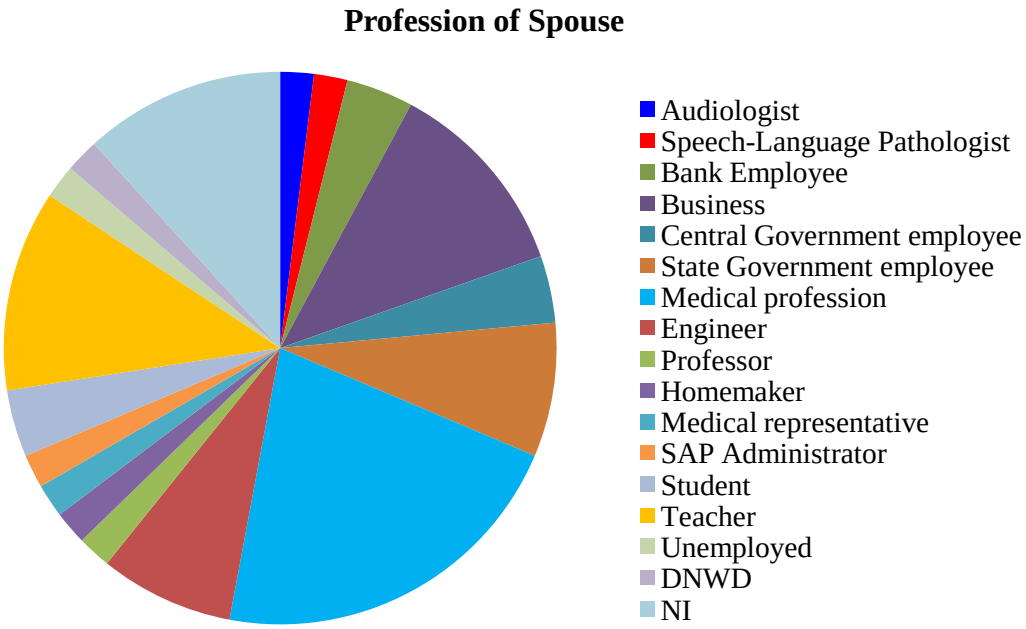


Fig 4.59: Graphical representation of participants based on profession of the spouse

(c) Annual income of the spouse: The multiple choice question on annual income of the spouse obtained responses from 25.8 percent (n=29) of the total participants (n=112), to whom the information was either relevant or were willing to disclose the information. The information was elicited to get a better picture of the socio-economic status of the participant. Numbers of participants based on annual income of the spouse is as presented in Table 4.62.

Table 4.62: Number of participants based on annual income of the spouse

Annual income of the spouse	**n**	**Percentage of Total N**
NA	68	60.7
Less than 1 lakh	1	0.9
1-2 lakhs	2	1.8
2-5 lakhs	13	11.6
5-10 lakhs	7	6.2
More than 10 lakhs	6	5.4
DNWD	12	10.7
NI	3	2.7

*NA=Not applicable; DNWD= Do not wish to disclose; NI=No Information

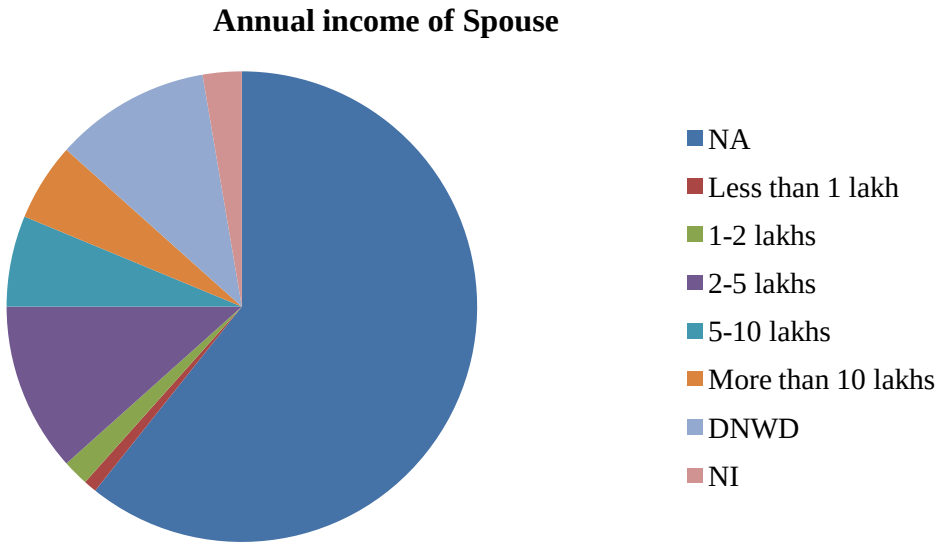


Fig 4.60: Graphical representation of participants based on annual income of the spouse

4.7.14. Number of children, when applicable

29.4 percent (n=33) participants responded to the information on number of children, while the rest 70.5 percent (n=79) found the question not applicable, or did not provide any information. Table 4.63 presents information about the same.

Table 4.63: Number of participants based on number of children

Children	n	Percentage of Total N
NA/NI	79	70.5
1	15	13.4
2	17	15.2
3	1	0.9

*NA=Not applicable; NI=No Information

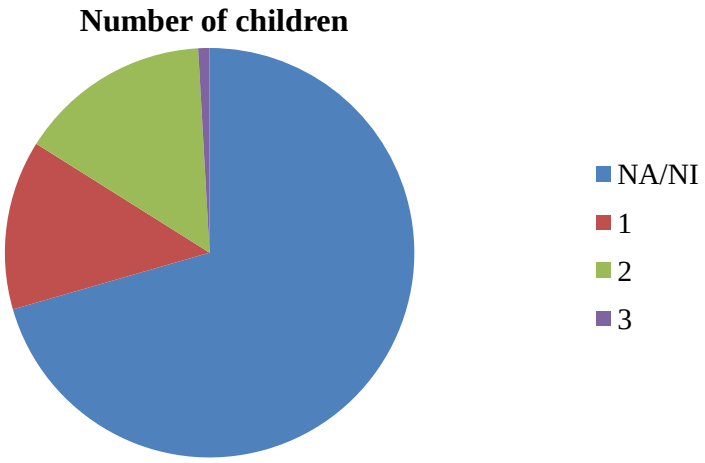


Fig 4.61: Graphical representation of participants based on number of children

4.7.15. Family history of Communication disorders

8.9 percent of the participants (n=10) reported they had a family member with communication disorder. While some reported of distant relatives, others had close family members such as grandparents, siblings or cousins who have/had a history of communication disorders. Information about the same is as shown in Table 4.64.

Table 4.64: Number of participants based on family history of communication disorders

Family history	n	Percentage of Total N
Yes	10	8.9
No	98	87.5
IDK	1	0.9
DNWD	3	2.7

*IDK=I don't know; DNWD= Do not wish to disclose

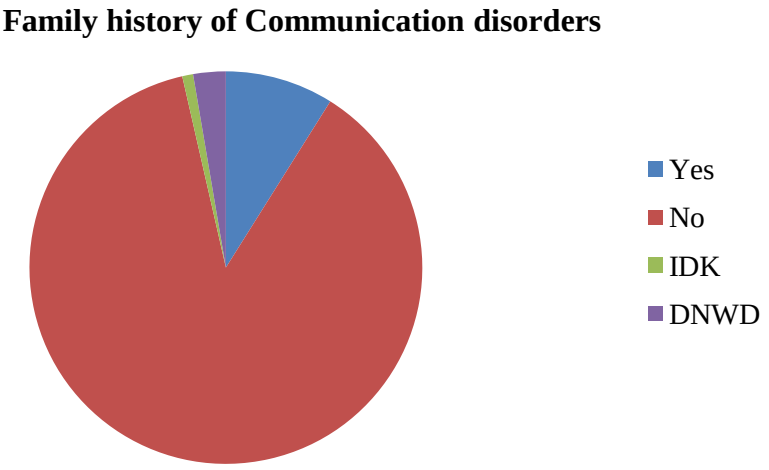


Fig 4.62: Graphical representation of participants based on family history of communication disorders

4.7.16. Family members in the same profession

22 participants (19.6 percent of the total sample) stated that they had family members in the same profession. Four participants (3.6 percent) did not disclose this information. Information about the same is as shown in Table 4.65.

Table 4.65: Number of participants based on family members in the same profession

Family members	n	Percentage of Total N
Yes	22	19.6
No	86	76.8
NI	4	3.6

*NI=No Information

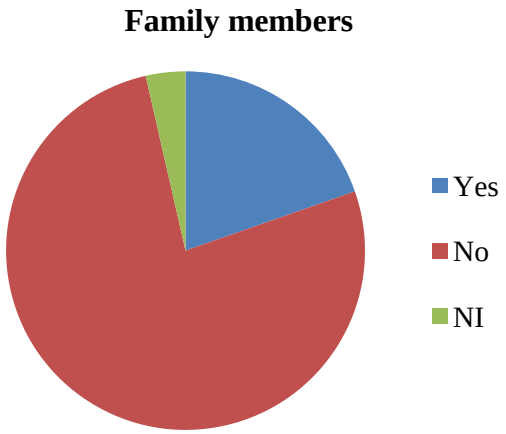


Fig 4.63: Graphical representation of participants based on family members in the same profession

4.8. Other personal information

4.8.1. Educational qualifications

Participants were asked to provide information about their complete educational qualifications. The information about the participants' highest educational qualification was analysed, and the data on frequency and percentage of participants is presented in the Table 4.66.

Table 4.66: Number of participants based on educational qualification

Highest Educational qualification	n	Percentage of Total N
BSc Sp & Hg	4	3.6
DHLS	4	3.6
MSEd HI	1	0.9
MSc Aud	37	33.0
MSc SLP	42	37.5
MSc Sp & Hg	7	6.2
PhD Audiology	1	0.9
PhD SLP	9	8.0
PhD Sp & Hg	5	4.5
Postdoctoral fellows	2	1.8

* BSc Sp & Hg= Bachelor of science in speech and hearing; DHLS= Diploma in Hearing Language and Speech; MSEd HI= Master of Science in Special Education (Hearing Impairment); MSc Aud= Master of Science in Audiology; MSc SLP= Master of Science in Speech Language Pathology; MSc Sp & Hg= Master of Science in speech and hearing; PhD Audiology= Doctor of Philosophy in Audiology; PhD SLP= Doctor of Philosophy in Speech Language Pathology, and; PhD Sp & Hg= Doctor of Philosophy in speech and hearing

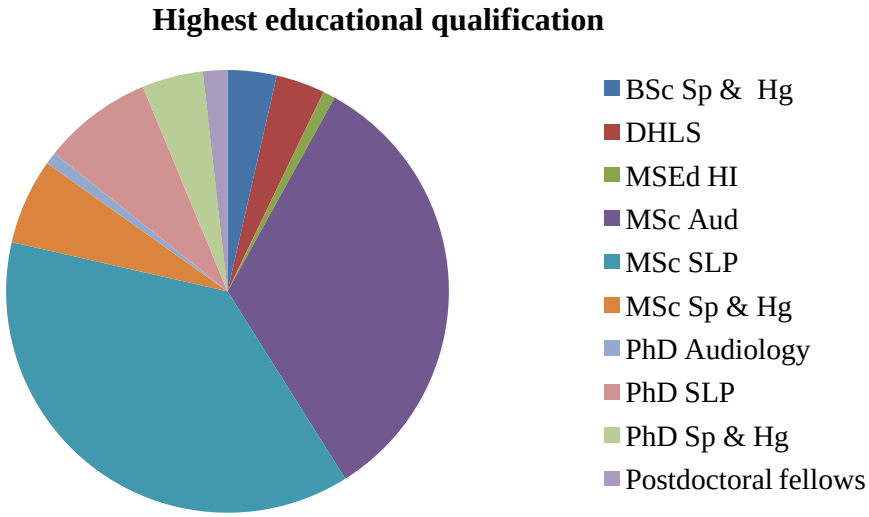


Fig 4.64: Graphical representation of participants based on educational qualification

Of the participants in the fresher group, that is, within the 20-24 years age range, 37.8 percent (n=17) had a qualification of Master of Science in Audiology, 53.3 percent (n=24) had a Master of Science in Speech Language Pathology, 4.4 percent participants (n=2) had highest educational qualification of Bachelor of Science in Speech and Hearing, 2.2 percent (n=1) had a qualification of Master of Science in Speech and Hearing, and 2.2 percent (n=1) had a Diploma. In the early career group, 48.6 percent participants (n=17) had a qualification of Master of Science in Audiology, 34.3 percent (n=12) had a Master of Science in Speech Language Pathology, and 8.6 percent (n=3) had a Ph.D. in Speech Language Pathology. Thus, in this group, there were 2.9 percent participants who had a graduate degree, 88.5 percent participants who had a post-graduate degree, and 8.6 percent participants who had a doctoral degree.

In the mid-career group, there were 15 percent participants (n=3) who had a diploma, 50.0 percent participants (n=10) had a post-graduate degree, of which 10.0 percent (n=2) had a Master of Science in Audiology, 25.0 percent (n=5) had a Master of Science in Speech Language Pathology, and 15 percent (n=3) had a Master of Science in Speech and Hearing. 35.0 percent participants (n=7) in the mid-career group had a doctoral or post-doctoral degree. Within the late-career group, 20.0 percent (n=1) had highest educational qualification of Bachelor of Science in Speech and Hearing, 33.3 percent participants (n=4) had a post-graduate degree, 58.3 percent (n=7) had a doctoral or post-doctoral degree.

Information about educational qualifications other than in the field of communication and communication disorders was inquired. 16 participants (14.3 percent of the sample) reported that they had qualifications such as a diploma in health management, diploma in marketing management, diploma in computer application, masters in library and information science, masters in psychology, masters in business administration, Bachelor of commerce, or completed specific courses such as Hanen certification, behavioural analysis, Master of

philosophy in Learning Disability, or medical transcription training. Table 4.67 presents information about the same.

