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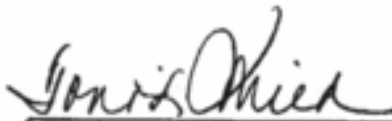
Department of Special Education

Perceived Levels of Burnout in Public School SLPs

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ABSTRACT

School-based speech-language pathologists (SLPs) experience high caseloads and increasing demands on their time. Simultaneously, levels of burnout are increasing across many fields, including education. As burnout rates are increasing, so are the numbers of workers leaving specific fields. As of now, there are no studies that explore the level of burnout that school SLPs are facing. Therefore, the aim of this study was to determine these levels, identify the factors contributing to these feelings, and how they impact the potential for SLPs to leave the field. A qualitative study was completed via surveys sent to eligible school-based SLPs. The SLPs were asked to complete an open-ended survey, which would provide a snapshot of the lived experiences of the participants. The results showed that the SLPs that participated are experiencing similar situations, with similar constraints put on their time during work hours. All of the participants report experiencing at least one symptom of burnout, with many experiencing these feelings multiple times per week. The SLPs identified similar factors contributing to their feelings, as well as specific ways administrators could work to fix these problems. The results showed that, while SLPs are experiencing burnout, most are unlikely to leave the school-based sector at this time.

DEDICATION

As I have gone through the many different stages of my life, there has been one constant, and that constant is education. Because I had a handful of teachers who changed the world for me, I chose to go on and work in the educational field as an adult. Therefore, I would like to dedicate the culminating piece of my personal educational career to the teachers that made it possible for me to get to this point:

To Mrs. Jarabeck – For the extra attention you gave me in elementary school, and being the first teacher to show me how special the field of education could be.

To Mrs. Skira – For the love, support, and guidance that you provided me in high school. At the time I was lucky to call you my favorite teacher. Today I am even luckier to call you my friend and mentor.

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CHAPTER 1

Overview

Every day, speech-language pathologists (SLPs) in schools face unprecedented and ever-expanding challenges. The American Speech-Language-Hearing Association (ASHA) cites various working conditions that make it difficult for SLPs to do their jobs appropriately. These include, but are not limited to, caseload size, workload weight, the time required to complete paperwork, and the amount of meetings they must attend (American Speech-Language-Hearing Association, 2022a). However, in reality, these are only part of the challenges that threaten the retention and success of school SLPs. In addition to direct therapy services (providing therapy to students) and directly related duties (completing special education paperwork), school SLPs are also faced with a myriad of other non-therapy related duties. These include, but are not limited to, school-wide meetings, and other non-speech related tasks such as lunch duties and committee meetings. By nature, these tasks cannot be completed at any other time besides school hours, leading to increased pressure on SLPs to either provide less effective services to ‘create’ time or to take work home. Both of these factors contribute to burnout. Therefore, the purpose of this study is to examine the overall workload and caseload of a sample of school SLPs to determine how their occupational and non-occupational duties impact their service delivery, their ability to complete all necessary paperwork and direct therapy duties, and how this leads to an increase in the feelings of burnout.

Statement of Problem

The topic of burnout is one that has been prevalent in the field of education for many years. This precludes the COVID-19 pandemic, though the pandemic has fueled an even larger surge in this area. While there is significant information regarding burnout in general, as well as

burnout in human service professions such as teaching, there is limited information on burnout rates. This is especially true regarding SLPs in the public school setting. This comes at a time when school SLPs are in higher demand than ever before.

In addition to the factors listed above, SLPs are more in demand at this time due to direct and indirect impacts from the COVID-19 pandemic. COVID-19 had a direct impact on the increase in need for speech/language therapy, as COVID-19 has neuropsychological side effects. According to Pierce (2022), long COVID has an impact on a person's cognition, which in turn impacts speech and language skills. According to Davis et al. (2020), 85.1% of those surveyed in their study experienced cognitive dysfunction and described symptoms of what they consider to be brain fog. When asked directly about speech/language issues, 48.6% of those in the study stated that they had residual difficulty in this area, most notably in the area of word finding (Davis et al., 2020).

In addition to those direct links to speech and language difficulties, COVID-19 has also increased the risk of speech and language disorders in other ways, especially in the childhood population. One factor that contributed to this was the wearing of masks. While the use of masks was necessary in order to decrease the spread of COVID-19, it decreases appropriate speech as well. Speech perception requires the listener to interpret information through both auditory and visual modalities (Charney et al., 2021). Children who are still learning speech and language skills have had decreased opportunities to learn these skills appropriately. Charney et al. (2021) also explain how social language development has suffered as well, due to virtual learning platforms and social distancing measures. These factors have decreased social interaction opportunities for students, which decreases the amount of times that these students can practice these skills (Charney et al., 2021).

Given the anticipated (and already occurring) increase in the amount of SLPs needed to provide services to those that qualify, it would be expected that workforce leaders would be doing everything in their power to secure and retain employees. However, more and more demands are being put on SLPs, and they are leaving or considering leaving the profession at an alarming rate. A 2010 study by McLaughlin et al. showed that 31% of SLPs in Australia had intentions to leave the profession altogether. One of the main factors behind the desire to leave the profession is the fact that more than 50% of the SLPs' work time is spent on additional duties required by their job. These could be health care duties (Medicaid billing) or educational duties (special educational paperwork, billing, and school-related duties)(McLaughlin et al. 2010).

SLPs in the field in the United States, particularly those in schools, have reported significant increases in the paperwork and meeting requirements, as well as high caseloads and workloads (American Speech-Language-Hearing Association [ASHA], 2022b). According to ASHA, when the Individuals with Disabilities Act was updated in 1999, there were significant changes to the expectations of school SLPs (ASHA, 2022d). One of these changes revolves around changes to Child Find regulations, as SLPs are now required to identify and evaluate every student that they suspect has a speech/language impairment. These regulations also state that a full and comprehensive evaluation must be done on each student, which means more paperwork for the SLP. Another change is that SLPs must also work to keep the students in the least restrictive environment possible, meaning increased collaboration with regular education teachers. A third change is that the updated IEA guidelines also require parents to have an equal say in all decisions that are made regarding a child's educational plan, meaning the SLPs have an increase in parent collaboration time as well. In addition, the updated IDEA guidelines state that assistive technology (the use of non-verbal means of communication, such as speech-generating

devices) be addressed in every IEP. (ASHA, 2022d This often becomes the responsibility of the SLP as well, as they facilitate the use and programming of speech-generating devices.

Therefore, the problem that this study will address is the increase in need for SLPs coupled with increasing caseloads and workload demands, and how these increasing demands may potentially impact the feelings of burnout and the retention of SLPs in the school setting in the future.

Existing Research/Purpose of Study

This study will examine the feelings of burnout and decreased job satisfaction experienced by SLPs in public schools in Pennsylvania. If it is determined that this group is experiencing these feelings at a high rate, then larger studies will need to be completed to determine the extent of this problem on a state and national level. It is well known that there is a culture of taking work home for SLPs that work in the educational setting. SLPs are often expected to complete extensive amounts of paperwork and billing, on top of servicing their caseload, which makes it difficult to complete everything during work hours. Therefore, it is common practice for SLPs to take work home and/or complete it after hours. The Mayo Clinic (2022) states that burnout is caused by a number of factors, but that two dominant factors contributing to this condition is having a heavy workload at your job, coupled with difficulty maintaining a healthy work-life balance.

According to ASHA, SLPs in medical settings have significantly higher job satisfaction rates than school SLPs (American Speech-Language-Hearing Association, 2022b). There are different expectations between SLPs in these settings. According to ASHA (ASHA, 2022c), SLPs that work in educational settings have many demands. They must screen all students and evaluate all that are suspected of having speech/language needs. They must identify the type of service a child would benefit from (ex., group or individual services). School-based SLPs work

on a myriad of issues, including but not limited to articulation of speech sounds, fluency, reading/writing skills, and comprehension strategies. They are often required to participate in developing school plans. In addition to this, they must also treat their students and complete all necessary paperwork (ASHA, 2022c). Within school districts, caseload and workload, as well as role ambiguity, were among the top factors contributing to dissatisfaction levels (ASHA, 2022b). Expectations for healthcare-based SLPs differ greatly from those of school-based SLPs. ASHA outlines expectations for healthcare-based SLPs, and state that these expectations include diagnosis, treatment, and counseling. Specifically, healthcare-based SLPs are responsible for diagnosing/treating swallowing disorders, as well as language and cognitive disorders that happen later in life (ex. Strokes and traumatic brain injuries). They must also provide patient/family counseling, as well as collaborate with other healthcare staff to inform them of a patient's speech/language/swallowing needs. These same skills transfer among most adult-based facilities (hospitals and nursing facilities) (ASHA, 2022c). While SLPs in both realms have demanding jobs, those in school districts, as outlined above, tend to have more paperwork/managerial tasks, as well as larger scopes of practice and more ambiguity surrounding their therapy-based and non-therapy based responsibilities. SLPs in school districts, also as outlined above, have more non-speech responsibilities than do SLPs in other settings.

School SLPs have notoriously high caseloads. Research shows that there are distinct cutoff points where job satisfaction significantly increases. It has been shown that 59% of school SLPs with caseloads between 56-60 students view their caseload as unmanageable (American Speech-Language-Hearing Association, 2022b). However, if the caseload is dropped to 46-50 students, the percentage of SLPs feeling that their caseload is unmanageable drops to 39%. When this is cut again to 41-45 students, the number of SLPs feeling these negative feelings

drops staggeringly to 20% of SLPs (ASHA, 2022b). In Pennsylvania, the caseload cap for school SLPs is 65 students (PA Code and Bulletin), which is above the highest category examined by ASHA in their aforementioned 2022 research. This does not account for differences in service provision. The Pennsylvania Training and Technical Assistance Network (PaTTAN, 2022) explains that there are different ways to provide speech therapy to students, which is referred to as service provision, including the following:

- Pull-out therapy vs. push-in therapy: Refers to whether students are removed from class for therapy (most common) or whether the SLP pushes into the classroom and provides therapy to a child while he or she is in class with all of his or her peers.
- Group therapy vs. individual therapy: Refers to whether students are serviced in a large group (within a classroom), in a small group (pull-out with 2-4 students), or individually (pull-out with one-on-one services provided by the SLP).
- In-person or virtual: Refers to whether the student attends brick-and-mortar school or if their services need to be provided via a teletherapy platform.

It also should be noted that the caseload cap does not include the amount of time a student is seen per week. For example, a student who is seen one time per week in a group counts for the same amount on a caseload as a student who is seen three times a week individually, who needs significantly modified lessons, and who may have other needs, such as augmentative and alternative communication.

While Pennsylvania has a caseload cutoff, this is not a hard and fast rule. Due to significant needs and few professionals to fill roles, combined with funding limitations in schools, administrators are permitted to add more than 65 students to an SLPs caseload, as long as they claim that they have tried other options to find help (PA Code and Bulletin, 2001). If

districts continue to push their SLPs past the caseload cap without regard for the true workload that accompanies this, as well as their additional duties, they are likely to cause burnout and lead to a mass exodus of professionals from this sector of the field. Therefore, the purpose of this study is to examine a sample of Pennsylvania SLPs that work in the schools. They will elaborate on their caseload size, weekly duties (direct services, indirect services, and other non-SLP related duties that are mandatory). The SLPs will be asked about the amount of time provided at work to achieve all of their assigned tasks, the amount of time they spend on work-related activities at home, and their corresponding levels of job satisfaction and burnout levels.

Hypothesis

Right now, there are four perceived problems affecting school SLPs. The first are the large caseload sizes. The second is the amount of indirect service duties the SLPs are required to perform. The third problem is the number of unrelated duties that SLPs are asked to perform during their work day. These three problems form the fourth, possibly most overarching problem for SLPs: the level of burnout and job dissatisfaction that this causes. This study will aim to examine the extent of the first three problems in public school SLPs in Pennsylvania (PA) through the sample of SLPs that choose to participate. Their level of burnout will also be recorded, as well as the level of satisfaction they experience with their job. The participants will also be asked how often they have considered leaving their job for another SLP position, and/or how often they have considered leaving the profession for another career path entirely. It is hypothesized that those with higher caseloads and more duties (administrative and non-administrative) will have the highest level of burnout. It is also hypothesized that those same SLPs will have considered leaving their position and/or the profession at a higher rate than those with lower caseloads and less duties.