Table 4.67: Number of participants based on other educational qualifications

Other educational qualifications	n	Percentage of Total N
Yes	16	14.3
No	94	83.9
NI	2	1.8

*NI=No Information

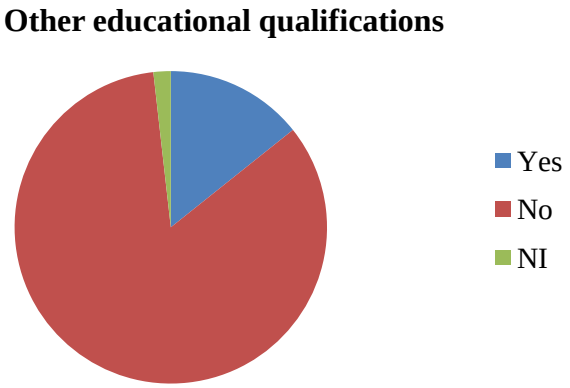


Fig 4.65: Graphical representation of participants based on other educational qualifications

4.8.2. Income tax returns

A large percent of the participants reported that they never had to pay any income tax (30.4 percent; n=34). 5.4 percent of the participants (n=6) chose not to disclose this information, while 12.5 percent (n=14) chose to skip this question without providing any details. Information about the same is as shown in Table 4.68.

Table 4.68: Number of participants based on years since payment of income tax

IT returns	n	Percentage of Total N
Never	34	30.4
Less than 1 year	7	6.2
1-2 years	13	11.6
3-5 years	10	8.9
6-10 years	8	7.1
11-15 years	7	6.2
21-25 years	2	1.8
26-30 years	2	1.8
Greater than 30 years	3	2.7
DNWD	6	5.4
NA	6	5.4
NI	14	12.5

* DNWD= Do not wish to disclose; NA=Not applicable; NI=No Information

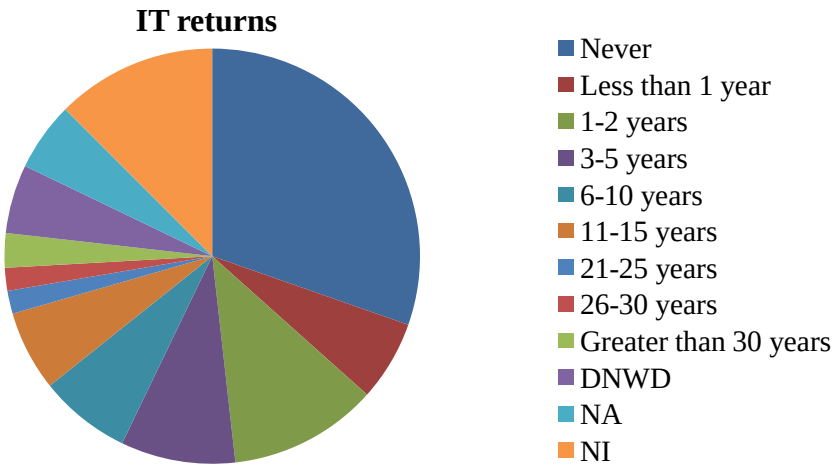


Fig 4.66: Graphical representation of participants based on years since payment of income tax

4.8.3. Socio-Political networking

Information about any alliance of the participant or the family members, with any political or social groups was inquired. A majority of the participants stated that neither they (77.7 percent; n=87) nor their family members (73.2 percent; n=82) had any association with political groups. Table 4.69 presents information about the same.

Table 4.69: Number of participants based on socio-political networking of self and family members

	Self		Family	
	n	**Percentage**	**n**	**Percentage**
Yes	18	16.1	23	20.5
No	87	77.7	82	73.2
DNWD	5	4.5	5	4.5
NA	1	0.9	0	0
NI	1	0.9	2	1.8

* DNWD= Do not wish to disclose; NA=Not applicable; NI=No Information

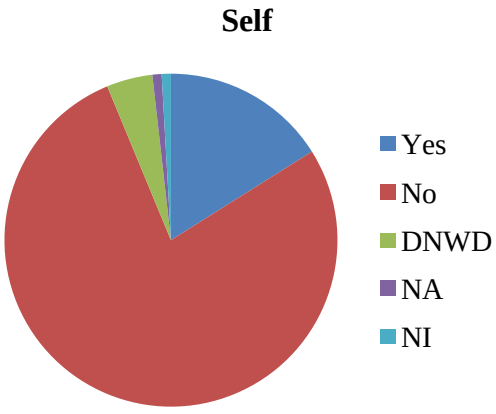


Fig 4.67: Graphical representation of participants based on socio-political networking of self

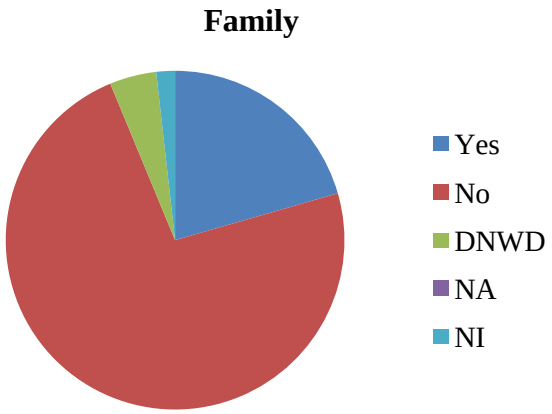


Fig 4.68: Graphical representation of participants based on socio-political networking of family members

4.8.4. Experience in the field of communication sciences and disorders

42.8 percent of the participants (n=48) had an experience of 1 to 2 years or lesser in the field of communication and communication disorders. Information about the participants' experience in the field of communication sciences and disorders was analysed, and the data on frequency and percentage of participants is as presented in the Table 4.70.

Table 4.70: Number of participants based on years of experience in the field

Years of experience	n	Percentage of Total N
Less than 1 year	26	23.2
1-2 years	22	19.6
3-5 years	15	13.4
6-10 years	15	13.4
11-15 years	7	6.2
16-20 years	4	3.6
21-25 years	2	1.8
26-30 years	4	3.6
Greater than 30 years	5	4.5
NI	12	10.7

*NI=No Information

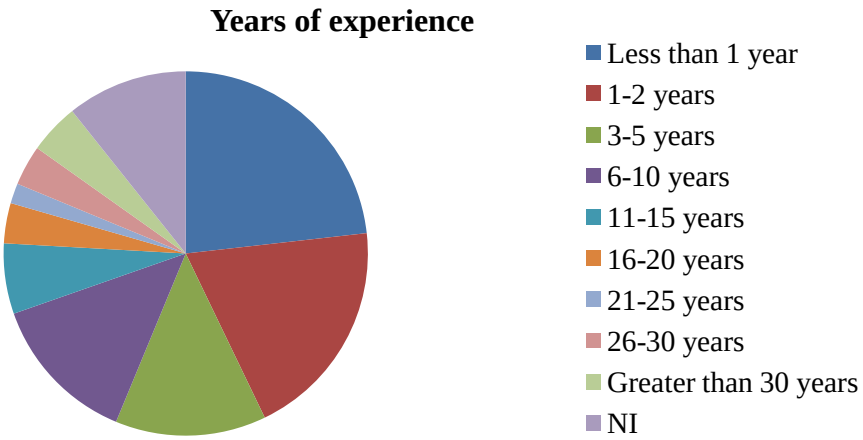


Fig 4.69: Graphical representation of participants based on years of experience in the field

The years of experience of the participants corresponded mostly to their chronological age. 71.1 percent participants (n=32) in the age group of 20-24 years had an experience of 1 to 2 years or lesser in the field of communication and communication disorders. All participants in the age groups of 55-59 years and 60-64 years had an experience of greater than thirty years in this field.

4.8.5. Area of expertise

Participants selected their area(s) of expertise from a given set of choices. A larger percentage of the participants were specialised in Audiology (40.2 percent; n=45) followed by speech (33.0 percent; n=37) and language (30.4 percent; n=34). Information about the same is as shown in Table 4.71.

Table 4.71: Number of participants based on area of expertise

Area of expertise	n	Percentage of Total N
Speech	37	33.0
Speech paediatric	28	25.0
Speech adult	30	26.8
Speech voice	25	22.3
Speech fluency	30	26.8
Speech articulation	23	20.5
Motor Speech Disorders	19	17.0
Language	34	30.4
Language paediatric	35	31.2
Language adult	30	26.8
Augmentative and Alternative Communication	15	13.4
Audiology	45	40.2
Audiology paediatric	39	34.8
Audiology adult	40	35.7
Audiology CI	21	18.8
Audiology HAT	34	30.4

Audiology DA	40	35.7
Audiology AVT	18	16.1
Ear mold technology	6	5.4
Speech and hearing assistance	2	1.8
Forensic speech science	4	3.6
Clinical linguistics	3	2.7
Education of persons with HI	10	8.9

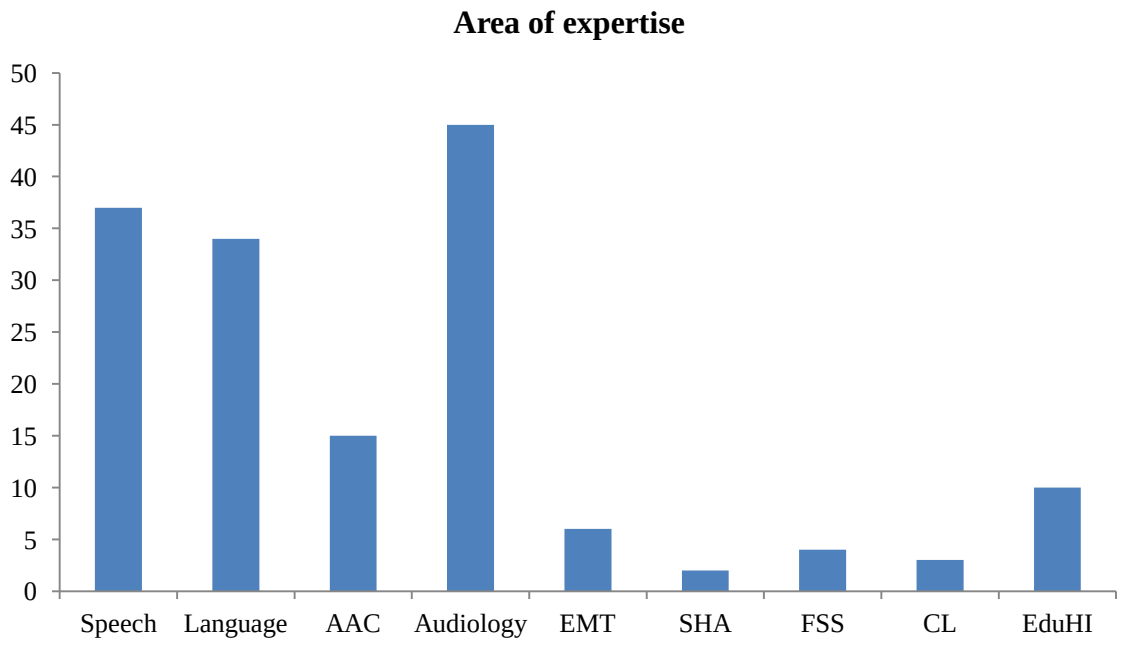


Fig 4.70: Graphical representation of participants based on area of expertise

4.8.6. Role model for others

The information requested was intended to understand whether the participant has been able to stand as a role model for anyone through this field of communication and communication disorders. 49 participants (43.8 percent) stated that they have been a role model for others. Table 4.72 presents information about the same.

Table 4.72: Number of participants based on their achievement as role models for others

Role model	n	Percentage of Total N
Yes	49	43.8
No	19	17.0
I hope so	1	0.9
I don't know	38	33.9
NI	5	4.5

*NI=No Information

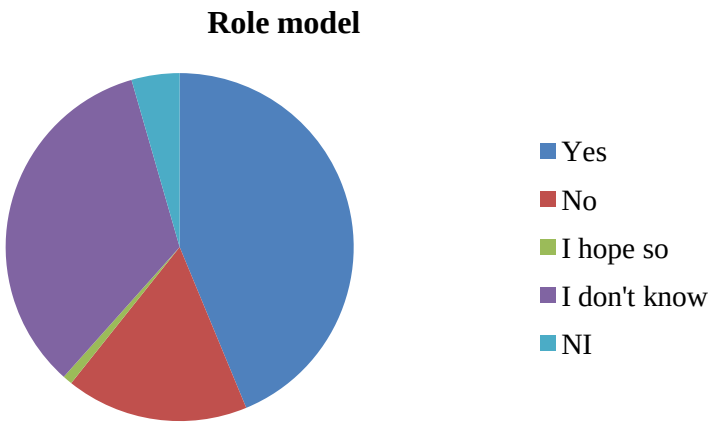


Fig 4.71: Graphical representation of participants based on their achievement as role models for others

4.8.7. Referral to this field

A large percent of the participants stated that they would give credit to their parent(s) for entering the field of communication and communication disorders (56.2 percent; n=63). The percentage of participants who heard about the field through various media was 12.5 percent (n=14). Table 4.73 presents information about the same.

Table 4.73: Number of participants based on source of referral to this field

Source of information	n	Percentage of Total N
Parent	63	56.2
Neighbours	5	4.5
Teachers	10	8.9
Friends	20	17.9
Newspaper	9	8.0
Relatives	17	15.2
Other media	5	4.5

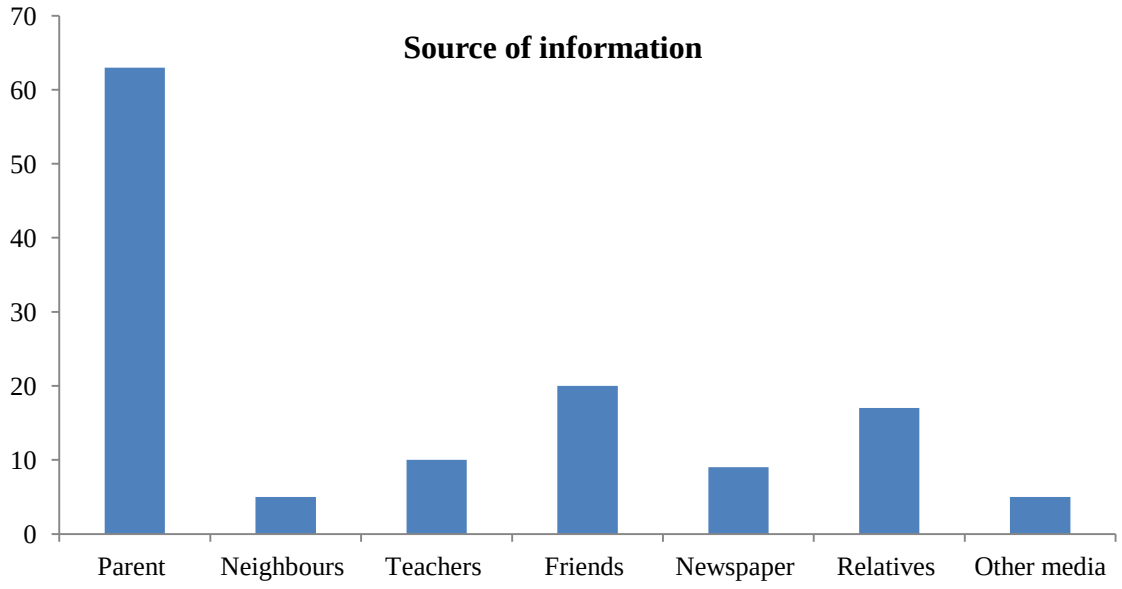


Fig 4.72: Graphical representation of participants based on source of referral to this field

4.8.8. First choice of profession

Participants were enquired if the profession they were currently in was their first choice of profession. While 30 participants (26.8 percent) agreed, 77 (68.8 percent) stated that this field was not their first choice of profession. Information about the same is as shown in Table 4.74.