Significance of Study

As the above information shows, school SLPs can have an increasingly high level of dissatisfaction with their jobs. At this time, it is unclear how many school SLPs are experiencing the conditions that lead to a level of dissatisfaction, nor is it clear if this dissatisfaction is leading to increased levels of burnout. In addition to this, it is currently unclear what level of dissatisfaction a caseload over 60 leads to for SLPs. As the Pennsylvania cutoff is 65 students, with room for administration to add more (PA Code and Bulletin, 2001), this information must be studied.

As discussed previously, COVID-19 is causing an increase in the number of students who need speech/language support services. It is also causing an increase in the number of adults who require these services. However, an increase in the need for services was happening even before COVID-19. The University of Texas at Dallas reported that, from 2012 to 2016, the amount of children requiring speech and language services increased between 26%-56% (University of Texas at Dallas, 2016). In addition to this trend, the population overall is aging, and the increase in senior citizens is leading to an increase in need for SLPs to work in the medical sector as well (Loyola University, 2017).

These factors combined mean that schools could soon be facing an extreme shortage of SLPs. High workload demands combined with potential burnout conditions are likely to cause SLPs to consider turning to medical-based speech pathology, for which they are already qualified. ASHA states that medical SLPs have higher satisfaction rates than school SLPs (Kalkhoff & Collins, 2012). If SLPs choose to leave situations in which they are burned out, the schools will have shortages and potentially be unable to provide services, which would leave them vulnerable to due process cases from parents.

Therefore, this study will be significant because it will compare Pennsylvania numbers to the numbers found by ASHA regarding the percentage of SLPs who are dissatisfied with their jobs. If the results of this study show that school SLPs with high caseloads and high levels of indirect service-related and non-service related duties also have significant levels of dissatisfaction with their jobs, it can be assumed that there would be less feelings of dissatisfaction if these additional responsibilities were decreased. That is, a decreased caseload cap that was strongly enforced could increase job satisfaction, working conditions, and retention of highly qualified SLPs in school settings.

Delimitations

This study will include a sample of school-based SLPs from two counties in southwestern Pennsylvania. Permission will be requested from all school districts in these two counties, and all SLPs in those districts that grant permission will be given an opportunity to participate in the survey. SLPs that are working in school districts that are either employed by their local Intermediate Unit or employed by contract companies will be excluded from this study, as they are not given the same duties as SLPs that are employed by their school districts.

Definition of Terms

The following terms will be referenced frequently throughout this study, and are therefore defined here for reference:

Speech-Language Pathologists (SLPs): Professionals who treat communication and swallowing disorders in patients across their lifespan (infants through elderly). They treat disorders in the following areas: Speech sounds, language, literacy, voice, fluency, swallowing, and pragmatics (American Speech-Language-Hearing Association, 2022g).

Individuals with Disabilities Education Act (IDEA): A United States law that guarantees that children with disabilities receive special education services, related services, and a free and appropriate public education (FAPE) (United States Department of Education, 2004).

Special Education: Educational services provided to children who require additional services to participate in the general education curriculum. These needs can be physical, mental, or social (Britannica, 2013).

Caseload: For school-based SLPs, this is the total number of students that an SLP services who have either IEPs, IFSP, or 504 plans. This is the number of students who SLPs provide direct and indirect services to (American Speech-Language-Hearing Association, 2022a).

Workload: For school-based SLPs, this is the total amount of activities required and carried out by the SLP. This includes not just direct and indirect services, but all other activities they perform. These include school-based tasks, such as committees and duties (American Speech-Language-Hearing Association, 2022a).

Individualized Education Plan (IEP): “A written statement for each child with a disability that is developed, reviewed, and revised” (United States Department of Education, 2004, Section 300.320). It includes information on how the specific disability that a student has impacts the student’s ability to participate in the regular education curriculum for school-aged children.

Individualized Family Service Plan: A plan developed for infants and toddlers who have special education needs. It includes a statement outlining the present levels of development in the following areas: Physical, cognitive, communication, social, emotional and adaptive.

Chapter Summary

In summary, the field of speech-language pathology is multifaceted. There are significant needs in the school sector, accompanied by significant demands in this same area of

the field. There is a disconnect among state agencies and administrators and the SLPs in the field, with the governing bodies often only looking at caseload numbers as opposed to overall workload. Therefore, this study will look at burnout among school SLPs and how the extraneous duties that SLPs must navigate on top of their expected duties are potentially contributing to these feelings. In the Chapter 2, background information will be provided regarding general burnout, burnout in special education teachers, and more in-depth information regarding the roles and responsibilities of SLPs. In Chapter 3, the methodology of this study will be discussed and justified. The final two chapters will include a presentation of the data that is collected, followed by an analysis of this data and an overview of limitations of this study.

CHAPTER 2

Review of the Literature

The purpose of this study is to focus on self-perceived burnout rates of school-based SLPs, especially in relation to the amount of work they are expected to complete (workload vs. caseload). In order to understand the significance of this study, it is important to begin by understanding what burnout is and how it impacts people. Having a deeper understanding of this will help the reader understand the seriousness of the condition, the factors that can lead to this condition, and how school SLPs can be particularly susceptible to this condition due to the makeup of their demands.

What is Burnout?

The concept of burnout is not a new one. A number of professionals across many fields experience this phenomenon. The Mayo Clinic defines burnout as “a state of physical or emotional exhaustion that also involves a sense of reduced accomplishment and loss of personal identity” (Mayo Clinic, 2021, para. 1). While burnout is not an official medical diagnosis (Mayo Clinic, 2021), it is considered to be a psychological syndrome (Maslach & Leiter, 2016).

Burnout is characterized by three main symptoms. These symptoms are: Feelings of overwhelming exhaustion, feelings of detachment and cynicism regarding the job, and feelings of ineffectiveness and a decreased sense of accomplishment at a job (Maslach & Leiter, 2016).

Despite burnout not being an official medical diagnosis, there are a myriad of symptoms that are outlined as being related to burnout, in addition to the three overarching characteristics listed above. These characteristics can be either psychological or physical (Ada, 2022).

Psychological symptoms include, but are not limited to: Anxiety, detachment, fatigue, loss of purpose/commitment, frustration, cynicism, and a feeling of emotional numbness (Ada, 2022).

Physical symptoms include, but are not limited to: Exhaustion, disrupted sleep patterns, headaches, gastrointestinal disorders, and high blood pressure (Ada, 2022). When all of these symptoms are combined, it can lead to a significant reduction in the quality of life of the person who is experiencing burnout.

Burnout is often thought of - incorrectly - as simply being a high level of stress. While stress and burnout may appear the same to an outside observer, there are major differences between the two. The National Institute of Mental Health defines stress as “the physical or mental response to an external cause” (National Institute of Mental Health, 2022, para. 1). They cite examples of stress-inducing situations as having an illness, or dealing with a more-than-normal amount of homework (National Institute of Mental Health, 2022). The Cleveland Clinic (2021) expands on this by explaining how stress is a typical human reaction that everyone experiences at some point in their lives. When stress becomes chronic, however, it can manifest itself in physical ways that do indeed mimic burnout. These include difficulty sleeping, high blood pressure, gastrointestinal problems, and others (Cleveland Clinic, 2021).

While these symptoms do sound similar to burnout, this is where the parallels between the two disorders end. The psychological effects of stress include anxiety, sadness, and depression (Cleveland Clinic, 2021). These differ from the aforementioned psychological symptoms of burnout, such as cynicism, loss of purpose, frustration, detachment, and emotional numbness (Ada, 2022). While both conditions have negative psychological effects, it is clear that burnout is a significant condition that can impact a person across all aspects of life, as the symptoms are so deep and so specific. As this is such a life-altering condition for those who suffer, it is important to understand the risk factors for burnout in order to help workers avoid

them, and to help employers do what they can to avoid these issues (and potentially risk losing employees).

The Mayo Clinic (2022) outlines four major risk factors in the development of burnout. These factors are: 1.) Heavy workload/long hours; 2.) Poor work-life balance; 3.) Working in a people-centered profession; 4.) Feeling as if you have no control over the work you are doing. In addition to these, other factors include a lack of social support (feelings of isolation) at work and being uncertain of what is expected of you at your job (otherwise known as ambiguity regarding roles and responsibilities at a job) (Mayo Clinic, 2022). As the exploration of the literature continues, the relationship of these factors to specific jobs will be examined in a more in-depth fashion.

Special Education Teachers and Burnout

The Ada Medical Knowledge Team (2022) states that there are some professions that are more prone to burnout than others. Among these professions is teaching (Ada, 2022). According to Jurado et al. (2019), the number of teachers who have experienced burnout over the past 20 years is at least 30%. The authors cite research stating that burnout in the teaching population is closely aligned with three variables. These variables are: Job commitment and satisfaction, a teacher's perception of their efficacy as a teacher, and the educational context in which they teach (Jurado et al., 2019). The authors continue on to state that dealing with students with behavior problems, as well as dealing with their families, can impact the job stress experienced by some teachers. In addition to this, the authors also explain that the demands placed on teachers at work have a larger impact on their burnout rates than the availability (or lack thereof) of resources (Jurado et al, 2019).

Work demands are defined by the authors as the teachers' routine, their work demands, and the use of passive coping strategies (Jurado et al., 2019). The American Psychological Association (APA) (2022) defines passive coping as “a stress management strategy in which a person absolves himself or herself of responsibility for managing a stressor, and instead relinquishes control over its resolution to external resources” (American Psychological Association, 2022, para. 1) The APA goes on to state that individuals who cope in this way often withdraw from different aspects of their life, including relationships. This coping strategy is defined as being maladaptive (American Psychological Association, 2022). When comparing the information from Jurado et al. (2019) with the definition of passive coping outlined by the APA (2022), the relationship between burnout and maladaptive coping strategies is clear. Those experiencing burnout have moved beyond the point of acute stress, and have now reached the point of disengagement, which includes coping strategies such as absolving themselves of situations. This shows a much more significant break in job engagement than is seen during general coping with common stressful situations.

Teaching overall is a very stressful profession in which the employees are prone to burnout. Jurado et al. (2019) found in their study that $\frac{1}{3}$ of high school teachers had a high level of burnout. However, there are subsets of teachers that are more prone to burnout than others. Langher et al. (2017) state that special education teachers are more at risk of experiencing burnout than other teachers (for example, general education teachers). As of 2017, the authors state that the attrition rate of special education teachers was 13.5%, with $\frac{1}{3}$ of new special education teachers leaving the field entirely after 3 years (Langher et al., 2017). The Society for Human Resource Management (2022) defines attrition as a reduction in the physical workforce of an employer, by either voluntary or involuntary means. In this case, attrition would refer to

voluntary terminations, where the workers are leaving the positions on their own accord. This is extremely detrimental to school districts, as special education services are guaranteed by school districts, and they are required to provide all students with a Free and Appropriate Public Education (FAPE).

The mandatory provision of FAPE is outlined in Section 504 of the *Rehabilitation Act of 1973*. This act was created to ensure that the rights of students with disabilities are protected, and that these programs be funded with federal funds (United States Department of Education, 2010). The U. S. Department of Education, under this act, requires not only that students with disabilities have their educational needs met, but also requires that they be educated with students without disabilities to the maximum extent (United States Department of Education, 2010). What this means is that special education teachers are tasked with providing individual attention to student needs while, at the same time, making sure that the student participates in as many general education classes as possible.

How do these requirements impact the job satisfaction/burnout levels of special education teachers? Multiple studies show that a dominating theme when discussing special education burnout is role ambiguity (Crane & Iwanicki, 1986; Brunsting et al., 2014; Park & Shin, 2020). What this means is that special education teachers often have difficulty pinpointing what their technical role should be. As the U. S. Department of Education points out, special education teachers need to be individualizing instruction yet mainstreaming students at the same time (United States Department of Education, 2010). Not knowing where to focus their time, or what their specific role in this process should be, causes this role ambiguity, leading to increased burnout risk, as the aforementioned studies show.

In addition to role ambiguity, there are several other factors that increase special education teachers' risk of burnout. Bursting et al. (2014) cite a discrepancy between what is expected of special education teachers versus the reality they are living with every day. This revolves around many factors, including the amount of paperwork special education teachers are expected to complete, having a number of specific demands on their time, being overloaded with work in their specific role within the school, the amount of administrative support they receive, and the amount of resources they have access to (Brunsting et al., 2014). In addition to these factors, Park & Shin (2020) identified emotional experiences, number of support personnel, and the disability category of the students that a given teacher is working with as factors contributing to an increased risk of burnout. In this specific study, the authors state that teachers of students with emotional disturbance (primarily behavior concerns) are more likely to experience burnout than teachers of students with intellectual disabilities (primarily academic and functional concerns) (Park & Shin, 2020).