Table 4.74: Number of participants based on first choice of profession

First choice of profession	n	Percentage of Total N
Yes	30	26.8
No	77	68.8
May be	1	0.9
IDK	2	1.8
NI	2	1.8

*IDK=I don't know; NI=No Information

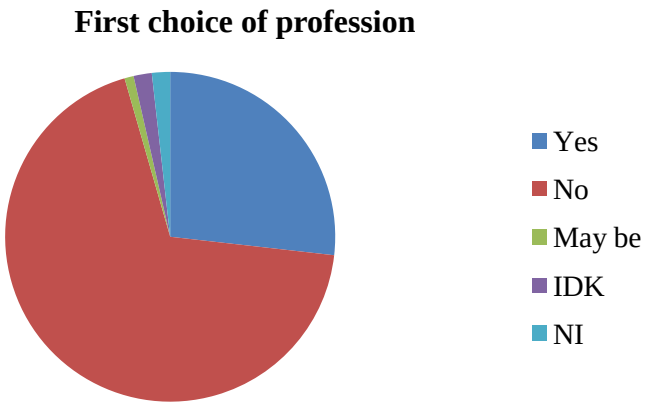


Fig 4.73: Graphical representation of participants based on first choice of profession

Further, participants were also asked to state their first choice of profession, if they were willing to. Of the 57 participants who stated their choices, 34 participants (59.6 percent)

stated that they dreamt of being a medical professional. Eight (14.0 percent) hoped to be an engineer, and five participants (8.7 percent) aspired to be teachers. Other participants who disclosed their first choice of profession, stated professions such as psychology, journalism, agriculture, film-making, defence services, architecture, fashion designing, literature, nursing and sports.

4.8.9. Change of profession

Participants were asked whether they would want to change their profession at any point of time, or whether they were considering a change. 69.6 percent of the participants (n=78) did not want to change their profession, whereas 18.8 percent (n=21) participants felt the need for it. 8.0 percent (n=9) seemed unsure of this prospect. Information about the same was analysed, and the data on frequency and percentage of participants is as presented in the Table 4.75.

Table 4.75: Number of participants based on willingness to change profession

Change of profession	n	Percentage of Total N
Yes	21	18.8
No	78	69.6
May be	9	8.0
NI	4	3.6

*NI=No Information

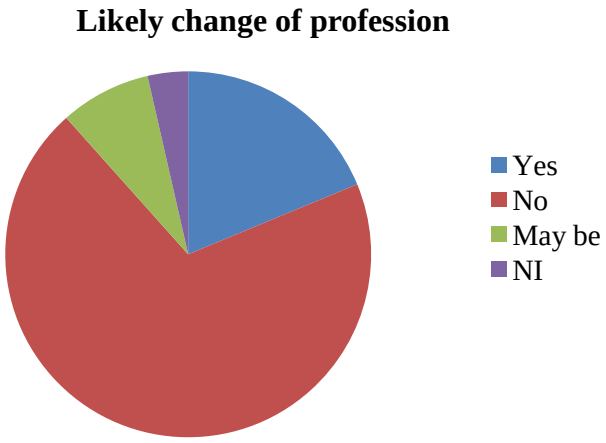


Fig 4.74: Graphical representation of participants based on willingness to change profession

In addition to stating whether participants wanted to change their profession, they were also asked, if willing, to disclose what they would like to be if they change their profession. Moving completely away from the field of communication and communication disorders, few preferred being politicians, and few farmers, and others stated that they hoped to become a mathematician, wedding planner, writer, administrator, social worker, and teacher.

4.8.10. Work environment

4.8.10.1. Rapport with co-workers

88.4 percent participants (n=99) who disclosed information about their rapport with their co-workers, reported it either to be “good”, “bad”, or they “do not know”. Maximum number of participants stated they had a good rapport with their co-workers. Information about the same is as shown in Table 4.76.

Table 4.76: Number of participants based on rapport with their co-workers

Co-workers	n	Percentage of Total N
Good	96	85.7
Bad	1	0.9
I don't know	2	1.8
DNWC	5	4.5
NA	3	2.7
NI	5	4.5

* DNWC= Do not wish to comment; NA=Not applicable; NI=No Information

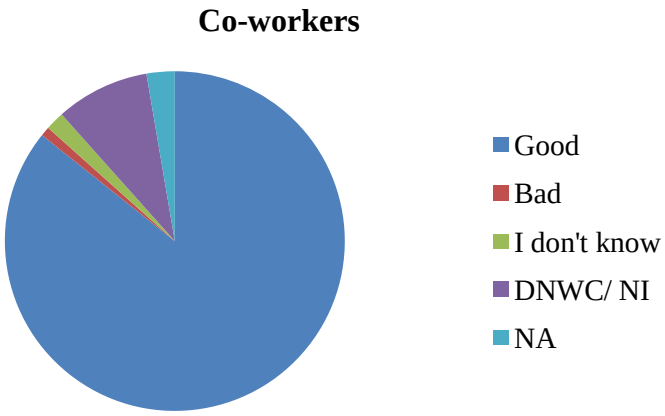


Fig 4.75: Graphical representation of participants based on rapport with their co-workers

4.8.10.2. Rapport with co-workers affecting work

This information, intended to get a better understanding of the work environment, requested the participants to opine whether their rapport with co-workers affected their work in any manner. A larger number of participants (48.2 percent; n=54) agreed that rapport with co-workers affected their work. Table 4.77 presents information about the same.

Table 4.77: Number of participants based on rapport with co-workers affecting work

Co-workers – affect on work	n	Percentage of Total N
Yes	54	48.2
No	26	23.2
Maybe	11	9.8
DNWC	1	0.9
NA	14	12.5
NI	6	5.4

* DNWC= Do not wish to comment; NA=Not applicable; NI=No Information

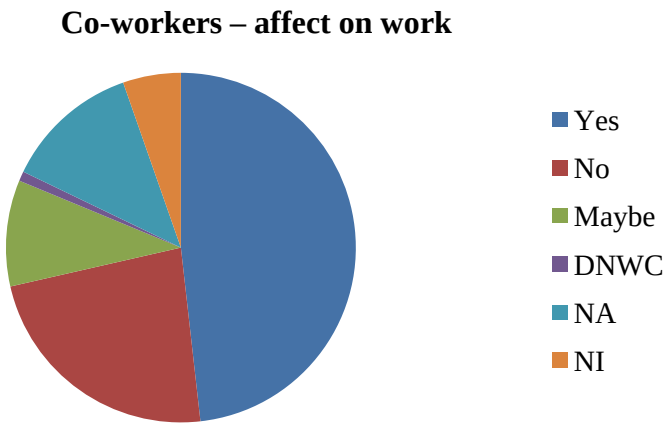


Fig 4.76: Graphical representation of participants based on rapport with co-workers affecting work

4.8.11. Shifting jobs

Participants responded to whether they had shifted between jobs and different setups under this section.

(a) 11.6 percent of the participants (n=13) reported that they had shifted from a government to private setup. While more participants stated personal reasons such as relocation, for shift from a government to private setup, few stated reasons such as end of a contract period, unavailability of further positions, and a lack of opportunities for professional growth.

(b) A fewer percentage of participants, that is, 2.7 percent (n=3) reported that they had shifted jobs within government setups. Participants stated 'better career opportunities', and opportunity to pursue higher education at AIISH, Mysuru, as a reason for such a shift.

(c) 8.9 percent of the total participants reported that they had shifted from private to government setups. Participants stated professional reasons such as job security and benefits, opportunities to pursue higher education, and a preference to work at AIISH, Mysuru.

(d) Participants who shifted jobs within private setups was also few (8.9 percent; n=10). The more common reasons stated for shift within private setups was a better salary. Other stated poor satisfaction with previous job and other personal reasons.

Information about the same was analysed, and the data on frequency and percentage of participants is as presented in Table 4.78.

Table 4.78: Number of participants based on job shifts

Job shift	n	Percentage of Total N
Government to Private	13	11.6
Government to Government	3	2.7
Private to Government	10	8.9
Private to Private	10	8.9

*NI=No Information

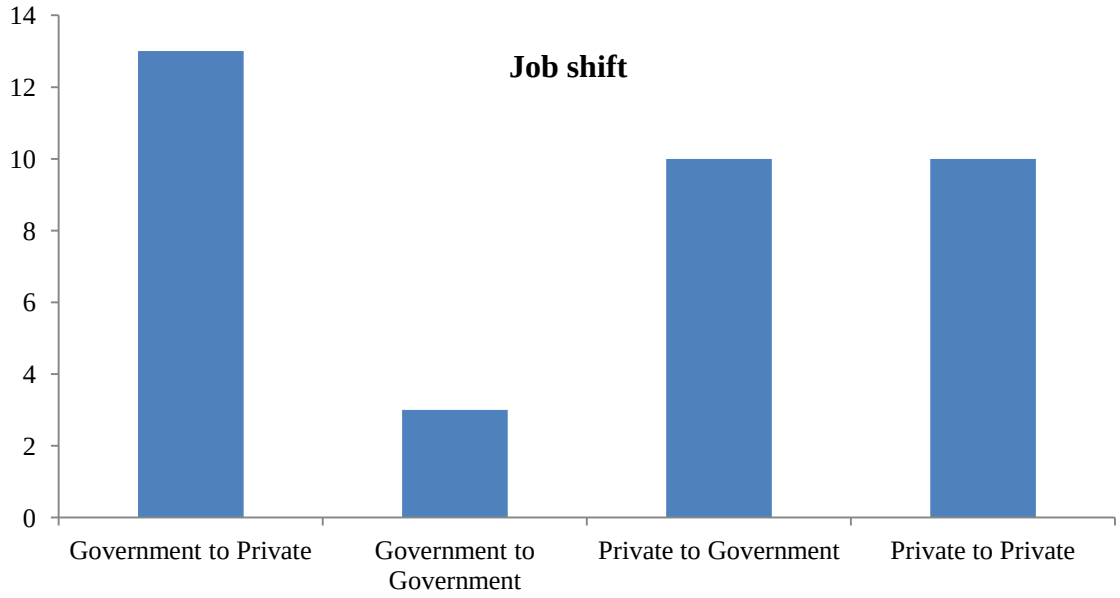


Fig 4.77: Graphical representation of participants based on job shifts

4.8.12. Number of jobs changed

Of the 112 participants, 35 (31.2 percent) who had not shifted their jobs, were either employed for the first time, or were well satisfied with their jobs they were in. Table 4.79 presents information about the same.

Table 4.79: Number of participants based on number of job shifts

Number of job changes	n	Percentage of Total N
None	35	31.2
1	25	22.3
2	5	4.5
3	8	7.1
4 or more	2	1.8
NA	19	17.0
NI	18	16.1

*NA=Not applicable; NI=No Information

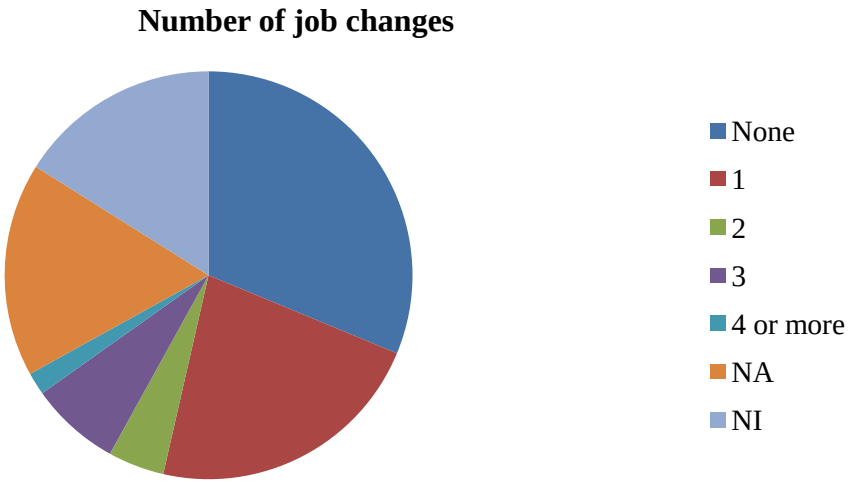


Fig 4.78: Graphical representation of participants based on number of job shifts

4.8.13. Acknowledgements/ Awards/ Professional Achievements

25 participants (22.3 percent) stated that they were acknowledged or awarded for their work in the field of communication and communication disorders. Among the participants who disclosed their professional achievements, some of the achievements listed were 'valued employee of the year', Performance appraisals, and awards such as 'best speech therapist', 'best teacher award', 'best clinician award' from AIISH, 'best paper award', and 'conference fellowship awards'. Few of the specific awards mentioned by the participants were Sir C. V. Raman Award, Dr. N. Rata Oration Award, Dr. Rais Ahmed Memorial Lecture Award, Viswesarayya Vignana Puraskara, Dr. Vasundhara Memorial Lecture Award, Charles Holland Award. Information about the same is as shown in Table 4.80.