All of these factors logically coincide to put special education teachers at an increased risk of burnout. Considering that the three major symptoms of burnout are overwhelming exhaustion, cynical feelings/feelings of detachment about a job, and feelings of ineffectiveness/lessened perceived accomplishment (Maslach & Leither, 2016), all of these working conditions outlined in the articles cited above logically put special education teachers at an increased risk of burnout. Having confusion regarding a teacher's specific role, in addition to limited support from administration, as well as limited resources, can lead to feelings of detachment and ineffectiveness. The paperwork demands on special education teachers are also important to consider, as workload was listed as a large contributing factor to special education teacher burnout. These teachers also feel that they have more "custodial/managerial tasks" than

regular education teachers (Langher et al., 2017). When these pieces all come together, it is easy to see why special education teachers are at such an increased risk of burnout, even compared to general education teachers. These high levels of burnout can eventually lead to attrition, which is detrimental to students, and school districts as a whole.

Speech Therapy in the Schools – Caseloads

While all of the preceding information is representative of special education teachers in schools, it does not make distinctions regarding one specific subsection of special educators: Speech-Language Pathologists, also known as SLPs. The Individuals with Disabilities Education Act (IDEA) states in Section 300.34 that a child with an identified speech or language impairment is entitled to special education services through their school district, as well as any related services they require due to this impairment (United States Department of Education, 2017b). This means, in the state of Pennsylvania, that all paperwork requirements for students with speech impairments only are the same as those with other disabilities (such as intellectual disabilities, autism, emotional disturbance, or others). However, there is one significant difference between SLPs and special education teachers, and this is the number of students on their caseloads.

The Pennsylvania Code and Bulletin (2001) states that there are various caseload caps based on the needs of students who fall into different disability categories. For students in learning support, if their services are itinerant (in the regular education class 80% of the day or more), their caseload cap is 50 students. However, the needs of every child on the caseload must be considered, and any student with a higher degree of support that is on this teacher's caseload brings their maximum caseload down significantly. If students need this higher level of support, which is considered supplemental support (in the regular education classroom 40%-79% of the

day, then that caseload cap drops dramatically to 15 students. The needs of all students are factored together, leading to learning support caseloads that are typically in the range of the high teens to low 20's. These same numbers apply for emotional support classrooms (PA Code and Bulletin, 2001). The maximum caseload for Life Skills Support classrooms is 20 students at an itinerant level, but drops to 15 students for part time and 12 for full time. Regarding autistic support classrooms, the maximum is 12 students for those at an itinerant level, but drops to 8 for both part time and full time placement (PA Code and Bulletin, 2001).

Table 2.1: Pennsylvania Caseload Caps

Type of Service	Itinerant	Resource	Part-Time
Learning Support	50	20	15
Life Skills Support	20	20	15
Emotional Support	50	20	15
Autistic Support	12	8	8
Speech/Lang Support	65	N/A	N/A

Table 2.1 is taken directly from the Pennsylvania Code and Bulletin, SS 14.142 (2001, SS 14.142, para. 1). It outlines the number of students that different types of special education teachers are able to have on their roster, according to state law. While the number of students seems high for itinerant learning support and emotional support teachers, it should be taken into account that having any students who meet the criteria for resource or part-time on a given roster will be factored into this equation, and the number will be capped much lower, with most caseloads being somewhere in the teens or twenties. Most, if not all, speech-language students receive itinerant services. The maximum caseload for SLPs, according to the Pennsylvania Code and Bulletin, is 65 students. However, there is a stipulation in this code (SS 14.142(b)(3)) that states that a district can deviate from this number (for speech or for any special education classroom) if they can justify why they are doing so (2001). This means that districts can assign

over 65 students to an SLP's caseload if they have the need to do so. Given this information, the caseloads of school SLPs in Pennsylvania are typically at least 30-40 students higher than those of learning support teachers, and 40-50 students higher than those of life skills support or autistic support teachers. Learning support teachers are those who teach students with disabilities in specific areas, such as reading or math. Life skills and/or autistic support teachers teach those with more significant needs, who require more intensive instruction and spend less time, on average, in the general education classroom. One important caveat to remember is that school SLPs treat students with varied needs. Therefore, an SLP could have an entire roster full of students in Life Skills Support or Autistic Support in various classrooms throughout their district. While the classroom teachers would be capped at between 8-20 students, the SLP can still roster up to 65 of those students, and more if there are no other options and services must be provided.

Roles and Responsibilities of School-Based SLPs

What exactly is the role of a school SLP? Their caseloads are higher, but what about their workload? The American Speech-Language-Hearing Association (ASHA) is the national accrediting organization for SLPs. They state that school SLPs have the following roles/responsibilities: Prevention, assessment, intervention, program design, data collection/analysis, and paperwork compliance (ASHA, 2010). Special education teachers in Pennsylvania are not responsible for identifying students with disorders, nor are they responsible for the initial assessment of students. Those roles fall on the school psychologist. SLPs are also obligated to collaborate with the teachers for all of their students, which means collaboration regarding 65+ students. In addition, SLPs are mandated to maintain specific requirements regarding professional development, which are set forth by ASHA as well as state licensing agencies (ASHA, 2010). ASHA (2022e) states that, in order to maintain certification, SLPs must

complete 30 professional development hours every 3 years (with at least 1 hour being in the area of ethics and at least 2 hours being in the areas of cultural competency/culturally responsive practice), as well as abiding by the ASHA Code of Ethics and staying up-to-date with yearly certification dues. The Pennsylvania Department of State (2022) requires 20 hours of continuing education through each biennial certification period (of which 2 hours are required to be child abuse reporter training, which is mandated by Act 31) as well as a fee that is separate from that is required by ASHA.

In addition to being responsible for both identification and treatment of 65 or more students, SLPs also have a unique role in the curriculum of public schools. Prior to the implementation of No Child Left Behind (NCLB) in 2001, SLPs typically treated articulation disorders (mispronunciation of specific speech sounds) and fluency disorders (stuttering). Powell (2018) states that, with the implementation of NCLB, which led to the Common Core State Standards (CCSS) in 2011 and eventually the Every Student Succeed Act (ESSA) in 2015, there has been an increased focus on the role of SLPs regarding their contribution to the literacy and language curriculum. According to Powell, a study of 4th graders' state testing results showed that 31% were below basic, and 33% were performing at the basic level (Powell, 2018). ASHA outlines that SLPs can provide specific guidance to the literacy and language curriculum (ASHA, 2010). Powell's research states that it is the role of the SLP to collaborate with general education teachers to share their expertise as language development specialists, especially in the areas of phonological awareness and phonics (Powell, 2018). Adding this to the already overwhelming role of a school SLP adds a significant amount of work to their existing workload. However, this does not necessarily add to their caseload, which is the only item that is used as a guide regarding how many students an SLP can service. Therefore, this helps contribute to an

inaccurate representation of what SLPs are asked to do on a daily basis, leading to distorted expectations on what can realistically be accomplished in any given day or week.

The information gathered and synthesized from the PA State Code and Bulletin (2001), ASHA (2010) and Powell (2018) shows what the technical responsibilities of SLPs are. However, they do not outline SLP feelings about their caseload/workload and job satisfaction. ASHA (2022f) defines an SLP's caseload as simply being the number of students that are assigned to them, and to whom they provide services. Workload, however, is considered to be a culmination of the various activities that school-based SLPs are mandated to perform (ASHA, 2022f), noting that caseload is just one part of workload. ASHA (2022f) goes on to state that a reasonable caseload is required in order to ensure that SLPs are able to meet all service delivery requirements under IDEA.

What is considered a reasonable caseload? According to Katz et al. (2010), ASHA stated in 1993 that school SLPs schools have a maximum caseload of 40 students. As of 2010, Katz et al. reported that the average caseload nationally for SLPs was between 45-59. In the authors' study of 631 SLPs across the United States, they found that as 5 more students were added to an SLPs caseload, the number of SLPs that felt their caseload was unmanageable nearly doubled (the number of students was raised from 41-45 to 46-50). Their research concluded that those SLPs with 40 students or less on their caseload were those who felt their caseload was at a manageable level, and that exceeding 55 students was the threshold that made caseloads unmanageable (Katz et al., 2018). This is 10 students less than the maximum caseload set forth by the PA State Code for allowable caseload numbers (Pennsylvania State Code and Bulletin, 2001). Therefore, it can be deduced that SLPs in PA are likely feeling the effects of an

unmanageable workload, based on their caseload numbers alone, other workload measures notwithstanding.

ASHA (2022b) more closely examined the workload of SLPs. Their research found that there are five main challenges identified by school-based SLPs. These challenges are paperwork, caseload/workload balance, decreased time to collaborate, decreased time with families, and the volume of meetings they must participate in. ASHA also cited that SLPs experience role ambiguity in their school-based positions, and that medical SLPs are significantly more satisfied with their jobs (ASHA, 2022b). Along these same lines, research by Woltmann & Camron (2009) cites increasingly complex and demanding caseloads, limited resources, and shifting job responsibilities as difficulties faced by school SLPs. They also state that the number of direct therapy hours performed weekly between 1995-2000 was 54% of an SLPs working hours, and that this increased 8% to 62% of their working hours by 2009 (Woltmann & Camron, 2009). This information shows that there are increased demands on the time of SLPs during the work day, with increased expectations across the curriculum.

Despite the information available from ASHA, as well as a handful of independent studies done regarding workload and caseload, there have been no formal studies done regarding the rate or risk of burnout in school-based SLPs. However, Hutchins et al. (2010) conducted a study regarding the retention for SLPs in schools. They found that 76% of those surveyed planned to leave the field of school-based speech pathology within 10 years. It should be noted, however, that these results make no denotation regarding how many were planning to find other work versus the amount that were planning to retire. The authors also found that SLP retention was negatively correlated with caseload size (Hutchins et al., 2010). That is, as caseloads expanded, retention fell.

Edgar & Rosa-Lego (2007) studied which specific factors impact retention of school SLPs and the recruitment of new SLPs into the school system in Florida. The authors found that SLP workload was named by 44.2% of those who took the survey as a strongly disfavored activity, with nearly 50% saying they spend 6 or more hours per week on paperwork. Approximately 41% stated that they found their role was misunderstood, which was a strongly disfavored characteristic of the job (Edgar & Rosa-Lugo, 2007). As previous research on burnout states, role ambiguity is a significant factor that contributes to eventual burnout (Mayo Clinic, 2022). If one feels that they are misunderstood, it is likely that they will feel that their administration isn't giving them an appropriate workload/caseload balance, which can lead to these feelings of role ambiguity and, eventually, burnout.

Increasing Special Education Population

Section 300.101 of IDEA (United States Department of Education, 2017a) states that all students who have been diagnosed with a disability, and who are between the ages of 3-21, are eligible for FAPE. This number has been steadily increasing over the years. The National Center for Educational Statistics (2022) states that the number of students enrolled in special education programs has increased 2% from 2009-2010 through 2021-2022. This is an increase from 13% of the population enrolled in school to 15% of the population enrolled in school, or an increase from 6.5 million to 7.2 million students receiving special education services. Of these students, 19% are identified as having a primary disability of speech/language impairment. However, this is only the data for students who have a speech impairment with no other disability. This does not account for students with autism, intellectual disability, specific learning disability, hearing impairment, or any other disability category as their primary support,

with speech and language impairment as a secondary disability (National Center for Educational Statistics, 2022).

There are several factors leading to these increases. One major factor is the increase in the number of children being diagnosed with autism. Rice et al. (2012) note that there had been a 78% increase in the rates of autism between 2002-2012. The authors outline how deficits in social skills and impaired communication are characteristics of autism (Rice et al., 2012). These are two areas that SLPs directly help treat. Such a significant increase means that school SLPs have been increasing their caseloads and workloads with these students, many of whom have significant and complex needs.

While the increase in need due to rising rates of autism is well documented in educational literature, there is another factor that was unforeseen but that is nonetheless having significant impacts on child development. This factor is the COVID-19 Pandemic. The Swain Center (2015) states that potential warning signs of speech/language disorders in children without other disorders (such as autism or intellectual disability) are as follows: Being born prematurely, having minimal interactions with others, having a limited vocabulary, and being hard to understand. In addition to quarantines and shutdowns that became commonplace during the COVID-19 Pandemic, Charney et al. (2021) outlined other COVID-19 related factors that led to decreased speech and language skills in developing children. The authors cited the use of masks, which have a negative impact on speech signals sent by adults as children are learning. The loss of these visual cues impacts speech and language development significantly (Charney et al., 2021).

This information shows that it is likely that speech caseloads that are already overwhelming are likely to continue to increase. The rates of autism have steadily increased

over the years, with communication deficits being a major characteristic of this disorder. In addition, the COVID-19 Pandemic is expected to have long-lasting consequences on the speech and language development of children. It is important that SLP burnout be evaluated and taken seriously at this time, as it is essential that districts be able to retain qualified personnel to meet the needs of their students, both ethically and as required by federal mandate.

What is the Purpose?

The purpose of this study is to determine the level of burnout that school SLPs are currently facing, what factors are contributing to these feelings of burnout, and what SLPs feel can be done to eliminate these feelings and promote retention in the field. As stated previously, ASHA (2022b) makes clear distinctions between an SLPs caseload and their workload. However, independent research shows that SLPs feel that they are misunderstood, and that they are overwhelmed in their positions (Hutchins et al, 2010) and that it is impacting their willingness to stay in the field. This study aims to help isolate key factors that are contributing to burnout, and what specific factors school districts could change that SLPs believe would reduce or eliminate any feelings of burnout that they are feeling.

Research Questions

The following research questions will be answered as part of this study:

- 1.) Are school SLPs in Pennsylvania feeling burnout?
- 2.) What are the factors that contribute to these feelings of burnout?
- 3.) How do school-based SLPs rate their self-perceived efficacy of service provision?
- 4.) What are SLP perspectives of their direct (service-related) and indirect (non-service related) work tasks?

5.) How have these levels of burnout and self-perceived effectiveness impacted their likelihood to change their job position (ex. Becoming an SLP in another setting, such as healthcare) or to leave the profession overall?

Need for the Study

The United States Bureau of Labor Statistics (2022) shows that between 2020-2030, the job outlook for SLPs is expected to grow 29%, which is considered much faster than average. In addition to working with school-age children in school districts, SLPs have many other options. They can work in the early intervention setting (with students birth-5 years of age), they can work with adults in the acute setting (such as in a hospital), they can work in rehabilitation centers, or in home health care. SLPs are able to open their own private practices and/or provide contract work with companies. These settings often provide more flexibility and, as Edgar & Rosa-Hugo (2007) stated, they are compensated at a much higher rate. In their study, they found that school-based SLPs that they surveyed made \$20,000 less than their counterparts in private and/or medical settings. If districts do not identify the burnout rates of their SLPs and make changes to the factors that are leading to this burnout, there is a real risk that the schools will be understaffed, or will be staffed with unqualified personnel. Edgar & Rosa-Lugo (2007) also found that 25.7% of the SLPs in their study were not fully certified. If the certified SLPs leave for other fields, the students will suffer, and the district will suffer, from an ethical standpoint as well as a legal standpoint.

Summary

It is well-known in SLP circles that the profession is misunderstood in the school setting. The literature shows that high caseloads and role ambiguity are a well-established practice. However, as there are no studies looking at SLP burnout, it is unknown how at-risk districts truly

are. Common practice for school SLPs is to directly interact with students, via either assessment or treatment, complete all necessary paperwork, complete billing for services rendered, and other non-therapy duties. Combining this with overwhelming caseloads as well as potentially enormous increases in the number of students who require services could lead to a tipping point for districts. This is especially true if school SLPs leave for other settings. By identifying the level of burnout and the factors leading to it, it can be ensured that districts are able to retain high-quality, certified SLPs to meet the needs of services for years to come.

The following chapter will outline the methodology that will be implemented in this study. A description of the type of research (qualitative research) will be explained in detail. The participants will be described, as will the site locations. Data collection procedures will be examined, along with data analysis procedures. Perceived limitations of this study will be examined as well. All of these factors will contribute to a more in-depth knowledge of the technical aspects of this study, which will allow the reader to understand how the study itself will be undertaken and how the results will be gathered and analyzed in order to eventually determine patterns, which will then be discussed in Chapter 4 and Chapter 5.

CHAPTER 3

Chapter 3 will explain why a qualitative study was chosen as the research methodology for this study. To understand why a qualitative study was chosen, it is important to keep the research questions in mind. As previously stated, the research questions are as follows:

- 1.) Are school SLPs in Pennsylvania feeling burnout?
- 2.) What are the factors that contribute to these feelings of burnout?
- 3.) How do school-based SLPs rate their self-perceived efficacy of service provision?
- 4.) What are SLP perspectives of their direct (service-related) and indirect (non-service related) work tasks?
- 5.) How have these levels of burnout and self-perceived effectiveness impacted their likelihood to change their job position (ex. Becoming an SLP in another setting, such as healthcare) or to leave the profession overall?

Why Qualitative Research?

A qualitative approach was used in this study due to the nature of the information that is gathered from qualitative studies. The Qualitative Research Consultants Association (2022) states that qualitative data is appropriate during a wide range of research situations. These include, but are not limited to, studying the feelings of people that in turn have an impact on behavior, getting a full picture of the language that a subgroup of people would use to explain a situation, understanding peoples' perspectives regarding situations, and providing a way for participants to state what they feel would improve given situations (Qualitative Research Consultants Association, 2022). The purpose of this study is to determine the feelings and/or lived experiences of public school SLPs. Therefore, a qualitative study is appropriate, as the

goal is not to determine a specific number, but rather to compare the lived experiences of this subgroup of professionals.

The goal of this study was to examine the feelings of participants and to examine the specific factors leading to these feelings. Before understanding the rationale of using a qualitative research methodology, it is important to understand the difference between feelings and emotions, and how feelings can be quantified. Farnsworth (2020) states that while emotions are instincts experienced by humans, feelings are actually part of our consciousness. Since humans are consciously aware of their feelings, they are able to be measured through various tools, which include but are not limited to surveys (Farnsworth, 2020). It is important to make this distinction when considering the research questions and the survey questions, as the research needs to focus on the feelings that participants have towards their job, and not the emotions they feel when they are at work. It is also important to note that not everyone will have the same feelings regarding the same emotions. Therefore, it will be important for the survey questions to not limit the answer choices for the participants, as the goal is to get an unbiased, fully honest view of the feelings that SLPs have regarding their jobs and/or responsibilities.

At this time, there is no significant amount of information regarding the levels of burnout in school SLPs or the factors that contribute to these levels. Because of this, it would be difficult to use a survey with preconceived options, as research does not give us anything to base options upon. Rahman (2017) and Hammarberg et al. (2016) state that qualitative research is useful in looking at the lived experiences and/or realities of the research participants. This type of research is used to look at feelings and opinions, and can help researchers truly understand what is happening with the issue being examined (Rahman, 2017). As the goal of this study was to

look at the lived experiences of school-based SLPs and the realities of their daily routines, a qualitative study is the methodology that will provide this type of information.

A survey (Appendix A) was distributed to participants of this study. Jansen (2010) states that the purpose of a survey is most often to examine the characteristics of a specific population. Jansen states that they are particularly useful when examining characteristics of specific populations, and includes teachers in the list of the most common populations in which surveys are used to obtain data (Jansen, 2010). Jansen then goes on to explain how surveys can be either inductive or deductive. Inductive surveys are open-ended, and deductive surveys have a preconceived structure. An open-ended inductive survey allows raw data such as interviews and/or transcripts to be interpreted (Jansen, 2010). This setup allows for data to be interpreted to show common themes among the participants. As the goal of this study was to determine the similarities of feelings among a specific population (feelings of burnout in public school SLPs), an open-ended inductive survey will be distributed to the desired population. There is currently no survey that exists that would answer the research questions proposed in this study, therefore a survey was created specifically for this survey. To determine if the questions were relevant and produced results that were relevant to the questions, the survey was given to other public school SLPs (current and former) as a pilot test to ascertain if the results produced would yield responses that accurately reflect answers to the research questions.

In order to truly understand the lived experiences of school-based SLPs, it is important to ensure that survey questions are not leading the participants to specific answers. A checklist survey, for example, may ask the SLPs to choose which duties they participate in at school. However, this does not account for duties that may inadvertently be left off the list. A multiple choice question asking the participant to fill in the blank regarding their emotions in response to

their current situation may not account for all emotions experienced by participants, or may lead them to answer the question in a certain way, thereby skewing the results. Leaving the questions open-ended will allow the results to be analyzed in such a way that patterns can be examined. This type of research, as it can be considered a type of interview, would be considered qualitative research (Hammarberg et al., 2016). A qualitative study regarding these feelings will show any potential feelings of burnout, and similar factors that are leading to these feelings. It will allow the participants to answer honestly, and to describe their experiences exactly as they happen, and the participants will not have to try to match their experiences most closely to a predetermined set of answers.

Participant Profile

This study was advertised via the social media sites Facebook and Instagram. It was distributed via the co-investigator's personal social media sites, as well as through the Southwestern Pennsylvania Speech-Language-Hearing Association social media sites. Participants were recruited through this modality, as working with individual school districts would not yield a high enough number of participants, due to the small number of SLPs per district.

All of the participants are SLPs that are hired directly by their school districts. SLPs that are hired through contract companies or their local Intermediate Unit were not included in this study. Qualifications to become a school-based SLP include a master's degree in speech pathology and a teaching certificate or educational specialist certificate in speech/language impairment. Most SLPs in schools also maintain their Certificate of Clinical Competency from the American Speech-Language-Hearing Association as well as their Pennsylvania Occupational License in Speech-Language Pathology.

Data Collection

The survey consisted of open-ended questions for the SLPs to answer. The full list of questions can be found in Appendix A. The questions were open-ended in order to avoid leading the participants to a specific answer. Leaving the questions open-ended as opposed to having SLPs choose from a list of predetermined answers will allow the participants to relay their exact roles, responsibilities, and feelings without fear of omission of any relevant factors. The surveys were sent as a Google Form.

Confidentiality

All survey responses were kept confidential. There was no question on the survey that asked for participant name, school district name, or the county in which the participant works. The surveys were distributed via Google Forms. By nature, Google Forms does not report who responds to a survey and who does not. Therefore, as participants were not asked any identifying information, there was no way to ascertain which participant provided which answers, and which ones completed the survey versus which ones did not.

Data Analysis

A thematic analysis was completed to analyze the data obtained from the surveys. According to Mortensen (2020), the purpose of a thematic study is to review data contained from interviews (in the case of this study, the information will be obtained from open-ended survey questions) in order to identify themes and/or patterns in the responses. The steps outlined by both Mortensen (2020) and Maguire & Delahunt (2017) for a thematic analysis are as follows:

1. Familiarizing oneself with the data that was collected
2. Generating an initial set of codes for the data
3. Searching for themes within the codes

4. Reviewing the themes
5. Defining the themes (naming them)
6. Producing the final report/write-up

As the answers were written in the survey responses, there were limited chances for transcription errors, so the codes that are found will be identified directly from the participants' own words.

It is important to determine whether the qualitative data will be analyzed by hand or through the use of qualitative data software. Bright & O'Connor (2007) explain the benefits of using a Traditional Text Analysis (TTA) rather than using computer software to analyze data. One of the main benefits that the authors discuss is that it provides an opportunity for the researcher to interpret the data. For example, if one responded to a question with a positive and negative statement in the same sentence, the researcher is able to interpret them as two separate statements, whereas a computer program may interpret as one statement (Bright & O'Connor, 2007). Another positive aspect of TTA is that typographical errors and slang can be more appropriately interpreted by the researcher by hand than a computer program can interpret (Bright & O'Connor, 2007). Wong (2008) states that computer software has been created that will complete the coding process, but that this process only helps with the amount of labor put forth by the researcher, and does not indicate that software makes results more accurate. Due to the relatively low number of participants that participated in this study and the nature of the information being presented, the data was coded by hand. The results are then presented visually via graphs, tables, and/or other visual means that accurately represent the information received, which are found in Chapter 4.

The surveys retrieved from this study were analyzed by hand by the researcher. The surveys were analyzed on a per-question basis. The answers were reviewed to determine if there

were multiple responses with the same (or similar) responses. Through this preliminary review, the different experiences of the SLPs were examined, and common themes were determined. Following this review, the data was re-examined to determine which specific factors lead to these overall themes (experiences) expressed by the SLPs. The data was then coded to show specific keywords that were common across each question. The specific code words were chosen by the researcher and were based on the responses from the preliminary review. For example, the researcher determined if experiences fell under the category of caseload, workload, and any other factors seen as a contributor to burnout. Each response was then examined, and coded as a caseload factor, workload factor, or other factor. This was done after a preliminary review of each interview, explained above, to determine what themes were present in the answers. By having major themes as codes, the research was able to show not only which general factors are having the greatest impact on SLPs (caseload, workload, or others that may be found through research), but also what those specific factors look like (number of students, amount of time doing paperwork, amount of time covering classes, or others).