Table 4.80: Number of participants based on their acknowledgements/ awards/ professional achievements

Acknowledged/ awarded	n	Percentage of Total N
Yes	25	22.3
No	84	75.0
NI	3	2.7

*NI=No Information

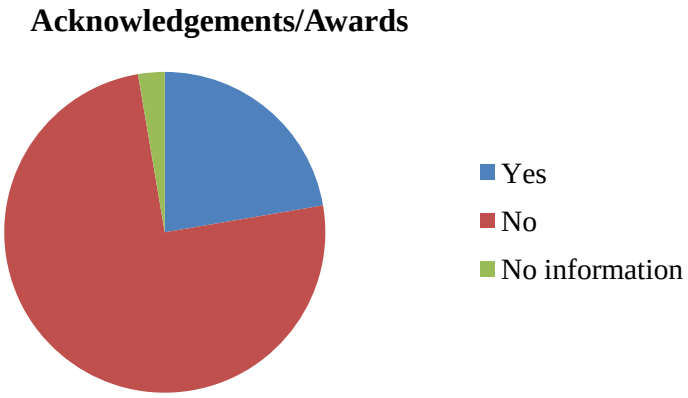


Fig 4.79: Graphical representation of participants based on their acknowledgements/ awards/ professional achievements

4.8.14. Information about Academic duties/ responsibilities

4.8.14.1. Hours spent in teaching

Participants who had academic duties and teaching responsibilities responded to this information. It was observed that a larger percent of participants about 10 hours per week on teaching and academic duties (11.6 percent; n=13), and the majority of them spent one to ten hours per week (35.7 percent; n=40). Table 4.81 presents information about the same.

Table 4.81: Number of participants based on hours spent in teaching

Teaching hours	n	Percentage of Total N
1	8	7.1
2	5	4.5
4	5	4.5
5	3	2.7
6	1	0.9
8	2	1.8
9	3	2.7
10	13	11.6
14	1	0.9
18	3	2.7
22	1	0.9
NA	67	59.8

*NA=Not applicable, i.e., they did not hold teaching responsibilities

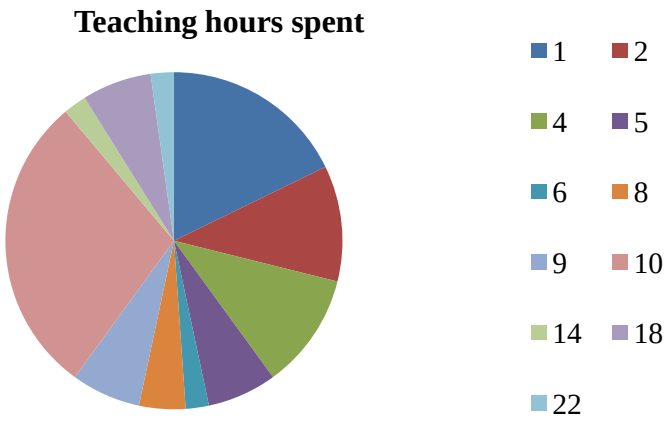


Fig 4.80: Graphical representation of participants based on hours spent in teaching

4.8.14.2. Academic duties fulfilled

Participants to whom this question was applicable, provided information about the activities handled by them. It was observed that a majority of the participants who responded were involved in teaching undergraduate student in the field of communication and communication disorders (30.4 percent; n=34). Information about the same was analysed, and the data on frequency and percentage of participants is as presented in Table 4.82.

Table 4.82: Number of participants based on academic duties fulfilled

Academic Responsibilities	n	Percentage of N
Teaching Diploma students	15	13.4
Teaching UG students	34	30.4
Teaching PG students	27	24.1

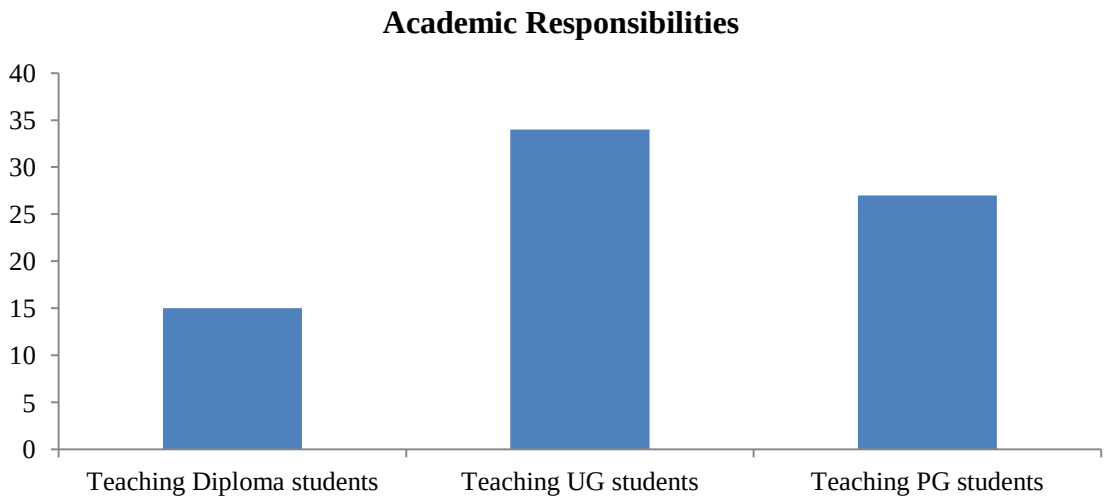


Fig 4.81: Graphical representation of participants based on academic duties fulfilled

4.9. Views of the professional/ personnel about the field of communication and communication disorders

4.9.1. Future aspirations: Plans for five years from now

When participants were enquired about what their plans were professionally, and where they saw themselves five years from now, only one participant considered a shift in profession, while 46 others (41.1 percent) aspired to pursue a higher degree within the same field. Table 4.83 presents information about the same.

Table 4.83: Number of participants based on future aspirations

Future aspirations	n	Percentage of Total N
Working in the same field	37	33.0
Pursuing a higher degree	46	41.1
Dream job	44	39.3
Change in profession	1	0.9
Not working	3	2.7

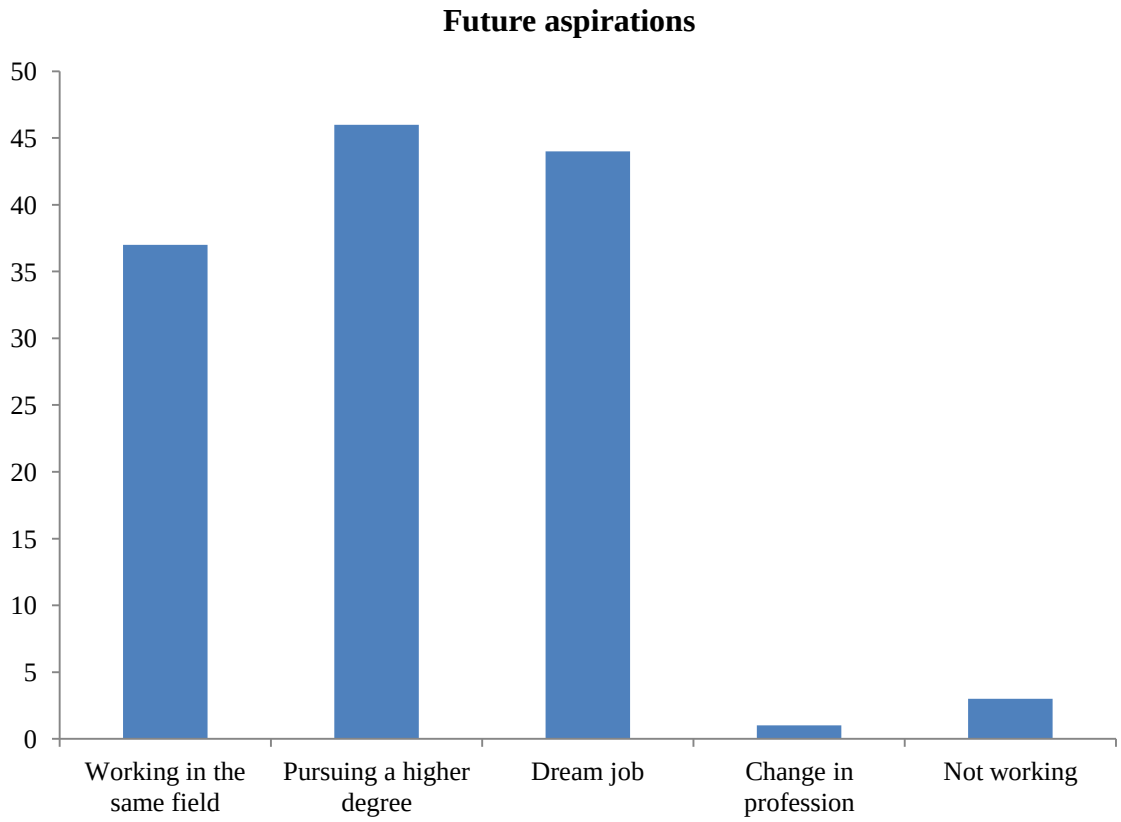


Fig 4.82: Graphical representation of participants based on future aspirations

4.9.2. Future plans for education

Of the participants who wished to pursue a higher degree within the field, 32.1 percent (n=36) aspired to pursue their degree at AIISH, Mysore. 28.6 percent (n=32) hoped to study outside India, while a much smaller percentage 16.1 percent; n=18) were ready to pursue a degree anywhere in India. Table 4.84 presents information about the same.

Table 4.84: Number of participants based on future plans for education

Pursuing a degree	n	Percentage of Total N
At AIISH	36	32.1
Anywhere in India	18	16.1
Outside India	32	28.6

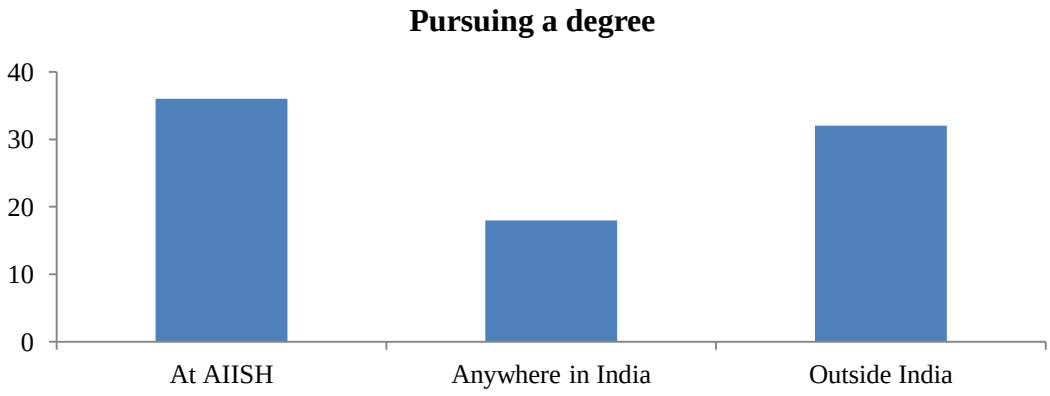


Fig 4.83: Graphical representation of participants based on future plans for education

Chapter 5

DISCUSSION

The study was an attempt at creating a database of professionals in the field of communication and communication disorders, and discerning the personal and professional views about this field. A number of factors affecting job satisfaction, personal and professional growth due to his/her career choice were considered. A survey questionnaire was designed in order to fulfil the objectives of the study. Drawing information from studies carried out in other countries that were conducted on similar lines, the possible ways for distribution of the questionnaire and collection of data was finalised. Thus, with the objective of documenting various aspects of alumni's satisfaction and dissatisfaction with the career choice, the entire population of professionals and personnel who had completed their education at AIISH, Mysuru, were considered for participation in the study. Based on the initial method that was agreed upon, the phase of data collection was initiated with an attempt of collecting responses from all alumni who could be contacted. The method had to be reconsidered and a sampling method was incorporated. Although time and financial constraints of the study were a major reason for change in the methodology, the primary reason was poor response from the alumni. It was observed during the phase of data collection that there was reluctance and lack of enthusiasm among the professionals and personnel to participate in a survey that inquired their views about their profession and their alma mater. Of the hundreds of alumni who were contacted either through electronic mail, telephone, social media or in person, five percent of the population responded. While some alumni found the purpose of such a survey irrelevant, others found it inconsequential to spend their time on this survey, and yet others had a passive approach toward completing a survey concerning their profession. Such an approach toward this survey concerning their profession

asserted a lack of satisfaction with either their choice of career or with their current jobs, or even with the services rendered to them by the institute.

A very general question inquiring about whether participants loved what they did, a question included as part of the survey, brought forth results that while a larger percentage of the participants loved their career, 18.0 percent of the participants reported they were still unsure of their choice, or even disliked what they were doing. Nevertheless, within the majority who loved their career choice, the service that participants were able to provide to persons with communication disorders was what satisfied them the most. More participants seemed satisfied with their career choice for reasons involving rendering quality services and patient satisfaction. Fewer participants stated reasons concerning their personal satisfaction such as 'income', 'support of co-workers', 'independence at workplace', 'work-life balance' and 'hours of work' as factors influencing overall career satisfaction. These results from the survey in the present study lead us to infer that although the professionals within this field are putting in all effort to provide the best services to their stakeholders, they themselves remained personally discontented with their career, or certain aspects of their jobs. These aspects or professional rewards either internal or external (Mottaz, 1984; Saccone & Steiger, 2012) was described to understand how these factors differently affected job satisfaction. The results of the current study also observed that the participants' overall job satisfaction level was affected by both internal and external factors. Internal factors such as 'independence at workplace', 'choice of profession' affected the overall satisfaction more than internal factors such as 'satisfaction with service delivery'. Most of the external factors such as 'income and other benefits', 'paperwork', 'hours of work', 'work environment', seemed to affect overall professional satisfaction negatively as reported by the participants.

Further observation of the results of the survey revealed that the level of satisfaction with respect to the annual income and the profession in majority of the participants ranged

from 50-80 percent, and fewer participants had a 90-100 percent satisfaction level. Varied conclusions can be drawn from the qualitative statements by the participants (see Appendix II) about what might be the reasons for fewer professionals being satisfied with their profession. As much as participants felt contented serving people and working in this field of disability, there were other factors that were reported that caused their dissension. To begin with, many participants, as observed in the results of the survey, did not enter this field by choice, but only by a factor of chance. Upon analysis of the responses by the 112 participants, 68.8 percent of participants reported that their current field was not their first choice of profession.

A number of participants also reported that the academic facilities provided by the institute lacked in quality, putting forth statements such as “Poor student teacher relationship”, “Poor knowledge of faculty”, “No bridge between theory and practice” and “Videos or demonstrations by faculty for training/therapy and other clinical procedures rather than learning from senior clinicians”. Few other statements included “Lack of hands on experience”, “Most of the training being restricted to classroom situation”, “Not enough training to improve skills in decision making”, “Poor awareness among clinicians about paediatric language training programs”, “Improvement required in terms of clinical practicum, soft skills and knowledge of business related issues”, all of these indicating that the training for clinical, academic and research skills is insufficient. This might be an indication that the institute needs to develop better strategies to ensure quality of academic services rendered to the students entering the various educational programs at the institute, and thus focussing toward building better human resources. Training needs to be provided for different aspects within the field, and not only in terms of the core subjects. In addition to adopting better methods to attract candidates who are motivated to work in this field, the

administrators need to look into further to retain this pool of talent and promote them within this field.

As a premier institute in the field of communication and communication disorders, AIISH is striving to reach out to persons with communication disorders and providing them with quality services. To a vast extent, it has been successful in its endeavours, yet there is a long way to go. A major obstacle as reported by many participants was the lack of awareness. Awareness about the field and the role of professionals in the health care sector is still limited among the public and among professionals in medical and allied fields. A number of participants in the survey reported that they had difficulties in their transition from being a student to becoming a professional. Some of these participants clarified that problems arose especially because other professionals within their work setting were unaware of their role within a multidisciplinary health care team. However, none of the participants were unemployed indicating that there is a demand for speech language pathologists and audiologists within as well as outside the country. Thus the profession appears to be lucrative considering the wide scope of practice that is available.

On the other hand, professionals working outside a central government setup experienced a loss of identity while working as subordinates to professionals from other fields. This entails that there is a serious concern in terms of lack of awareness or ignorance among other professionals about this field, something that continues to persist even after fifty years of setting up of this prestigious institute. By providing opportunities for collaborations with other disciplines, the institute can ensure that its students receive better exposure and prepare them for their professional life instilling confidence to work in a wide variety of setups. Such collaborations with other disciplines in terms of research, academic, and clinical endeavours will serve as a boost to the institute's effort to help increase awareness about the field. In addition to the constant efforts by the institute to broaden research possibilities,

better strategies need to be devised to advance these facilities through professional alliances at both the national and international levels, and further ensuring that academic, clinical and infrastructural facilities also progress.

One interesting observation within the results of the survey was the percentage of participants who had any research articles or book publications or were actively attending conferences to keep themselves updated about current research in the field. The number of participants as observed within this sample seemed to be very low. The growth of any professional and the field depends on the research, making new advances and integrating knowledge from various fields. Fewer numbers of participants who carried out research activities does not indicate that there is a dearth of knowledge in this field, yet, it does show that the broader perspective that can be gained with a collaborative effort is lacking.

Another commonly expressed factor for dissatisfaction with the facilities at the institute was the inadequate exposure to other professions, medical, allied or technical. The participants reported that they received adequate theoretical knowledge but lacked any practical training. By coordinating with professionals from other fields, there is an increased opportunity for students to explore various work settings, be acquainted with different types of clinical disorders, which students might have only read about, interact with various professionals, understand and explore their possible roles in the rehabilitation of persons with communication disorders. This also increases the opportunity for the other professional to understand better our roles as a professional, and talk about our field to an even larger population that may be beyond our reach. The IAMR report (2009) aimed at providing a comprehensive statistical report about the status of various rehabilitation professionals in India and predictions for their requirement by 2016. Being a report of such national importance, it still had uncertainty about the role of professionals in the field of

communication and communication disorders, especially Audiologists and Speech language pathologists.

Poor participation and a lack of enthusiasm to participate in the present survey as explained earlier were inferred to be a result of ignorance towards the importance of such a research, indifference toward growth of the profession/ institute, fear of stating opinions candidly or even a lack of belongingness towards the institute as expressed by few alumni. The cause of this estrangement, although never clarified by the alumni, could only be presumed from the comments by the participants. A more frequent statement made by the participants was a poor student-teacher relationship that led to a poor interaction between the students and teachers. Another aspect that repeatedly arose in the comments by the participants was the lack of adequate clinical training. These were concerns raised from the participant point of view. There were other challenges that hindered the process of data collection. Most of the alumni could not be contacted through telephone or in person, and hence the questionnaire forms on Adobe Acrobat were sent through electronic mail only after ensuring that the ID was the most recent one. There is a possibility that these professionals did not have access to their electronic mails at the time, or even that they had difficulty accessing the questionnaire through Adobe Acrobat and saving the information that they had filled up.

This study, keeping up with the adversities and possible drawbacks, has been able to illustrate the personal and professional growth of AIISH alumni. These professionals in turn have significantly contributed in clinical, research, human resource development and have served as ambassadors for persons with communication disorders. It is noteworthy that most of the professionals have entered this lucrative field by chance rather than choice, and yet have grabbed this chance which has given them the choice to work in different setups where they have been able to make a dent in the lives of persons with communication disorders,

develop human resources, conduct quality research and advocate the rights of persons with communication disorders. However the objectives of the study as initially conceived may not have been fully attained in view of the time constraints and the lower rate of responses from the population and is to be seen as an exploratory study which needs to be followed up by a extensive study to cover a wider perspective of the professionals both quantitatively and qualitatively. This study, despite being the first of its kind in capturing the perspectives of AIISH alumni also has lot of inputs from the perspective of policy making to enhance the existing standards to match the global standards in clinical, research, academic and advocacy.

Chapter 6

SUMMARY AND CONCLUSION

This study is only an initial step to understand the status of speech and hearing professionals who graduated from the institute. Although the number of participants in the current study was less compared to the population that was accessible for participation, the stratified random sampling techniques ensured that a good representation of the population was obtained from all age groups, gender and educational qualifications.

Professional satisfaction is a realm that needs to be explored more deeply to understand where we stand as professionals in terms of the service delivery and in terms of the remuneration. The study has been able to bring forth issues pertaining to lack of professional satisfaction due to poor external rewards, and professionals who keep hanging on only because the outcome of the job in itself is very satisfying. A lot of demographic and professional information was obtained within the content of the survey questionnaire and based on the results, the potential contributors to job/ professional satisfaction were identified. Sections of the questionnaire such as educational qualification, job position, work setting and the preferences, current annual income, income satisfaction, job responsibilities, professional satisfaction, satisfaction with choice of profession and views about the institute in terms of acquisition of skills required for the profession were identified as important for further insight specific to this subject.

A number of positive aspects about the institute were reported by the participants in terms of the facilities available on campus. Suggestions were given with regard to what needs to be done to be able to make the best use of these facilities. In a scenario wherein the student at AIISH is considered as a consumer, there should be implementation of a consumer-driven system. Such a system would allow the student to voice out their opinions more honestly

without facing the fear of criticism, with respect to the facilities that the institute is providing them, what may be lacking and how things can be improved. The theoretical knowledge that is provided at the academia was well appreciated by the participants in their remarks; the research and clinical training and training to improve soft skills is what lagged behind. Thus, rather than simply shoving information, faculty should have an approach of empowering students to be better professionals, and excel in their areas without having to lose their identity or uniqueness.

The survey that was conducted put forth a ground for professionals to formally state their opinions about their field, about the institute they graduated at, and about their current jobs. The fact that fewer professionals participated in this survey raised issues of their indifference towards such a research and also their reluctance toward stating their opinions openly. Whatever may have been the reasons for the alumni to back out from participating in the survey, there is a greater need for creating opportunities for professionals and students alike to voice their opinions, whether criticisms, praises or suggestions, and an assurance that they will be taken positively by the faculty and administrators. Various forums need to be utilised, either through meet-ups or surveys at a larger scale to ensure that the problems and opinions of the professionals are heard and at a continuous basis. This will also create an opportunity for professionals to remain connected. A greater sense of belongingness needs to be instilled in the students and among the alumni by creating such open forums for *communication*, enabling them to *coordinate* with one another and learn to work *cohesively*, thereby ensuring *commitment* towards the profession and strengthening their *connection* with another and with the alma mater.

Others such as expectations of a professional in terms of remuneration or job position, work stress, specific challenges at the workplace, specific practical knowledge required as a

student, competence of co-workers/ faculty, are few domains that have not been addressed in the present study, and could be considered for inclusion in future research.

REFERENCES

Adobe Acrobat Pro. Adobe systems Inc., USA. Retrieved from https://acrobat.adobe.com/in/en/products/acrobat-pro.html

All India Institute of Speech and Hearing [Official website]. Retrieved from www.aiishmysore.in/

All India Institute of Speech and Hearing (2008-2015). *Annual reports of All India Institute of Speech and Hearing* [Official document]. Retrieved from http://www.aiishmysore.in/en/annual_report.html.

All India Institute of Speech and Hearing (2005). *Memorandum of Association- Rules and Bylaws* [Official document]. Retrieved from http://www.aiishmysore.in/en/pdf/mou_rules.pdf

American Speech-Language-Hearing Association (1993). *Definitions of communication disorders and variations* [Relevant Paper]. Retrieved from www.asha.org/policy.

American Speech-Language-Hearing Association (2001). *Knowledge and skills required for the practice of audiologic/aural rehabilitation* [Knowledge and Skills]. Retrieved from www.asha.org/policy.

American Speech-Language-Hearing Association (2004). *Scope of practice in audiology* [Scope of Practice]. Retrieved from www.asha.org/policy.

American Speech-Language-Hearing Association (2007). Scope of Practice in Speech-Language Pathology [Scope of Practice]. Retrieved from www.asha.org/policy.

American Speech-Language-Hearing Association (2015). *Annual Salary Report* [SLP Healthcare Survey]. Retrieved from http://www.asha.org/uploadedFiles/2015-SLP-Health-Care-Survey-Annual-Salaries.pdf

Easwar, V., Boothalingam, S., Chundu, S., Manchaiah, V. K. C. & Ismail, S. M. (2013). Audiological Practice in India: An internet-based survey of Audiologists. *Indian Journal of Otolaryngology and Head and Neck Surgery, 65, 3,* 636-644

Education Resources Information Center Development Team (1990). Children with Communication Disorders. *ERIC Digest #E470 (Revised #419).* Retrieved from http://www.eric.ed.gov/

Free Online Surveys. Problem Free Limited, UK. Retrieved from https://freeonlinesurveys.com/

Google forms. Google Inc., Mountain View, CA, USA. Retrieved from https://apps.google.com/products/forms/

Goswami, S. P., Shanbal, J. C., Navitha, U., & Samasthitha, S. (2010). Feedback questionnaire for Aphasia Treatment Manuals adapted from Field testing of Manual for Adult Non-fluent Aphasia Therapy. Project funded by AIISH Research Fund, All India Institute of Speech and Hearing, Mysore, India.

Haas, J. S., Cook, E. F., Puopolo, A. L., Burstin, H. R., Cleary, P. D., & Brennan, T. A. (2000). Is the Professional Satisfaction of General Internists Associated with Patient Satisfaction? *Journal of General Internal Medicine, 15, 2,* 122–128

Indian Speech and Hearing Association (2011). *Scope of practice in Audiology & Speech-Language Pathology* [Scope of Practice]. Available from http://www.ishaindia.org.in/pdf/Scope_of_Practice.pdf

Martin, F. N., Champlin, C. A., & Streetman, P. S. (1997). Audiologists' Professional Satisfaction. *Journal of the American Academy of Audiology, 8, 1,* 11-17

Mottaz, C. J. (1984). Education and work satisfaction. *Human Relations, 37, 11,* 985-1004

Mottaz, C. (1985). The relative importance of intrinsic and extrinsic rewards as determinants of work satisfaction. *The Sociological Quarterly, 26, 3,* 365-385

Online Surveys. King Brown Partners, Inc. Retrieved from http://www.onlinesurveys.com/

Qualtrics Online Survey. Qualtrics, USA. Retrieved from https://www.qualtrics.com/ on 09-01-2015

Raosoft sample size calculator (2004). Raosoft, Inc. Retrieved from http://www.raosoft.com/samplesize.html

Rathna, N. (1993). Epilogue. In Rathna, N. (Ed.) *Speech and Hearing in India: Thirty years. A publication of Indian Speech and Hearing Association,* 83-84.

Reeter, R. E. (2012). Job Satisfaction Survey in Speech-Language Pathology. A Research Paper Submitted in Partial Fulfilment of the Requirements for the Degree Master of Arts, University of Northern Iowa

Rehabilitation Council of India (1992). The Rehabilitation Council of India Act. Retrieved from http://www.rehabcouncil.nic.in/

R version 3.2.2 for Windows (32/64 bit). R project for statistical computing. Retrieved from https://www.r-project.org/

Saccone, P. & Steiger, J. (2012). Audiologists' Professional Satisfaction. *American Journal of Audiology, 140, 21,* 140 - 148

Sharma, S. K. (2009). Projection of Human Resource Requirement in the Field of Rehabilitation of Persons with Disabilities. *Report of the Institute of Applied Manpower Research*. Retrieved from http://www.iamrindia.gov.in/Downloads/IAMR%20reports/projection.pdf

Survey Gizmo. Widgix, LLC . Retrieved from https://www.surveygizmo.com/

Survey Monkey. Survey Monkey Inc. Retrieved from https://www.surveymonkey.com/

United Nations (2006). Convention on the Rights of Persons with Disabilities. Retrieved from http://www.un.org/disabilities/convention/conventionfull.shtml

United States Bureau of Labour Statistics (2010). *Occupation Outlook Handbook.* Retrieved from http://www.bls.gov/ooh/healthcare/speech-language-pathologists.htm#tab-6

Vanguard Vista. Vanguard Software Corporation, USA. Retrieved from http://www.vista-survey.com/

Verdon, S., Wilson, L., Smith-Tamaray, M., & McAllister, L. (2011). An investigation of equity of rural speech-language pathology services for children: a geographic perspective. *International Journal of Speech Language Pathology, 13, 3,* 239-50

Wilson, L., Lincoln, M., & Onslow, M. (2002). Availability, access, and quality of care: Inequities in rural speech pathology services for children and a model for redress. *International Journal of Speech-Language Pathology (previously known as Advances in Speech-Language Pathology), 4, 1,* 9-22

Windmill, I. M., & Freeman, B. A. (2013). Demand for audiology services: 30-yr projections and impact on academic programs. *Journal of the American Academy of Audiology, 24, 5,* 407-16. doi: 10.3766/jaaa.24.5.7

World Health Organization (2001). International Classification of functioning disability and health. Geneva, Switzerland. Retrieved from http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442471759

World Health Organization (2011). *Global Health and Aging*. Retrieved from http://www.who.int/ageing/publications/global_health.pdf

Wylie, K., McAllister, L., Davidson, B. & Marshall, J. (2013). Changing practice: Implications of the World Report on Disability for responding to communication disability in under-served populations. *International Journal of Speech-Language Pathology, 15, 1*, 1-13.