Presentation of Results

The results of this study are presented in such a way that the main themes were analyzed to determine similarities among respondents. The results of each survey question are presented in a table, and each set of results was analyzed. Graphs and/or charts were designed to visually represent the specific codes that appear most frequently in each set of responses. Direct quotes from the surveys are included in charts to ensure that readers can examine the full scope of the responses.

Limitations

This study, as with all research studies, has limitations. One limitation is that only a small percentage of school SLPs in Pennsylvania were surveyed. These results cannot be considered as representative of the entire state of Pennsylvania, or the country at large. Also, as the surveys were sent and returned via purely electronic means, the answers may be shorter and less descriptive than if face-to-face interviews had been conducted. This study was purely qualitative in nature. Future research should focus on mixed-method designs to establish more quantitative information about the SLPs (such as how likely they are to leave on a scale of 1 to 10) that could be compared to qualitative information about their feelings of burnout and the factors that are potentially leading to these feelings.

Reliability and Validity

As this study aimed to examine a specific phenomenon (burnout) in a given population (school-based SLPs employed by a school district), it was a qualitative study. The goal of this study was not necessarily to measure (quantify) something, but to examine the lived experiences of this group of people. Despite the non-statistical nature of this study, reliability and validity must still be addressed (Golafshani, 2003).

While reliability and validity are common research terms, Bloomberg & Volpe (2019) make the case for using the terms credibility and dependability in their place when conducting qualitative research. In this instance, credibility refers to “whether the participants’ perceptions match up with the researcher’s portrayal of them” (Bloomberg & Volpe, 2019, p. 202). This refers to whether or not the researcher was able to correctly portray the experiences of the participants. If there are themes in the results, will they be presented clearly? This study is credible, in that participants are able to respond to open-ended questions, which means that any and all experiences that are presented are in the precise words that the participant wants to use.

No experiences will be excluded, as there are no preconceived lists from which the participants are required to utilize. Therefore, the results are credible, as all experiences are considered.

In this context, dependability refers to “whether one can adequately track all the processes and procedures used to collect and interpret the data” (Bloomberg & Volpe, 2019, p. 204). The data collection procedures outlined in this study show the process of survey disbursement, data collection, and how the data will be analyzed to answer the research questions. A copy of the survey was sent to a test group of SLPs who will not be participating in the study. Their responses showed that the questions were appropriately designed and worded, and that the responses were likely to answer the research questions as the investigator intended.

Summary

To summarize, a qualitative study was done to answer the research questions proposed in this study. Qualitative studies allow the researcher to identify feelings, emotions, and lived experiences of specific groups of people, as opposed to looking for numerical results of a study. As this study aims to identify the feelings and/or lived experiences of a specific group of people (public school SLPs), a qualitative study makes the most sense from a research standpoint. A researcher-created survey was disseminated to a subgroup of Pennsylvania school-based SLPs electronically. The survey was open-ended so that the participants were able to answer with their true feelings and emotions, and were not forced to choose an option that fits the best with their feelings without being entirely accurate. The results of the study were interpreted using a Traditional Text Analysis (TTA) as opposed to a specific type of qualitative data software, as there was a relatively low number of participants, as well as potential for each respondent to answer differently. A TTA allowed the researcher to become intimately familiar with the data and to code it in ways that are most appropriate for the data.

The following chapter examines the results of the surveys. It outlines the specific answers to the surveys according to codes ascertained by the researcher. This chapter will also serve to explain how the results can be interpreted to answer the research questions. A description of how the codes were determined, as well as how different results fit into specific codes, will be included in this analysis.

CHAPTER 4

The following chapter presents the answers to each question, the codes derived from each answer, and the themes into which these codes fall. The answers are then related back to the research questions to determine their answers. The research questions were as follows:

- 1.) Are school SLPs in Pennsylvania feeling burnout?
- 2.) What are the factors that contribute to these feelings of burnout?
- 3.) How do school-based SLPs rate their self-perceived efficacy of service provision?
- 4.) What are SLP perspectives of their direct (service-related) and indirect (non-service related) work tasks?
- 5.) How have these levels of burnout and self-perceived effectiveness impacted their likelihood to change their job position (ex. Becoming an SLP in another setting, such as healthcare) or to leave the profession overall?

A total of 14 SLPs responded to the flier, and the survey was sent to all 14 who inquired. Of the 14 SLPs who were interested, a total of 10 surveys were completed, and were used to determine the results of this study. The overall goal of this study was to determine if school-based SLPs are feeling burned out, what factors are contributing to those feelings, and whether or not this impacts the possibility of them leaving the profession.

Results

In this section, each question will be presented, along with a table displaying each answer. The tables will be divided into two columns. The first column is labeled “Respondent” and corresponds to the order in which the survey was returned. The second column is labeled “Response” and is the exact answer as typed into the survey by said respondent.

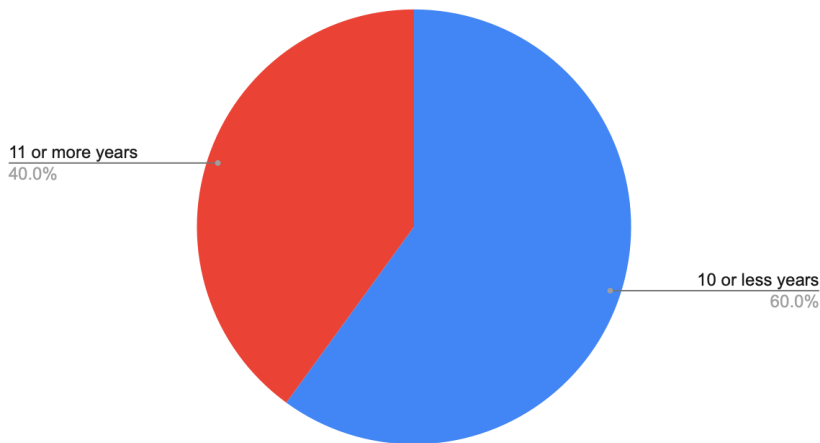
QUESTION 1: How many years have you been an SLP in the public schools?

Table 4.1

Respondent	Response
1	28
2	11
3	5
4	9
5	6
6	6
7	15
8	8
9	13
10	Less than 1

ANALYSIS: The minimum number of years of service in the schools for these participants was less than 1 year, and the maximum number of years of service was 28 years. In total, 6 out of 10 (60%) of respondents had been in the schools 10 years or less, and 4 out of 10 (40%) had been in the schools 11 years or more. This information was collected to determine if there was a link between the amount of time a participant had been a school-based SLP and the level of burnout they feel. It was determined that there was no correlation between the two.

Figure 4.1: Years of Service in Schools



QUESTION 2: How many students are on your caseload as of the date you are taking this survey?

TABLE 4.2

Respondent	Response
1	68
2	60
3	67
4	50
5	73
6	69
7	71
8	57
9	78
10	67

ANALYSIS: Of the 10 total responses, 7 SLPs (70%) state that they have a caseload over 65 students, and 3 SLPs (30%) had caseloads below 65 students. The Pennsylvania Code and Bulletin (2001) states that 65 is the maximum allowable caseload. While this data is a small snapshot of the full number of SLPs in schools in Pennsylvania, it can be deduced that a significant percentage of this demographic is operating over the state-prescribed caseload.

CODES: The following codes were generated based off the information presented earlier, based on the study completed by Katz et al. (2018). The responses were broken up into segments of 5 students for all responses over the state maximum of 65, as the research done by Katz et al. (2018) stated that for every 5 students added to a caseload, the number of SLPs that felt their caseload was unmanageable doubled.

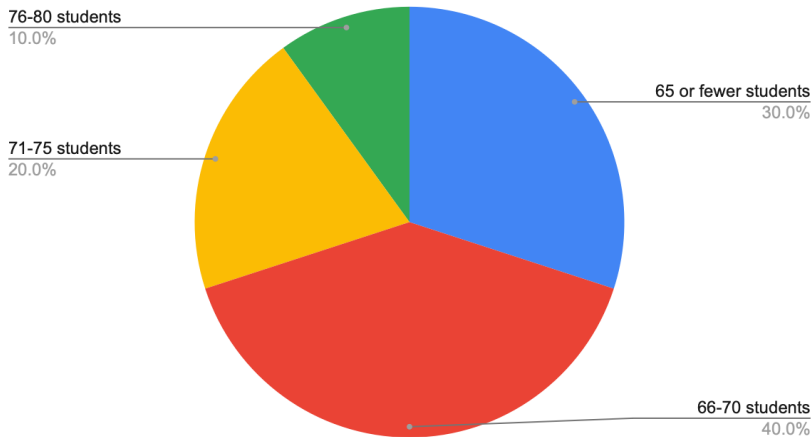
65 students or fewer: 3 responses

66-70 students: 4 responses

71-75 students: 2 responses

76-80 students: 1 response

Figure 4.2: Caseload Numbers



QUESTION 3: What age ranges does your caseload span?

Table 4.3

Respondent	Response
1	5-12 years old
2	K-12
3	Kindergarten to 6 th grade
4	8-12
5	5-14
6	5-10
7	5-11
8	5-18
9	5-21
10	K-8

ANALYSIS: This data was collected to determine what age span of a school’s students each SLP is servicing. In total, 7 of the 10 respondents (70%) stated that the students on their caseload only span a portion of the age ranges serviced in a school. Of the 10 responses, 3 (30%) indicate that the SLP services more than a specific age-range of students in a district, meaning that they service the entire district population of students that need speech. There were no codes generated from this data, as it was collected to provide background information on the ages of the students with which the SLP is working.

QUESTION 4: How many hours per week do you spend on direct services (treating the students on your caseload regarding their IEP goals)?

Table 4.4

Respondent	Response
1	30
2	18
3	24
4	20
5	30
6	18
7	20
8	25-28
9	18
10	Approximately 15-16 hours

ANALYSIS: A total of 6 respondents (60%) indicate that they spend 20 or more hours providing direct services to students. Direct services, in this case, refer only to direct therapy provided to students who are already identified, and are on the SLPs caseload. This does not include testing or paperwork time, nor does it include additional duties. Teachers are present in school 7.5 hours per day, with student hours totaling approximately 6.5 hours per day at the elementary level. Given the information provided above, SLPs are spending between 3.5 hours-6 hours per day providing direct therapeutic services to students.

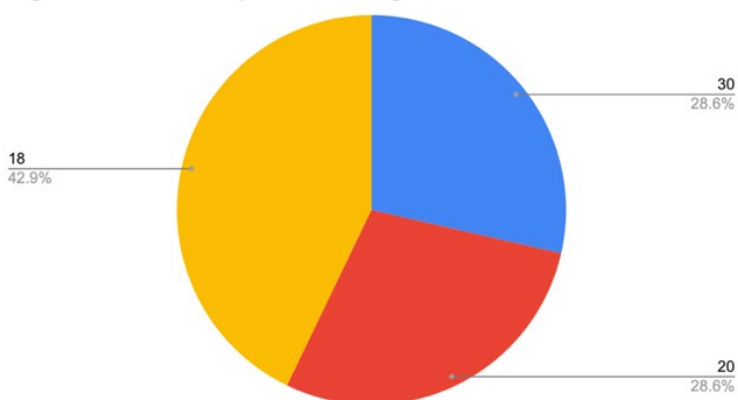
CODES: The following answers were repeated, and therefore were determined to be specific codes for responses:

30 hours – 2 responses

20 hours – 2 responses

18 hours – 3 responses

Figure 4.3: Hours Spent Providing Direct Services



THEMES: As these answers are numerical, there are no specific themes that can be generated. However, the answers provided above will be compiled to show the average weekly amount of time required by school SLPs in order to complete their jobs.

QUESTION 5: How much time do you spend on indirect services related to your position (this would include report writing, testing, Medicaid billing, and other speech-related tasks)?

Table 4.5

Respondent	Response
1	At least 10 hours/week
2	12 hours/week
3	About 10 hours
4	20
5	An average of around 10 hours per week
6	16
7	12
8	Varies each week 10-15 hours
9	15
10	Varies – if I’m not directly treating, I’m most likely doing an indirect service (aside from a half hour lunch)

ANALYSIS: According to the survey results, 90% (9 out of 10) of respondents spend at least 10 hours per week on indirect services related to their position as an SLP. The remaining respondent did not indicate a numerical figure regarding the number of hours spent weekly on

this activity. Additionally, 4 out of 10 respondents (40%) indicate that, at least some of the time, they spend 15 or more hours per week on indirect services. As stated, teachers are in school for an average of 7.5 hours per day, with 6.5 of those hours being student hours at the elementary level. When the responses above are broken up over 5 school days per week, each SLP reported spending at least 2 hours per day providing indirect therapy services, with some averaging higher at 3 to 4 hours per day.

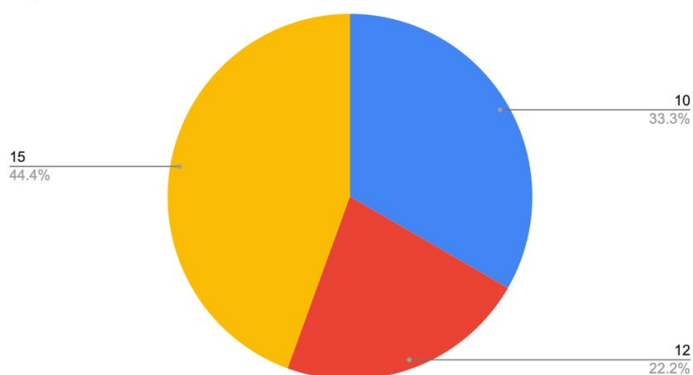
CODES: The following answers were repeated, and therefore were determined to be specific codes for responses. One respondent did not indicate a numerical value, therefore that answer was unable to be coded. Note that in responses that included a range of answers, the higher number was used for coding purposes:

10 hours per week – 3 responses

12 hours per week – 2 responses

15 or more hours per week – 4 responses

Figure 4.4: Hours Per Week of Indirect Service



THEMES: As these answers are numerical, there are no specific themes that can be generated.

However, the answers provided above will be compiled to show the average weekly amount of time required by school SLPs in order to complete their jobs.

QUESTION 6: How many hours per week do you spend on non-speech related activities that are mandated by your district (this would include lunch duties, bus duties, covering classes, and others)?

Table 4.6

Respondent	Response
1	5 hours
2	7.5 hours per week
3	30 minutes
4	5
5	0
6	1
7	1.5
8	It can vary depending on teacher absences 3-5 hours
9	6
10	Varies – usually one hour per week recess duty

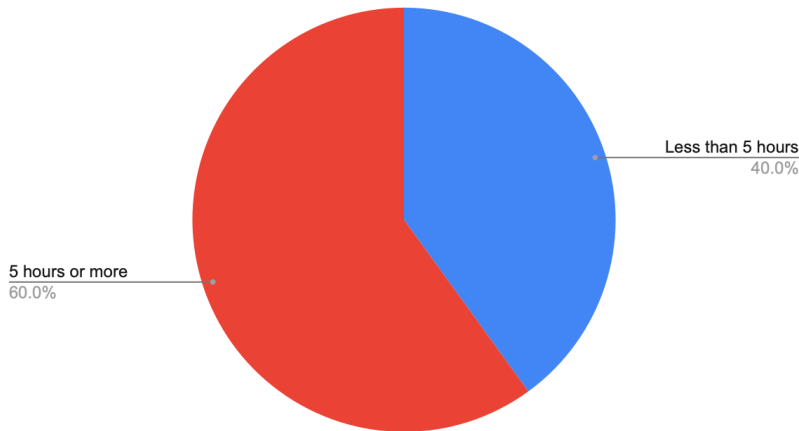
ANALYSIS: Based on the results from the survey, 5 out of 10 SLPs that responded (50%) report 5 or more hours per week on additional duties/activities that are mandated by their district. A total of 9 out of 10 respondents (90%) state that they are required to perform at least one duty per week unrelated to their job as an SLP. Of the responses collected, when comparing to the 7.5 hours teachers are present at school, 4 out of 10 (40%) report that they are completing duties at least 1 hour per day.

CODES: The following answers were repeated, and therefore were determined to be specific codes for responses (Note that in responses that included a range of answers, the higher number was used for coding purposes):

Less than 5 hours – 4 responses

5 or more hours – 6 responses

Figure 4.5: Hours Per Week on Unrelated Duties



THEMES: As these answers are numerical, there are no specific themes that can be generated.

However, the answers provided above will be compiled to show the average weekly amount of time required by school SLPs in order to complete their jobs.

QUESTION 7: How do these additional unrelated duties make you feel about your job overall?

Table 4.7

Respondent	Response
1	The extra duties add unnecessary work and take away time from what needs to be done with regards to caseload and paperwork.
2	I don't mind them for the most part. I do bus/van duty as well as morning announcements. Bus duty helps me get to know children throughout the school and not just the students on my caseload. Covering classes can be difficult. My district is great about only using me during duty times or sparingly when I don't provide direct services. However, it can create animosity with other staff who don't understand special education as to why I am not covering as much as other teachers are. I don't mind being a team player, but an hour a day is also time I could use to prepare for my day, consult with teachers, complete paperwork, ACCESS bill, etc.
3	Only once per week, it is nice to observe my students in a different setting. If I had recess duty multiple days per week or other multiple

	duties, I would feel differently. It would take way too much time away from being able to complete paperwork.
4	Indifferent
5	N/A
6	Having two duties makes it difficult to do paperwork but manageable. Having 3 duties last year made it impossible for me to schedule/complete paperwork. If we had IEP days built into the academic calendar, I wouldn't mind having duties but we do not.
7	Don't mind them, makes me feel like part of a team and help some get to know more students in the building. But also takes away time from paperwork.
8	These duties take time away that I could be report writing or Medicaid billing.
9	Overloaded
10	Honestly I feel that the duty is a double edged sword. It's a forced break from other speech related tasks. A moment to step away from the computer. That being said, sometimes that time is too valuable to spend on a duty when reports need written and evaluations need completed.

ANALYSIS: The above answers show that most of the respondents feel that these duties take time away from other necessary job functions. A total of 6 respondents (60%) refer directly or indirectly to the term “paperwork” in these findings, and 4 respondents (40%) refer to the phrase “takes away” regarding time for completing other job tasks. One respondent noted that it was a time to step away from the computer, indicating a positive aspect of the duties.

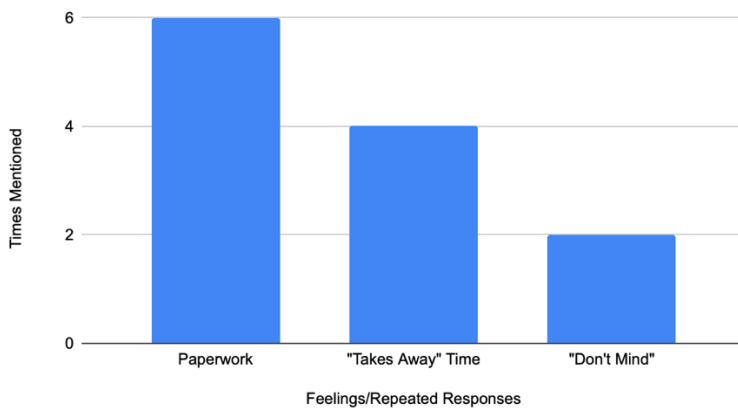
CODES: The following words and/or phrases were repeated throughout these answers:

Paperwork – 6 responses

“Takes away” time – 4 responses

“Don't mind” – 2 responses

Figure 4.6: Feelings Regarding Unrelated Duties



THEMES: The above codes reflect repeated words found within the answers. Of the 3 codes determined, 2 of them (67%) have a negative connotation. Both “paperwork” and “takes away time” reflect that these duties infringe upon the time needed for essential job functions. The remaining code, “don’t mind,” reflects an indifferent attitude towards the duties. One respondent indicated that the duties were at times a break from the computer, the respondent went on to state that “sometimes time is too valuable” to spend on an unrelated duty. None of the respondents reported only positive feelings regarding unrelated duties.

QUESTION 8: How effective do you feel you are during direct service time?

Table 4.8

Respondent	Response
1	Very effective when providing direct services.
2	65% I feel like I need to be better prepared/organized to maximize the time spent with students. Data collection to make sure I have enough information for ACCESS, progress notes, IEPs, etc also can take away from providing therapy/teaching. Also, due to high caseload numbers, I feel like I have more groups than before. Taking data on each student, then making sure they get enough repetition and exposure to the concepts I want to cover for them can be difficult in a short amount of time (especially if their goals are

	no similar) I wish I could give more individual attention to some students.
3	About 80%-90% effective. It depends on the size of the group and the students in said group. I have a group of 4 th graders who never stop talking about unrelated things. No matter what I try. So I feel like they are benefiting less from therapy as they just won't focus and with limited time, I cannot adjust their schedule.
4	It depends on group size and severity. For kids with multiple goals, I feel like it's hard to make progress as quickly.
5	Somewhat effective, depends on the goals addressed.
6	I have at least 4 students per session, every session. On a rare occasion that I have to make up a student, I have 5 students in a group. My students are not getting the qualify therapy they deserve all because of my high caseload numbers.
7	Not very – too many kids in each group. They only get 5 minutes of my time each.
8	Depends on the day. Some days I feel that my therapy is effective and progress is being made and other days I feel like it isn't possible to make progress with such a large group of students. Overall, I know my students are progressing, however, some don't progress as quickly as I would like or hope and I feel it is due to group sessions.
9	Effective but preoccupied by the paperwork that needs completed
10	Effective

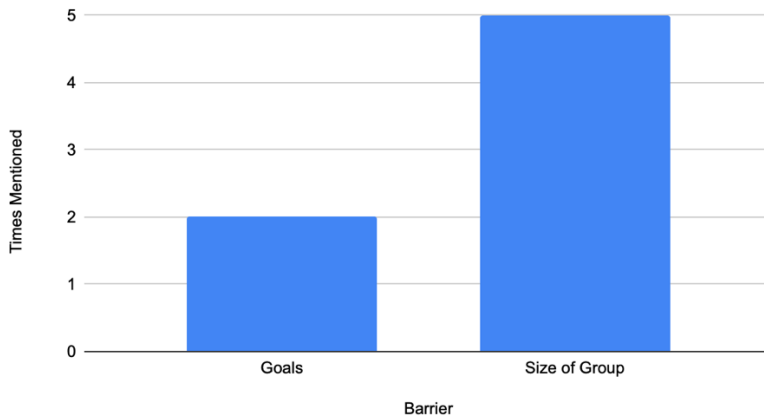
ANALYSIS: A total of 7 respondents (70%) reported barriers to feeling effective in their provision of direct services. These barriers are mainly centered around reports of having too many students in groups (50% of total respondents) and the severity of the students' speech and language disorders. Overall, 80% of respondents report that their quality of therapy is suffering and that they are unable to make progress like they should.

CODES: The following words/phrases were repeated throughout this section:

Goals – 2 responses

Size of Group – 5 responses

Figure 4.7: Barriers to Providing Effective Service



THEMES: The responses refer to barriers regarding effectiveness. A total of 8 respondents list at least one, at times several, barriers to providing effective therapy. The themes identified revolve around the amount of expectations, as noted through the codes of “goals” and “size of group.” Overwhelmingly, the respondents (80%) have negative connotations regarding effectiveness during direct therapy time.

QUESTION 9: How does the amount of time you spend on indirect speech services and unrelated duties contribute to those feelings?

Table 4.9

Respondent	Response
1	The unrelated extra work takes away time from direct and indirect speech services. I feel I could be more effective without all of the extra duties.
2	I often wonder if I didn’t have to spend so much time on documentation, paperwork, duties, etc. if only therapy was given, if there would be a difference in progress.
3	I only have one duty so it is not related
4	The paperwork that is due is always in the back of your mind so I always feel distracted

5	Significantly
6	When I have to test students, all of my paperwork time is gone. Just when I start to feel ahead of the ball, I get yet another referral and go through the process all over again. There is never at time that I am under 65 kids and not testing new students. I'm always playing catch up. Then I have to find a time slot that isn't already completely full of kids to see the newly qualifying students. This job seems to be more about qualifying students than actually providing therapy.
7	If I could have groups of 2 all day my effectiveness would be so much greater.
8	Often times I feel like I'm drowning in paperwork and I always have that "to do" list in the back of my mind. I'm not given much time during the day to complete paperwork and truthfully the planning time I am given is often spent on report writing rather than planning therapy sessions.
9	Takes away time that could be spent on paperwork.
10	I spend much time planning sessions tailored to my students needs so I feel that contributes to the overall feeling of effectiveness. I try my best not to let unrelated duties negatively impact my quality of service.