Dear Sir/Ma'am,

As a small initiative to understand the scope of practice of speech and hearing professionals in the Indian scenario and our contribution globally, an ongoing project at the ***All India Institute of Speech and Hearing, Mysore,*** intends to survey all individuals who have completed their education at the institute.

It has been felt that there is a need to maintain throughout the relationship of the student and the alma mater, and a greater need for the institute to understand the growth of its students as professionals. In this view, the questionnaire has been developed focusing on you, looking deeper into your personal and professional achievements. We the principal investigators of the project, Dr. S. P. Goswami and Mr. Ramkumar S., along with the research officer Ms. Sharon Mathews, request you to be a part of this project titled "Status Report of Speech and Hearing Professionals: National and Global scenario".

We request you to spend no more than 20-30 minutes of your busy schedule to take up this survey. Please provide complete information to the questions in each form, specifically questions marked with a star that are mandatory. You may choose to skip certain questions, if you find they are not relevant to you. Thank you!

Privacy Statement

The Principal Investigators and the project officer of this ongoing project at AIISH would like to thank you for participating in this confidential survey. This survey is not intended as a promotion, nor do we intend to bother you in your busy schedule. This is a survey using scientific methods and we promise that, in obtaining your co-operation, we will not mislead you about the nature of the research or the use that will be made of the findings. All of the information requested in this survey is only intended to be used for making professional interpretations. With the aim of creating a comprehensive database of the professionals trained at AIISH, Mysore, we also expect that the information collected from this survey shall help in developing manpower and creating infrastructure for better services in different parts of the country for persons with communication disorders. The information you provide will also throw light on further scope of improvement in the services provided by AIISH, Mysore. Further, it is also expected that information from this survey may give some direction for making better policies for the professionals and stakeholders in the area of communication disorders at large. These questions will reveal critical information as the nature of work, the status of professionals and their satisfaction with their work. A section of the questions are also included to understand how the professionals are able to manage their time balancing life and work, this way drawing conclusions as to whether speech and hearing professionals do go underpaid.

With your consent, the information obtained from you will be pooled in the larger data from all of the participants keeping your identity confidential. Only authorised persons have access to the information you provide us.

I. Personal information

Name

First name: **

Middle name:

Last name: **

Age in years ** :	**Gender** ** Select	**Date of birth** [DD/MM/YYYY] :

email ID **:

Contact number:

NOTE: You may/ may not choose to state your religion and category. The data for this domain will provide a distribution of professionals with respect to religion and category. We do not wish to offend anyone, neither use it for any political purposes

Religion: ◯ Do not wish to disclose

Category: Select ◯ Do not wish to disclose

Place of birth

Village :

Taluk :

District :

State ** :

Country ** :

Place of schooling	**Name of school**	**District**	**State**
Primary school/ upto 5th grade			
High school/ 10th grade	☐ Same as above	☐ Same as above	☐ Same as above
10th -12th grade	☐ Same as above	☐ Same as above	☐ Same as above

Current residence **

Village :

Taluk :

District :

State ** :

Country ** :

Current citizenship ** Select

Permanent address ☐ Same as current residence

Village :

Taluk :

District ** :

State ** :

Country ** :

Do you (and/or did you) have any health related issues?	If **YES**, do your issues relate to (check all that apply):
☐ Yes ☐ No ☐ Do not wish to disclose	☐ Communication disorders ☐ Physical conditions ☐ Metabolic disorders: ☐ Cardiac problems ☐ Hypertension ☐ Diabetes Others (specify, if you please):

How is your health generally? Select

How frequently do you/ family members have a medical check-up?

Select/ Enter text

Are you/ your family covered by insurance?

Select/ Enter text

Does anyone in your family have communication disorders?

- ○ No
- ○ Yes (specify, if you please)
- ○ I don't know
- ○ Do not wish to disclose

Marital status Select

Size of your family **(if applicable):**

State number of female children

State number of male children

Employment status of spouse	**Educational background of your spouse**	**Profession of your spouse**	**Annual income of your spouse (in rupees)**
Select	Select	Select/ Enter text	Select

	Father	Mother
Highest educational qualification of your parents	Select	Select
Occupational background of your parents	Select/ Enter text	Select/ Enter text

Income of your parents before you started working (in rupees):

Select

☐ Do not wish to disclose

In a year, how many days do you **go out with your family for a holiday**?

Select

Do you think you have enough time to pursue your hobbies and leisure activities?

Select

Are you associated with any political/ social/ community-based groups?

Select

Are any of your family members associated with any political/ social/ community-based groups?

Select

II. Professional information- General

1. Qualification **: (provide information about **all degrees** you have received)

Check (✓) applicable	Degree	Final Year of completion	Name of the Institute and City
☐	Caregivers of Children with Developmental Disabilities (C4D2)		
☐	DHA & ET		
☐	DTYHI		
☐	DHLS		
☐	B.Sc. (Sp. & Hg.)		
☐	B.S.Ed (HI)		
☐	PGD-CLP		
☐	PGD-FSST		
☐	PGD-NA		
☐	PGD-AAC		
☐	M.S.Ed (HI)		
☐	M.Sc. (Aud)		
☐	M.Sc. (SLP)		
☐	MSc. (Sp. & Hg.)		
☐	Ph.D. (Audiology)		
☐	Ph.D. (SLP)		
☐	Ph.D. (Sp. & Hg.)		
☐	Post-doctoral fellowship		

2. Have you acquired other educational qualifications apart from the above mentioned? (For example, MBA/ clinical psychology/ law, etc.)

Select

If yes, please state your complete educational qualification:

3. Current employment status **:

- **If Employed**

➔ As an SLP and/or Audiologist/ Special Educator (Sp.Ed.) /Forensic Speech Pathologist (FSP)/ Speech Language Assistant (SLA)/ Ear mould Technician (EMT)/ in the field of communication disorders:

Current professional position(s)	Select/ Enter text Other (specify)	Select/ Enter text Other (specify)

Name of the workplace**		
District State Country		
	☐ Same as current residence	☐ Same as current residence
Designation **		
Is it your part-time or primary occupation?	Select	Select
Years since you hold this position		
Type of setup	Select Other (specify)	Select Other (specify)
Your work basically involves:	Select Other (specify)	Select Other (specify)

Your current annual income (in rupees)	**Number of years since you have been filing income tax returns**	**Do you get any extra benefits apart from your salary?**
Select	Select	Select/ Enter text

4. **How satisfied are you with your current income?** **

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

10 -------- 9 -------- 8 -------- 7 -------- 6 -------- **5** -------- 4 -------- 3 -------- 2 -------- 1 -------- **0**

(extremely satisfied) (neither satisfied nor dissatisfied) (extremely dissatisfied)

5. **Compared to your peers/ colleagues, how satisfied are you with your current income?**

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

10 -------- 9 -------- 8 -------- 7 -------- 6 -------- **5** -------- 4 -------- 3 -------- 2 -------- 1 -------- **0**

(extremely satisfied) (neither satisfied nor dissatisfied) (extremely dissatisfied)

Have you ever shifted between jobs?	Select
If yes,	
☐ Government to private Why?	☐ Private to government Why?
☐ Government to Government Why?	☐ Private to private Why?
Number of job changes	Select

Previous professional position(s) held (mention in chronological order)	**First**	**Second**	**Third**
	Select/ Enter text Other (specify)	Select/ Enter text Other (specify)	Select/ Enter text Other (specify)
Name of the workplace			
District State Country			
	☐ Same as current residence	☐ Same as current residence	☐ Same as current residence
Designation			
Years you held this post(s)			
Type of setup	Select Other (specify)	Select Other (specify)	Select Other (specify)
Your work basically involves:	Select/ Enter text Other (specify)	Select/ Enter text Other (specify)	Select/ Enter text Other (specify)

****

Unemployed (seeking a job) [skip if other]

Q. Number of **years/ months** of unemployment

Q. Are you seeking job at/ as

Select/ Enter text Other (specify)

Unemployed (not seeking a job currently) [skip if other]

- Personal obligations
- Others (specify, if you please)

Shifted to an entirely different field [skip if other]

1. What is your current primary profession?
2. What were your reasons for shift in field? (check all that apply)

- ☐ The field is not interesting
- ☐ Speech language pathology/ Audiology is interesting, but it was not my passion
- ☐ The pay is not good as for other professions
- ☐ No scope of development for professionals in this field
- ☐ The work is too stressful
- Others (specify)

3. Are you happy with your decision of having shifted your profession?

Select

(For those s**hifted to a different field**; Skip, if not relevant to you)
If **YES**, what makes you happy with your current profession?

- ☐ Good pay/ Compensations/ Benefits
- ☐ Satisfaction with the work I do
- ☐ Relationship with co-workers
- ☐ Independence
- ☐ My work does not get monotonous
- ☐ Different types of work settings available
- ☐ Challenging work
- ☐ Able to balance life and work
- ☐ Learning never ends
- ☐ Hours of work

Others (specify) _

4. Given a chance, are you willing to practice as a professional for persons with communication disorders?

Q. If **YES**, what would you like to work as?

- ☐ SLP (academician/ clinician/ researcher)
- ☐ Audiologist (academician/ clinician/ researcher)
- ☐ Special Educator
- ☐ Forensic SP. Path.
- ☐ Ear mould technician
- ☐ Administrator

Other (specify)

****

2. You dreamt/ dream of working in: (rate from 1-9 in the order of preference, **1** being most preferred and **9** being least preferred)

1	Central government institutions
1	State government institutions
1	Medical college
1	Hospital
1	Corporate setup
1	Own setup
1	School
1	Special school
1	Forensic speech Lab

Other (specify)

☐ Not applicable

3. You dreamt/ dream of being a (rate from 1-7 in the order of preference, **1** being most preferred and **7** being least preferred)

1	Researcher
1	Academician
1	Clinician
1	Administrator
1	Marketer
1	Teacher
1	Advocating the rights of PWD

Other (specify)

☐ Not applicable

4. **Years of experience** working in this field of speech and hearing

5. Which is your area of specialization? (mark all that are appropriate)

- ☐ **Speech**
  - ☐ Pediatric
  - ☐ Adult
    - ☐ Voice
    - ☐ Fluency
    - ☐ Articulation
    - ☐ Motor speech disorders
- ☐ **Language**
  - ☐ Pediatric
  - ☐ Adult
- ☐ **Augmentative and Alternative Communication**
- ☐ **Audiology**
  - ☐ Pediatric
  - ☐ Adult
    - ☐ Cochlear Implant
    - ☐ Hearing Aid trial
    - ☐ Diagnostic Audiology
    - ☐ Auditory Verbal Therapy
- ☐ **Ear mould technology**
- ☐ **Speech and hearing assistant**
- ☐ **Forensic speech sciences**
- ☐ **Education of children with hearing impairment**

Others

6. Your job demands you to work about _____ hours per week (if applicable)

7. Are any of your family members in the same profession?

Select

8. Have you been able to become a role model for others in the society or any of your family members?

Select

9. How is your relationship with your co-workers?

Select

10. Do you feel your relationship with your co-workers affects your work in any way at all?

Select

11. Have you been acknowledged/ awarded by different bodies/ associations/ organization for your work?

If **YES**, please specify

III. Professional information- Clinical (if applicable)

1. Average number of patients you see each day

2. The clinical population that your services cater to generally include (check all that apply):

- ☐ Adult
  - ☐ Speech
  - ☐ Language
  - ☐ Hearing
- ☐ Pediatric
  - ☐ Speech
  - ☐ Language
  - ☐ Hearing

3. What is the duration of the sessions in clinical practice?

Select

4. Do you see your clients:

Select

Other?

☐ Not applicable

On an average, **how many children** with communication disorders do you see each day?	Select	☐ Not applicable
On an average, **how many adults** with communication disorders do you see each day?	Select	☐ Not applicable
On an average, **how many persons** with audiological problems do you cater to each day?	Select	☐ Not applicable
On an average, **how many hearing aids** are issued by you each day?	Select	☐ Not applicable
On an average, **how many hearing aids are repaired** by you each day?	Select	☐ Not applicable
On an average, how many **ear moulds** are distributed by you each day?	Select	☐ Not applicable
On an average, how many **forensic cases** do you handle each day?	Select	☐ Not applicable

IV. Professional information- Research (if applicable)

1. Average number of publications in a year	Select	☐ Not applicable
2. Average number of conferences attended in a year	Select	☐ Not applicable
3. Average number of hours per week spent on advocacy	Select	☐ Not applicable
4. Average number of hours per week spent on teaching	Select	☐ Not applicable
5. Approximate number of articles published to date	Select	☐ Not applicable
6. Approximate number of books published to date	Select	☐ Not applicable
7. Fellowships received (specify)		☐ Not applicable

8. Do you have any **memberships to any professional bodies**?

☐ Rehabilitation Council Of India

☐ Indian Speech And Hearing Association

☐ American Speech And Hearing Association

☐ Speech Pathology Australia

☐ The Royal College of Speech & Language Therapists United Kingdom

☐ The Speech-Language Hearing Association Singapore

Others (specify)

☐ Not applicable

V. Professional information- Academic (if applicable)

1. What are your responsibilities as an academician?

- ☐ Teaching diploma students
- ☐ Teaching under-graduate students
- ☐ Teaching post-graduate students

Others

2. Do you feel the present academicians need better training to become better teachers in the field of speech and hearing?