ANALYSIS: Of the 10 responses, 6 made reference to paperwork either directly (by name) or by mention of "direct and indirect speech services" of which paperwork is included. There were also 3 mentions of these duties impacting student progress and their feelings of effectiveness. Additionally, 4 specific mentions of negative emotions are being singled out below as codes, as they highlight the negative impact these duties have on SLPs and their perspectives of the job.

CODES:

Paperwork/Report Writing Time – 6 Responses

Impact on Student Progress – 3 Responses

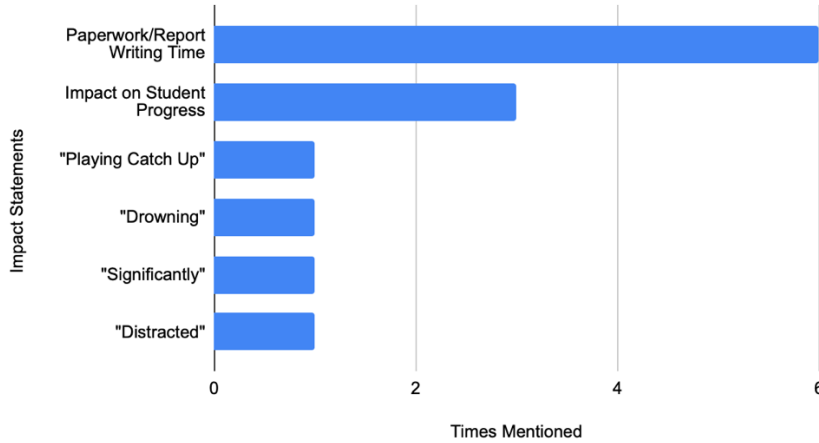
"Playing catch up" – 1 Response

“Drowning” – 1 Response

“Significantly” – 1 Response

“Distracted” – 1 Response

Figure 4.8: Impact of Unrelated Duties



THEMES: All of the responses had words that would be considered negative/having negative connotation. The SLPs report that these duties make them feel as if they are “drowning” or “playing catch up.” A total of 60% of respondents report that they have a negative impact on paperwork completion time.

QUESTION 10: Burnout is characterized by feelings of exhaustion, detachment/cynicism, and ineffectiveness regarding one’s job. Have you ever experienced these emotions?

Table 4.10

Respondent	Response
1	Yes
2	Cynicism
3	Yes
4	Yes
5	Yes
6	Yes, especially this year with 70 students on my roster
7	Yes
8	Yes
9	Yes
10	Yes

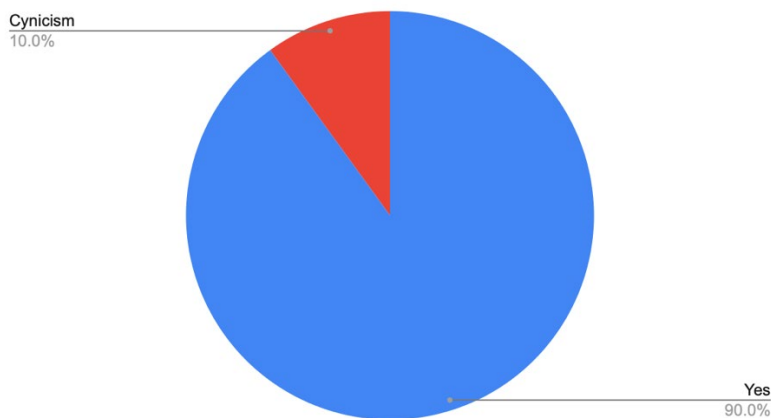
ANALYSIS: 100% of the respondents reported feeling at least 1 symptom of burnout due to their job as a school-based SLP. A total of 90% (9 out of 10) respondents answered “yes,” indicating that they experienced multiple symptoms of burnout.

CODES:

Yes – 9 responses

Cynicism – 1 response

Figure 4.9: Prevalence of Burnout Symptoms



THEMES: The answers to this question determine that burnout is present to a significant level across this population.

QUESTION 11: To what extent do you experience these emotions, and how often?

Table 4.11

Respondent	Response
1	I experience these emotions when the caseload increases, the paperwork is overwhelming, and during times when I am pulled for many meetings and evaluations. Especially preschool transition meetings and evaluations.
2	I feel like on stressful, extremely busy days, I can become more negative than usual.
3	Probably twice per week or so. Some students have such high needs there is just no way I, one person, can help them reach their full potential. Some days I just cannot muster up the energy to work with certain students.

4	I felt it often during online instruction when Covid fist hit and when I have really behavioral students.
5	Moderate, several days per week.
6	Not every day but pretty often when I am feeling overwhelmed. My quality of therapy is affected by the number of students in my groups and the behaviors associated with the bigger groups. Sometimes, I am only getting 10 trials per kid. I try my best to split the time equally but 4-5 kids per group is too much! I can't bring this stress home (I have a 15 month old) so I start to detach, which is exactly what I don't want to do.
7	Weekly, and can make me feel overwhelmed and decrease my motivation.
8	It varies week to week and school year to school year. The pandemic was really touch as I feel like my expectations as an SLP were more than a Homeroom teacher. I was expected to provide direct services as stated in IEPs. This school year has been exceptionally tough due to the severity of students on my caseload as well as the high caseload number.
9	Multiple times per day.
10	I left a previous SLP position because of experiencing these emotions frequently. Currently, those feelings have lessened.

ANALYSIS: A total of 5 respondents (50%) report feeling feelings of burnout at least 1 time per week. Additionally, 3 respondents (30%) refer to their caseload numbers, and 2 respondents (20%) refer to the COVID pandemic and/or student behaviors. One respondent indicated that the feelings of burnout are less at their current position than their previous position, but did not indicate how often per week they feel these symptoms at their current job. The codes listed below highlight those answers that repeat, and additionally those that were deemed as valid towards developing the theme.

CODES:

Weekly – 5 responses

Caseload – 3 responses

COVID pandemic – 2 responses

Behaviors – 2 responses

“Negative” – 1 response

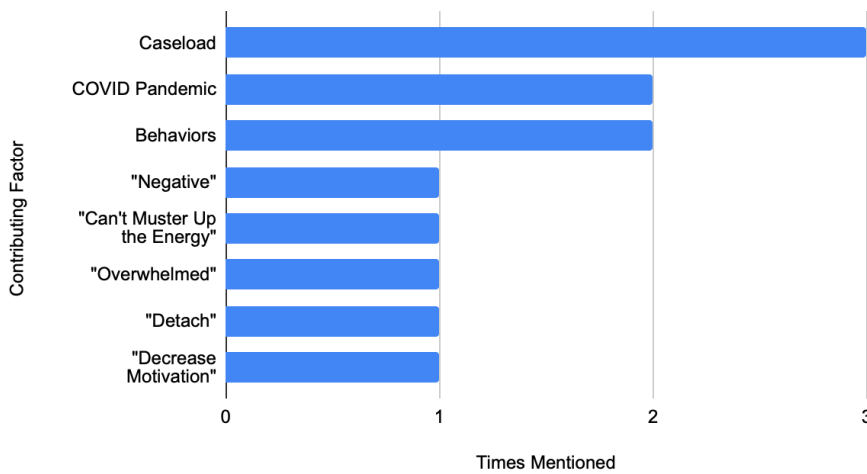
“Can’t muster up the energy” – 1 response

“Overwhelmed” – 1 response

“Detach” – 1 response

“Decrease motivation” – 1 response

Figure 4.10: When Burnout is Experienced



Note: In Figure 4.10, the code “Weekly” was omitted, as it was a time-based measure. The other responses recorded in the chart reflect the specific factors that were listed as contributing factors, such as feeling these emotions when caseload is high, since the COVID pandemic, when students experience behaviors, and others listed above.

THEMES: A majority of respondents report feeling symptoms of burnout multiple times per week. Their responses highlight key symptoms of burnout, such as feeling detached, experiencing decreased motivation, and feeling overwhelmed. Therefore, the theme of these

responses is that caseload and severity of students contributing significantly to these feelings in this population.

QUESTION 12: Which factors of your day to day job do you feel most directly contribute to these feelings?

Table 4.12

Respondent	Response
1	High caseload numbers and paperwork
2	I think unrealistic expectations (for both teachers and students), lack of staff, lack of time, complexity/severity of disabilities as well as the number of students with disabilities make the job undesirable and explains the teacher/therapist shortage state/nationwide. Personally, I also struggle having to be the only expert in multiple areas across ages 5-18. No other professional services that range of ages or work on the amount of specialized content areas.
3	Certain students can be more difficult to work with than others
4	Severity of kids
5	Back to back therapy session, large amounts of paperwork
6	High caseload, high group numbers, after-school PDs, teacher schedule changes that then affect my schedule, trying to find time to test students when I am only at the school 2 days a week and my only free time is when kids are in lunch and recess
7	Having too many kids to service
8	The direct services to indirect services ratio. If I was given more time in my day to do paperwork I wouldn't feel as stressed and overwhelmed. The stress of the paperwork takes away from being a quality therapist
9	High caseload numbers, not enough SLPs in the district
10	Generally caseload size and working with student schedules and additional tasks as assigned.

ANALYSIS: The respondents reported various factors that are contributing to these feelings. However, there were some patterns: 4 out of 10 (40%) reported high caseload, 3 out of 10 (30%) reported severity of students as a factor, 3 out of 10 (30%) reported paperwork as a factor, and 2 out of 10 (20%) referenced student schedules. There were also individual factors that contributed to each teacher individually, such as professional development and individual schedule difficulties due to servicing multiple buildings.

CODES:

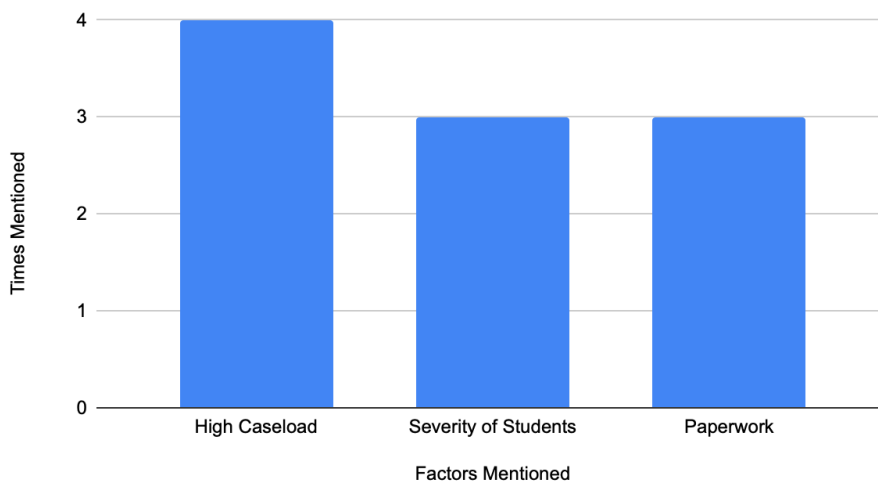
High Caseload – 4 responses

Severity of Students – 3 responses

Paperwork – 3 responses

Student Schedules – 2 responses

Figure 4.11: Factors Contributing to Burnout



THEMES: The main theme among these responses is the *amount* of work that SLPs are expected to complete. High caseloads mean high amounts of paperwork and large numbers of groups (plus large numbers of students within groups).

QUESTION 13: How have these feelings impacted your likelihood to change your job position (ex. Becoming an SLP in another setting, such as healthcare) or leave the profession overall?