Select

VI. Your views on the field of communication disorders in general

1. Whom would you give credit to for having entered this field? (check all that apply) **

- ☐ Parent
- ☐ Friends
- ☐ Neighbours
- ☐ Newspaper
- ☐ Teachers

Other (specify)

2. Do you love what you do? ** Select

If **YES**, what do you love about this profession? (check all that apply)		If **NO**, what is it that you dislike about this profession? (check all that apply)	
☐	Good pay/ Compensations/ Benefits	☐	The work settings are not satisfactory
☐	Satisfaction when serving people	☐	Low pay
☐	Relationship with co-workers	☐	Very few job opportunities
☐	Independence	☐	Problems with co-workers
☐	A diverse range of disorders that are handled	☐	Administrative issues
☐	Different types of work settings available	☐	Mounds of paperwork
☐	Challenging work	☐	No job satisfaction
☐	Able to balance life and work	☐	More work needs to be handled, than can be by a single person
☐	Learning never ends		
☐	Hours of work	☐	Hours of work
Others		Others	

3. How would you rate yourself professionally and personally compared to your peer group (across professions and within)? **

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

10 -------- 9 -------- 8 -------- 7 -------- 6 -------- **5** -------- 4 -------- 3 -------- 2 -------- 1 -------- **0**

(extremely satisfied) (neither satisfied nor dissatisfied) (extremely dissatisfied)

4. Was speech and hearing your first choice of profession?

Select

Q. If no, what was your first choice of profession?

5. Given a chance, are you willing to change your profession?

Select

Q. If yes, what would you like to work as?

6. Where do you see yourself 5 years from now? (check all that apply)

- ☐ In the same field/ position as now
- ☐ Pursuing a higher degree
- ☐ Doing a job that I've always wanted to do
- ☐ Will have changed my field
- ☐ I would NOT want to be working at all

Other (specify)

7. If you are pursuing a higher degree, how and where would you like to continue your education?

- ☐ At AIISH
- ☐ Anywhere in India (specify)
- ☐ In another country (specify)

VII. Your views about AIISH

Since you have at some point in time been a part of AIISH, or continue to be a part of AIISH, the following information that you will provide will only help in its growth and reach the goals it aspires to achieve.

1. Do you feel your foundation was enough for you to stand different among your peers?

   Select

2. What were the areas of strength at AIISH, that helped you grow as a professional during you training period? (check all that apply)

   - ☐ Teaching expertise of the faculty
   - ☐ Clinical training
   - ☐ Clinical exposure
   - Others (specify)

3. What were the weaknesses in the services you received at AIISH during your training? (check all that apply)

   - ☐ Lack of infrastructure
   - ☐ Lack of teaching expertise of the faculty
   - ☐ Lack of adequate clinical training
   - ☐ Lack of adequate clinical exposure
   - Others (specify)

4. Do you feel the academic curriculum used at AIISH meets the need as per the national and international scenario?

   Select

   If **No** specify the areas for scope of improvement

5. Do you feel the clinical curriculum used at AIISH meets the need as per the national and international scenario?

   Select

   If **No** specify the areas for scope of improvement

6. Do you feel the research curriculum meets the need as per the national and international scenario?

Select

If **No** specify the areas for scope of improvement

7. What were the difficulties faced by you in your transition from a student to a professional? (check all that apply)

- ☐ Difficulty communicating with other professionals
- ☐ Lack of awareness about the profession in general public and other professionals

Others (specify)

8. What are your suggestions for scope of improvement of AIISH at regional, national and international level?

9. How would you like to contribute in the growth of AIISH? (check all that apply)

- ☐ Delivering guest clinical/ academic/ research lectures
- ☐ Sharing their clinical experience and expertise
- ☐ Creating awareness about AIISH
- ☐ Influencing AIISH in policy making
- ☐ Prevention of communication disorders
- ☐ Not applicable
- ☐ I don't know

Other (specify)

10. How did your perception about this field change before and after your education at AIISH?

11. (for those working outside of AIISH)

Given a chance, would you like to work at AIISH? Select

i. If **yes**, why?

ii. If **no**, why?

Thank you for participating!

APPENDIX II

The comments by the participants about the field of communication and its disorders and about the institute, AIISH, Mysuru, were compiled in the list below. These comments were modified minimally in the case of spelling errors. Words and phrases were also expanded in case of abbreviations or acronyms.

Participants were asked about the areas of strength of the institute. Apart from the options listed in the survey questionnaire, that included teaching, clinical exposure and clinical tools, participants stated additional areas which they perceived had contributed to their growth as professionals. All of the comments in this section were classified under the following heads:

-- Research opportunities
-- Research
-- Being a researcher
-- Research - guidance and encouragement, good infrastructure
-- Library facilities/ resources
-- Library
-- The theoretical knowledge that I gained while I was a student.
-- Curriculum and library
-- Reading
-- Very friendly environment and a good team work
-- Infrastructure, creating excellence health care.
-- Interns
-- Facilities and infrastructure available
-- Infrastructure
-- State of the art equipments/gadgets
-- AIISH is best compared to other institutes. The students at AIISH gets the best in many ways. I am very happy and blessed to be a student as well as a staff for a short period in my mother institute and if I get any chance in future will definitely work for at AIISH if at all there were distance jobs through online

The areas of weakness as pointed out by the participants have been compiled in the following list. The comments were minimally edited for spelling, grammar and shortened phrases.

-- Poor student teacher relationship
-- I lacked knowledge in so many subjects because the staff themselves didn't have good and enough understanding of their subject
-- No bridge between theory and practice industry.

-- Lack of flexibility; student-teacher interaction could be enhanced

-- Some staff were brilliant while others had no knowledge at all

-- Immense pressure from the CBCS curriculum at times and politics but what be it, I love AIISH

-- Lack of interest in some particular areas of the field as well as exaggeration/ highlighting some popular topics in the field shown by faculties/ lecturers/ clinical supervisors

-- Lack of hand on experience. Most of the training is only restricted to classroom situation.

-- Lack of faith of expertise of the students

-- Variety of cases was less. Exposure in other disciplines was lacking.

-- Videos or demonstrations by faculty for training/therapy and other clinical procedures would have been helpful rather than learning from senior clinicians.

-- More clinical supervisors are required due to case load.

-- Lack of clinical exposure in adult neuromotor speech disorders and adult language disorders.

-- Insufficient clinical training in HAT, ENG, VNG

-- Recognition when good things are done and close clinical supervision

-- Lack of appreciation of work done, open animosity and bias of the "management"

-- Updating is required

-- Collaboration with other medical institutes required.
Exposure to medical line of SLP/ audiology was lacking.

-- Absence of a team approach – collaborating with medical professionals

-- Poor marketing strategies. There is no overall growth or good role models

-- Lack of awareness regarding private practice and issues related to its ways to start and sustain one.

-- No others were there to compare at that time

-- Time consumption

-- Felt home sick during the course period 1998-2000

In a later section, enquiring the participants' views about AIISH, they were asked if the academic curriculum followed at AIISH met the national and international standards. There were mixed remarks from the participants. The positive comments have been grouped together and the criticisms towards the latter half of the following list.

-- Yes, but it needs to focus on making us more independent.

-- National - yes, international - no

-- Not when we were students. But presently it has improved

-- All areas meet the standards. Academically, we are taught about various areas/ fields, yet it is not sufficient

-- Need to add infection control and hygiene maintenance procedure, basic first aid knowledge.

-- AIISH needs to be registered under the council on academic accreditation (CAA) in audiology and speech-language pathology; add (theory and clinical) courses on swallowing disorders, clinical diagnostics and evaluation; courses on ethical issues in research and practice

-- Need lot of practical approach while teaching about rehabilitation of speech-language disorders

-- The rehabilitation part in audiology, specially programming of hearing aids and dealing with different personalities of hearing impaired people.

-- Theory should meet practice

-- Not focusing on independent learning, application of other scientific subjects in the field

-- ASHA does not accept many topics done under undergraduate since those topics are limited to speech and hearing like anatomy, physiology, psychology which is done in general terms in colleges in US.

-- Requires syllabus modification. Syllabus in UG should be more focussed towards clinical aspects

-- Lacking in research and practical knowledge

-- Clinical practicum, soft skills and business related issues

-- More theory and practical (hands on training) needed for dysphagia and tracheostomy

-- Don't know

Upon inquiring if the clinical curriculum followed at AIISH met the national and international standards, the statements by the participants were as listed below. These criticisms have been edited minimally for aspects of grammar and use of abbreviations.

-- More clinical training in adult voice and swallowing disorders will be great.

-- More focus on clinical supervision and guidance, more emphasis on documentation, more professional services to the patients/clients

-- More clinical training in neurological cases required

-- Need to prepare the students to work where facilities available are not ideal and less than optimum. More about setting up private practice.

-- Don't know

-- Yes – motor speech disorders, childhood dysarthria, swallowing disorders, adult communication disorders

-- Probably more exposure towards clinical work and lesser towards paper-work

-- More clinical training needed, and facilities

-- Poor awareness among clinician on paediatric language training programs like Hanen, structured teach, Picture Elicited Communication System (PECS), Floortime, Social thinking and group therapies

-- More personal clinical supervision required

-- Most of the time therapy aspects are just taught in therapy classes and the same things are not implemented in practical training.

-- The postgraduate students must be allowed to opt for the postings. Not all students may have skills to manage cases in all the special units. They must be given the choice.

-- More theory and practical (hands on training) needed for dysphagia and tracheostomy) which is done in the western countries as per American Speech and Hearing Association (ASHA).

Participants when asked if the research curriculum followed at AIISH met the national and international standards, the comments were as listed below. Their comments and suggestions have been edited minimally for aspects of grammar, font and use of abbreviations.

-- Lacking in establishing the link between research methods and choice of statistics.

-- Scientific writing and ability to mirror clinical in research should be developed in each student

-- I still can't figure out how people find time for research

-- Limitation as student in number of conference attending, etc

-- The dissertations are approved based on the number of participants rather than the scope and need for the study, that needs to be changed.

-- AIISH needs to develop something "new" that gives it a worldwide recognition.

-- Need for an Institutional Review Board (IRB) to review research proposals; Human subjects training for all professionals conducting research; develop responsible conduct of research modules (ethical research); researchers need to be trained on client/ patient confidentiality and obtaining participant consent before research, and training on data and specimen banking (data management plan)

-- Need more time that is dedicated for research activity

-- Need to carry out more research with clinical value

-- We need to start having our own thoughts instead of just repeating the same research that has already been done

-- Research for a clinician should be more focused

-- Maybe, but our research should be more relevant. we still don't have incidence and

prevalence figures of communication disorders in our country

-- No collaboration between speech and hearing and other related professions in research

-- More of evidence based practices and quality of life studies has to be done

-- Need to publish findings

-- More focus on research ethics, need for academic writing training, greater encouragement to publish internationally

-- Cannot specifically indicate

Participants were asked if their transition from being a student at AIISH to becoming a professional was difficult, and to explain the challenges they faced. The comments by the participants are as listed below.

-- I am very comfortable working at AIISH, as the staff and environment is very friendly and everyday is a learning experience. I am very confident with my present job in the society

-- This question applies more for professionals working in different set ups other than AIISH

-- Lack of confidence

-- In decision making

-- Had no idea an Audiologist will have to behave like a sales person

-- We never had any guidance about the jobs we had to take up, specially administrative and other responsibilities

-- Identifying our role in the team-work

-- Very less/ no recognition of speech and hearing field by other professions, not treating equally with other professionals

-- Especially in India, when doctors are not aware about the role of an SLP in dysphagia

-- Ethical services to patients, documentation

-- Especially when one starts working independently, there are issues like malpractice and unethical practice which is encountered.

-- Inadequate clinical skills.

-- Poor clinical awareness of programs such as Hanen, Structured teach, PECS, Floortime, Social thinking and group therapies

-- No connect on how to strike a chance after academic

-- No guidance about the next direction after postgraduate Program

-- Difficulty in implementing the service without any appropriate setting or tools

-- Professional jealousy

The suggestions for improvement of AIISH, Mysuru, as given by the participants are compiled in the list below. A few positive comments were received. Others included suggestions for improvement and criticisms regarding student exposure, faculty expertise, need for awareness, professional collaborations, and more.

-- Good
-- It's hard to find flaws about AIISH since it's so perfect.
-- I think at the national and international level AIISH is doing a good job
-- Unable to specify
-- Get the student ready for real-life situations.
-- AIISH should be made little more student friendly
-- Better clinical training and exposure
-- Need to incorporate an aptitude test with entrance test for BASLP and other courses, to make sure the quality of professionals selected
-- Encouraging students to come out with more research works
-- More hands on experience in Amplification and different options available
-- Intensive training in rehabilitation and therapy.
-- Students should be given hands on clinical training by specialists in the field of speech and hearing.
-- I wish the students of AIISH get an exposure globally during their internship
-- Develop teaching learning resources applicable for the Indian scenario
-- More student friendly environment
-- Encourage students more to conduct research on practical issues
-- No harm in promoting industry expectations to promote clinical efficiency among students.
-- AIISH must prepare students to also be committed clinicians, which is the need of the hour rather than promoting research on priority basis.
-- Teaching needs to be improved
-- Staff of AIISH should be groomed in more professional way
-- staff may be trained at international level
-- It is doing well but needs experienced and knowledgeable faculties.
-- Student to faculty interactions could have been better
-- Taking more speech and hearing staff academics and clinical
-- Improve quality of teaching (update syllabus information, better means of transferring academic learning to clinical understanding and vice-versa)
-- More interactive with therapy and practice.
-- Student and faculty exchange programs
-- Curriculum should not include "scope & practice" as a theory but should initiate a

process of getting first hand information on preparing the student to face the world after graduate/ postgraduate program.

-- Academic and administrative works to be clearly demarcated for faculty. We would be able to perform better if given more time for academic, clinical and research activities.

-- Administration work need to be segregated from professionalism

-- Inter departmental relationship.

-- More one-on-one guidance and better interaction between clinical supervisors and clinicians

-- Theory should meet practice

-- Need to educate all professionals regarding the opportunities and services available from government (especially procedures to avail those facilities), so that they can help patients in this regard

-- Give more importance to clinical works.

-- More clinical exposure to adult speech and language disorders

-- Clinical service has to be expanded to national wide

-- Animal Lab for basic research

-- To focus more on effective delivery of clinical services

-- Can have better standards in Clinician-client relation

-- Exposure to more variety of cases

-- I would suggest starting of home therapy for clients with aphasia

-- I would suggest that clinical services improve for children with autism and ABA services should be offered at the institute

-- Improvement can be made in terms clinical management/therapy/documentation & Evidence based practise

-- Improve clinical training standards

-- Clinical exposure and clinical training has to be improved. Intra-structure of the clinic (Speech) has to be improved more therapy materials has to be provided outdoor therapy has to be introduced.

-- To focus research on clinical implications

-- Need more clinical exposure on adult language disorders, as the number of cases to student ratio is very less

-- Separate academic and clinical staff for better clinician supervision (I believe the lecturers/ readers are too busy to guide students appropriately)

-- It should go beyond regional barriers, geographical constraints.

-- Opening sub branches all over India from AIISH

-- Dispensing of hearing aids and other appliance of Government Schemes in Manipur especially in rural areas

-- Develop own assistive devices/ softwares for persons with Communication disorder

-- Increase theory and practical training on dysphagia and tracheostomy

-- Need to select professionals who are empathetic to patients and give proper service (especially in all registration and reception sections)

-- Required flexibility in the system (both academics and administrative); Maintain an AIISH helpline and grievance cell; develop a convenient online system to order transcripts or academic documents

-- AIISH - Alumni Meet ups

-- Required Alumni support, for example, in receiving educational credentials such as certificates, transcripts at a reasonable/ affordable cost

-- Need more awareness among the public.

-- More publicity regarding work done, international exchange of students

-- Need to create more public awareness

-- Given wide range of publicity through mass media

-- Awareness needs to be strengthened

-- Public have very limited knowledge about speech and hearing disorders.

-- Advertisements in media are required for much better recognition.

-- More awareness program of communication disorders in Manipur and North East India

-- More camps should be conducted at regional and national levels

-- AIISH should market itself in other institutions and should motivate them to work better. Very bad state in the Eastern parts of India, Orissa particularly.

-- I wish that AIISH would have extension services in Seema Andhra Pradesh

-- Increase the number of centres specially in mid north-east area (Bihar, Jharkhand,)

-- More national conferences with publicity

-- Conducting national and international seminar and conferences in the field of speech and hearing

-- Create clear demarcation that other health professionals should not intrude to our field, create more awareness

-- Advocating the clinical use of the field in the government set-up

-- Need to advocate about the field at both national and international level

-- Encourage extension services through other modes such astele-mode. Increase the number of trained professionals

-- AIISH should show its expertise to world

-- Quality control

-- Register with the Council on Academic Accreditation in Audiology and Speech-Language Pathology

-- More number of national and international seminars in this field should be conducted with participation of leading research scholars across the globe.

-- Many training programs people who are out of the field for same time and they come back again. Opportunity to earn higher as age is no bar for education pursuit.

-- AIISH strongly needs people from Acoustic engineering background that can help develop new technology in collaboration with Audiologist and SLPs.

-- Better collaboration with international researchers and institutes would give us an added edge

-- Increase interdisciplinary focus in assessment and management of communication disorders

-- Increase collaborations

-- Exposure to international lab and clinical set ups should be provided to faculties & staff at AIISH

-- More interaction with professionals from other institutes

-- Collaborative team-work, discussion of problems among professionals

-- AIISH needs to develop Data banks on Communication Disorders

-- To promote international standards in learning, academic, research and clinical skills

-- * AIISH must organize International workshops, conferences and symposiums
* AIISH must sign MOU with other foreign universities for student as well as faculty exchange programs
* Regional centres can be initiated

-- Collaboration with other universities may not be easy, but if AIISH does it, I am sure it will give altogether a different/ highly prestigious recognition to AIISH.

-- AIISH should and must collaborate with various researchers across the world in order to get an international level recognition.

-- Establishing professional links across the world

-- To strengthen inter-disciplinary approach.

-- Allied Non health practical related subjects in curriculum (not just basics)

-- Become a research hub

-- Clinical based Research

-- I wish the staff and the students at AIISH get an enough support from government for research activities globally

-- Increase academic publication

-- Research related to treatment methods used in disordered population than just trying to explore assessment methods

-- Applied and basic research needs to be encouraged

-- Research lab can be created with people having real interest working to come up with some product for individuals with communication disorders

-- More open, accessible and resource sharing.

-- Need to provide more time for research

-- More publications. The Faculty are involved in great research projects. The research

has to be published and disseminated to the scientific community.

-- Independence

-- Get new management! relax your rules, regulations, stop hoarding knowledge - share it instead, improve inter-departmental relations, stop duplicating western research - start something original, encourage and motivate students provide therapy, stop emphasizing on clinical hours and documentation so much. Emphasize on clinical competence and other skills that enable students to grow instead.

-- Regionally - more number of rehabilitation centres.
Nationally - provide more employment opportunities to the professionals.

-- Creating jobs at all medical hospitals and providing equal opportunities to work in par with doctors, opportunity for working at abroad for short duration like how the engineers are placed for short duration training at abroad, independency to carry out any research at community level if one is interested etc

-- Better job opportunity and wide scope of careers advancement schemes

-- Structured plan of working need to be regulated

-- Better job opportunities needs to be created

-- Scope for parallel careers and movement between universities / areas of study

-- Activities for prevention of Brain drain of Human Resources trained from AIISH

-- DHLS programs should be shut down because we aren't getting anything out of it other than a bunch of fools who spoil the name of the profession by working independently without ample knowledge

-- AIISH should stop Diploma programs which will dilute the field

-- To stop all Diploma and crash courses in the field of speech and hearing which is affecting the employment of graduates and post graduates

-- Should take strong and legal steps on malpractice (as AIISH is premier institution in our field)

-- Strong action to curb fraud and malpractice. Lift the status of profession in general public and medical practices

-- AIISH being a premiere institute should do something with ISHA and RCI to stop malpractices

The remarks by participants about how they would like to contribute towards the growth of AIISH (apart from the options provided in the questionnaire) were as follows:

-- Being a good professional

-- As an alumnus, I would be more than happy to contribute in any way that will help my alma matter grow in every aspect.

Participants provided comments about how their perception about this field changed after their education at AIISH. These comments are as listed below.

-- Became more confident as a professional in this field

-- The application of theoretical knowledge into practical aspects was highly beneficial.

-- Before- good. After- excellent.

-- My education at AIISH has influenced me to pursue higher studies in Speech-Language Pathology.

-- I could improve my knowledge in audiology; education is never ending, improved my motivation to keep learning.

-- AIISH has helped produce capable and knowledgeable young professionals. AIISH has given the opportunity to deal with various clients with communication disorders.

-- It is not as simple as I had thought

-- Helped to see the subject more broadly and aptly

-- AIISH has played an important role in moulding, monitoring and mentoring me as professional. I owe my professional skills to AIISH, Mysore

-- Good

-- Not aware about the field before. After education, knowledge about the field is better

-- Realized the importance of higher education, research

-- Positive

-- Now I am well equipped to help persons in need than I was before

-- Wasn't aware of the field earlier

-- More broad knowledge on Audiology, computer skills and clinics

-- Outside AIISH, people do not follow their profession honestly. The monetary benefits rule their decisions.

-- Good

-- Got more awareness

-- Thank god, I chose this profession. I love my profession. Nothing more noble, nothing more satisfying. Yes, had the past structure been better, I would have loved it even more, but it is OK. I think we all are growing and that's what is more important

-- Improved

-- The awareness has increased

-- I am independent to work globally with zeal. Thanks to my mother institute for making me confident.

-- Speech Language Pathology is a very interesting field and has got a lot of options where we can link ourselves with professionals from different fields. We can also bring about a change in the overall quality of life of persons with communication disorders

-- Good

-- Understood the breadth of the field.

-- My perception has changed towards persons with disability after education at AIISH.

-- I am more independent after studying at AIISH.

-- *Before:* was not at all aware of the disorders. *After:* Became aware of the disorders, diagnosis and management. Learnt many lessons in life from the above work and still learning.

-- I had no clue about Speech and Hearing. Now I am able to relate to all the things I learnt, to AIISH and its standards.

-- I didn't know about the field before joining AIISH

-- Theoretical and practical knowledge has improved

-- AIISH can be a world leader in the field

-- Definitely a life changing experience

-- Had absolutely no idea about this field before I joined

-- Tremendously changed

-- Increased awareness about communication disorders, experience working in a central government institute

-- Got a better insight about the field

-- All awareness about the services and scope of the field was obtained at AIISH. Before joining not aware about the field.

-- I realised that the field is very vast. Education at AIISH gave me an opportunity in having hands-on exposure to wide variety of cases. I also became aware that scope for research in the field is so vast.

-- When I chose this field, I was unaware of the difficulties faced by the patients in this field. Currently, I am able to acknowledge their difficulty and able to empathize with them. I also try to help them in overcoming their difficulties in whichever way I can.

-- Good

-- I was unaware of AIISH before joining for the course

-- I did not know about the field. After education, I respect the field.

-- Had no ideas about the field before

-- A totally new perception about the disorder and how we see people with communication disorders.

-- Helped me to become empathetic

-- *Before* - Theoretically was average and poor equipment knowledge
After - Good theoretical knowledge and equipment knowledge, good documentation skill

-- The implications became clearer, once one starts seeing and applying the theory into practice.

-- Made me punctual, dedicated to individuals disability and taught me to never give up on my clients

-- Now I am aware about our importance in the medical field and what service we can provide to the society

-- It is a vast field than what I thought

-- The institution has been improving over the years in the areas of clinical training, academic expertise, clinical teaching, etc.

-- Before education no idea about any communication disorders, after education lot of knowledge about identification, treatment and counselling of individuals with various communication disorders and very proud about it.

-- Made me realize how important these services are to the society and how less people are aware about these communication difficulties and services available. The satisfaction that we get when a good change is made in a person's life who needs these services is great.

-- It is the same

-- Understood the status and need for a change

-- Same

-- Before joining the course, I thought it was about radio communication. Misunderstood about disability studies.

-- Still changing, not completely formed an opinion because of the changing scenario

-- It has remained the same

-- Before coming to AIISH, absolutely no perception about the field (not aware of A B C D of Speech and Hearing)
* During I BSc - perceived Speech and Hearing is a big field, like an ocean
* After II MSc - Perception changed as, Speech and Hearing is a inter disciplinary field, borrowed concepts from many other disciplines and is still in infancy stage in India.

-- My interest in the profession decreased, as there is not much importance given to clinical aspects of the profession.

-- There is deficiency of speech and hearing professionals in India (especially rural areas) and AIISH pathetically fails in facing this problem because the internal environment of AIISH (not the authority but the professionals in AIISH) encourages what we call "Brain drain" by exaggerating the achievements of already 'drained Brains'. E.g. photos will be displayed if the alumnus is working in a foreign university. But the alumni who is giving services directly to the needy in India (not the deans of institutions) is not been even acknowledged anywhere in the Institute

-- Perception definitely got better. However, it is not realistic in our country. Health care in India is affordable only if you rich or you have a better services provided at a cheaper rate nearby.

-- Awareness has increased along with malpractice.

-- Worsened dramatically

Those participants who were not employees of AIISH were asked if they would want to work at the institute if they got a chance. Of the participants who wished to work at AIISH, these were the reasons given by them:

-- As it is a premiere institute and working here gives me a better exposure than other places

-- Atmosphere, faculties, etc.

-- Good updating of knowledge

-- Helps gain better knowledge with good clinical exposure and also for the teaching and research opportunities available there

-- AIISH is best, but needs lot more recognition at international level, and I want to help AIISH in achieving that.

-- AIISH is a pioneer organization in India and south east Asia.

-- Work satisfaction and service oriented

-- Great opportunity to grow in the field

-- Good infrastructure

-- Because of its resources. Also, is it my alma mater and a central government institute

-- Better research opportunities

-- AIISH being a leading central government institute and also because of the wide range of exposure received at AIISH

-- Would love to contribute to the institution where I was trained.

-- To work in AIISH is always my dream and I believe that my expertise and knowledge will improves by that

-- Good infrastructure, learning experience

-- Excellent place to learn and grow

-- Audiology is best grown and practiced at AIISH. It is a pioneer institute and by its excellence, it is likely to provide best scopes to grow as a professional.

-- For its research environment

-- It has the best library. It has seen over the years, a broad range of advancement and the scope for implementation of ideas is vast.

-- Public education on prevention of communication disorders

-- Scope, with respect to planning, execution and review across all domains pertaining to the field

-- It is always good to give back!!

-- Would like to build clinical efficiency to make it more world class.

-- Because Mysore is native place and is a central government institute for job security. In addition for better opportunities to conduct research.

-- Familiar work environment

-- Good pay and getting time for leisure activities

-- To help with the education on dysphagia and tracheostomy with my many years of experience in this field

Amongst those participants who were not employees of AIISH some reported that they did not want to work at the institute if they got a chance. The reasons given by them were such:

-- I prefer to be independent.

-- I don't want to spoil my interest on this profession at present. Hopefully in future AIISH will focus more on delivering qualitative services to those who are in need and hope it will stop wasting more time and energy in conducting research on those issues which are not much useful to the clients.

-- Poor support from colleagues

-- Do not wish to disclose

-- Adequate clinical exposure is lacking and professional growth is slow even in deserving candidate

-- I am happy with my present job!

-- Currently have plans of moving abroad. If I get any chance to work for my mother institute online, I am happy to be a part of it

-- There are more qualified and more experienced people already working there

-- Too much focus on administrative work than the real job

-- I am comfortable in a private setup

-- As a professor, I don't want academic, clinical, administrative, and research work. I cannot handle all of them at once.

-- Because I want to work in a hospital setup

-- I'm based in Bangalore and hence would like to work in the same place

-- I don’t see myself as an academician or as a researcher

-- Services for individuals with communication disorders are very less in the place I currently work

Directory of AIISH Alumni

Disclaimer

The below mentioned communication addresses of the AIISH Alumni have been obtained from the various possible direct or indirect sources. A sincere effort was made to obtain the correct communication addresses of the AIISH Alumni from various possible direct or indirect sources. However, there is a possibility of omission of some information due to the relocation and redesignation of the profession from time to time. Further there are good number of professionals whose information could not be obtained.

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