Table 4.13

Respondent	Response
1	I worked in the hospital setting before working in the schools. The school schedule was better for my family obligations. I won't leave the profession at this point because I'm eligible for retirement in 3 years.
2	Being in a small, rural district, I think I have it better than most. I also have support and appreciation from current administrators which makes a difficult situation easier. It is also difficult on administrators given the state of education in general. They are unable to hire staff, let alone competent staff because no one wants to be a part of education, Without competent people, who are capable of carrying their weight, and know how to educate children, the weight is going to fall on those of us that stick around. With a certification in Supervision of Special Education, I have had the opportunity to leave to go to a higher paying job with more responsibility. However, now I'm glad I didn't because it seems like a lot of problems and no matter what you do there are minimal solutions. I've also thought if I ever leave a school based SLP job, I would possibly try EI because working with my 20 month old daughter, I feel like THAT is the missing piece in school age children's development. We will never be able to bridge the gap of students who have had minimal/zero exposure until they are 5/6 years old.
3	Sometimes I feel like changing careers but do not want to give up my healthcare.
4	I once worked in a hospital setting with individuals with significant medical needs and nothing compares to that stress in my opinion, so my perspective is slightly different. I would not leave my school position for a position in healthcare.
5	Yes, I have considered leaving the profession.
6	I love my job and could not see myself doing anything else, except maybe a team chair if they ever create that in this district/PA (they do in MA). But I can see how my lack of

	motivation directly affects my students' progress.
7	Honestly I've thought about it but I'm too far in to switch. I put in many years and will finally start to make decent money so it would be a waste of all those years making low salary if I quit now.
8	I will most likely not change my job setting because I have a schedule that supports my family's life. I am able to be off when my children are off.
9	Moderately impacted
10	As mentioned previously, I left a prior job due to feelings of lack of support and overwhelming caseloads. So far, other positives outweigh the negatives to leave the field overall.

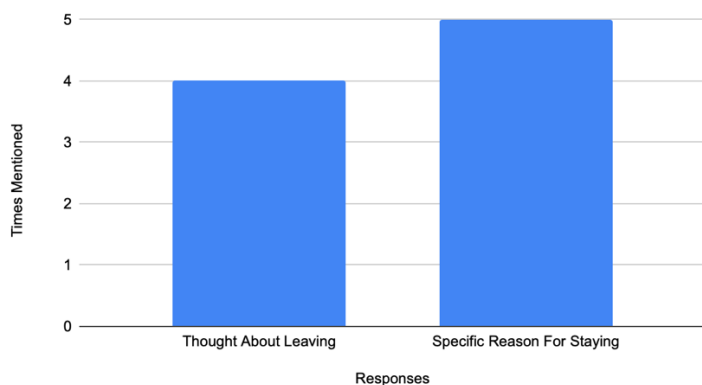
ANALYSIS: While the majority of those surveyed state that they would not leave their position, 4 out of 10 (40%) report that they have considered making a change. There were 5 out of 10 respondents (50%) that provide specific reasons for staying. One respondent stated that they left their previous job due to lack of support and high caseloads, and stated that the positives of their current position outweigh the negatives to leave the field (though the positives were not specifically mentioned, and are therefore not counted under “specific reasons for staying” below). One respondent referred to staying due to enjoying the work they are doing. The reasons that most would choose to say revolve around the schedule and the fringe benefits (such as healthcare).

CODES:

Thought about leaving – 4 responses

Specific reason given for staying – 5 responses

Figure 4.12: Feelings Towards Leaving the Setting



THEMES: The theme of this question shows that, while many have considered leaving, there are *specific reasons* that they are choosing to stay. These benefits (schedule, quality of healthcare) are not found in other sectors of SLP work. The data shows that the reasons for staying contribute more significantly to SLPs planning their future than their thoughts of leaving, and that they are still more likely to stay in the school-based sector than they are to leave.

QUESTION 14: What steps could your district take to lessen your feelings of burnout and/or increase your self-perceived feelings of effectiveness?

Table 4.14

Respondent	Response
1	The district could hire more SLPs to help reduce caseloads and do away with some of the unnecessary paperwork. Also, remove duties not related to speech.
2	I'm not sure that the district would be capable of fixing what is a bigger/systemic problem. I also feel I do a lot and am not financially compensated for the work and expertise that I bring to the table. Another plus would be reimbursing me or paying for ASHA dues and/or continuing education credits that I have to get in addition to Act 48.
3	Increased time being able to collaborate with other SLPs. I am the only SLP in both of my buildings so I never get to see or talk with someone in my same profession. Increased

	pay is always on my mind but that will never happen.
4	It would be nice to have extra built in days for paperwork in our contract.
5	Increased support for smaller caseload size, additional stiped for ASHA certification and billing, more flexibility with student scheduling, additional staffing.
6	Reduce the caseload! Hire another SLP or even two. Allow for IEP/paperwork days to be built into the calendar. Allow testing days to be built into the calendar or upon request. Seeing 69 students, testing 4-6, ACCESS billing, writing IEPs, attending IEPs, writing progress reports, sending all progress reports, duties. It's a lot.
7	Lessen caseload and get rid of duties
8	The district needs to understand that an SLP role is totally different than a regular education teacher or a special education teacher. I wish we weren't just lumped in with the special education teachers. Administration doesn't understand the amount of paperwork SLPs have. Progress reports and Medicaid billing take hours to complete.
9	Hire more help
10	Possibly setting up an online drop box of sorts to voice concerns – anonymous or not; hire additional staff; build in IEP days (although days are offered for us to take, feelings of guilt, refusal may prevent that).

ANALYSIS: Over half of the respondents (6 out of 10, 60%) state that hiring more help and/or lessening the caseload would help decrease their feelings of burnout. Additionally, 30% state that reducing the amount of paperwork and/or increasing the time available to do paperwork would help, and 20% state that a stipend/reimbursement for specific SLP-based professional development would help in lessening the feelings of burnout that they are experiencing.

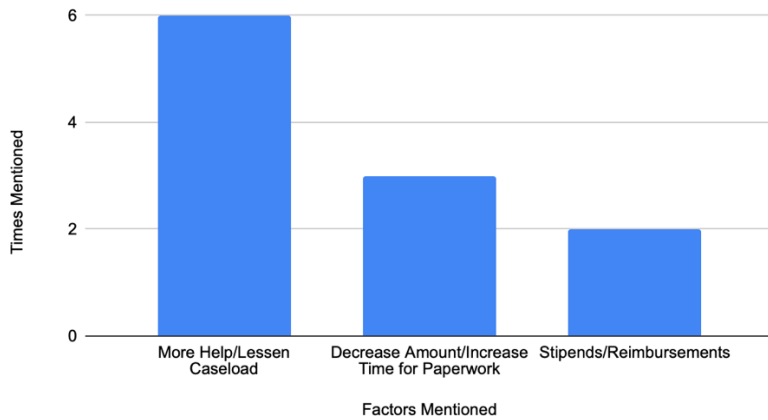
CODES:

Hire More Help/Lessen Caseload – 6 responses

Reduce Amount of Paperwork/Increase Time for Paperwork – 3 responses

Stipends/Reimbursement for ASHA/Professional Development – 2 responses

Figure 4.13: How Can Districts Help



THEMES: The theme of this section revolves around *decreasing expectations* – either through lessening the caseload of each SLP or reducing the amount of paperwork that is required. It should also be noted that there were general references throughout of being *misunderstood* by administration, either through being expected to have specialization in many areas or being “lumped in” with other special education teachers instead of being treated as a separate entity.

QUESTION 15: If you were to leave the school-based sector, which factor would be the one that is most directly causing you to leave?

Table 4.15

Respondent	Response
1	Having to deal with unrealistic expectations of our administration and the constant disrespect from many parents and students.
2	Loss of support/appreciation from administrators. Also if unrealistic expectations are placed on me (based on what they feel I could/should do within a work day, student progress, student eligibility/dismissal, etc).
3	Salary, health care and work schedule
4	I would not leave
5	Lack of administrative support/understanding

6	I really don't think I would leave but probably the unrealistic expectations. My principals understand and try to help when they can but our special ed dept does not. They just keep telling all of us (SLPs – we are all over our numbers!) that NEXT YEAR will be better... There is a state caseload cap for a reason. Although I wouldn't mind sitting and writing paperwork all day...
7	Salary
8	The lack of knowledge and support from administrators as well as the amount of indirect responsibilities that I have. If I had a smaller caseload and more time in my day to complete paperwork I would be much happier and would feel like I had the time to make a difference rather than just being spread thin.
9	Inability to be as effective as I could be if it weren't for my high caseload numbers and overwhelming paperwork.
10	Workload to income ratio

ANALYSIS: There were multiple repeating factors noted in this section. They were as follows:

“Unrealistic expectations” and “lack of support” were both reported by 30% of respondents.

“Salary/Income” and “ability to be effective/make a difference” were both reported by 30% of respondents.

CODES:

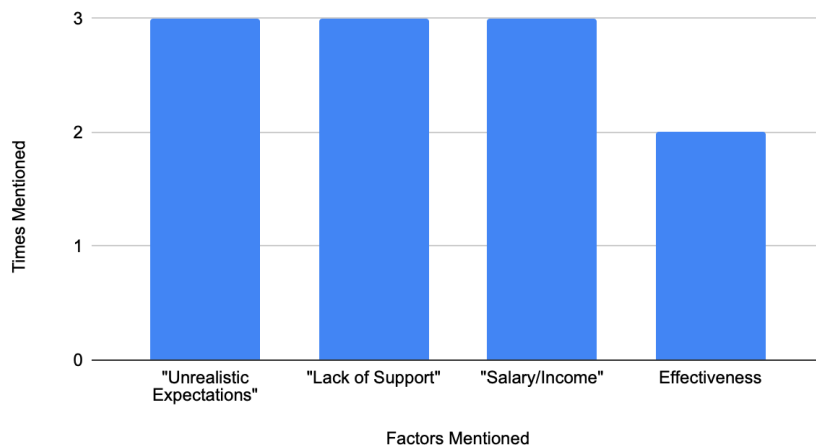
“Unrealistic expectations” – 3 responses

“Lack of support” – 3 responses

“Salary/Income” – 3 responses

Ability to be effective/make a difference – 2 responses

Figure 4.14: Factors Contributing to Feelings of Leaving



THEMES: The main theme of this question revolves around *difficulty with administration and feeling misunderstood* in their current job role as evidenced by responses centered around unrealistic expectations and lack of support.

Findings

In this section, the responses above will be compared to the research questions in order to determine their answers. The research questions were as follows:

- 1.) Are school SLPs in Pennsylvania feeling burnout?
- 2.) What are the factors that contribute to these feelings of burnout?
- 3.) How do school-based SLPs rate their self-perceived efficacy of service provision?
- 4.) What are SLP perspectives of their direct (service-related) and indirect (non-service related) work tasks?
- 5.) How have these levels of burnout and self-perceived effectiveness impacted their likelihood to change their job position (ex. Becoming an SLP in another setting, such as healthcare) or to leave the profession overall?

Each research question will be evaluated independently below, with citations provided from the relevant survey questions.

Research Question 1: Are school SLPs in Pennsylvania feeling burnout?

As evidenced by the answers to survey question 10, 100% of the school-based SLPs that participated in the study have experienced at least 1 symptom of burnout. A total of 90% (9 out of 10) answered “yes” to this question, in reference to whether they have experienced the 3 symptoms mentioned in the question itself. Additionally, 50% of the participants report experiencing this phenomenon on a weekly basis, sometimes more than one day per week. While this is a small sample, the fact that 100% of respondents are experiencing at least one symptom of burnout is clinically significant. This shows that this phenomenon should be studied on a larger scale to assess the prevalence of this occurrence across the state and nation.

Research Question 2: What are the factors that contribute to these feelings of burnout?

The survey responses indicate that there are some school-or-therapist specific situations (high caseloads, severity of students, high number of duties) that contribute to feelings of burnout. However, there were multiple references to the following key words: High caseloads, severity of students, and paperwork in the answers to survey question 12. High caseloads and paperwork go hand-in-hand, as each student on an SLPs caseload comes with required paperwork (yearly IEPs, quarterly progress reports, re-evaluations, and other mandated paperwork). What this means is, in addition to the student needing therapy services, each student that is added to a caseload also increases the volume of paperwork that is required. In regards to severity of students, this is an issue for SLPs as students with significant needs may require a higher volume of services than students with less significant needs. For example, a student with autism who is nonverbal and requires an augmentative/alternative communication (AAC) device requires more of the SLPs time than a student who is remediating production of the /r/ sound. The thematic analysis was able to determine that, regardless of the specific factors that differ by

school district, the *amount* of work that is being expected of school-based SLPs is contributing to these feelings. Each therapist may have a different combination of factors at work contributing to their own specific situation, but the thematic analysis determined that overall, *too much* is being asked of the participants, which is leading to feelings of burnout.

Research Question 3: How do school-based SLPs rate their self-perceived efficacy of service provision?

Overall, the responses to survey question 8 show that 70% of respondents are experiencing barriers to feeling effective when providing therapy. Again, the theme of these responses focuses on the *amount* of work that the SLPs are asked to perform and/or the *amount* of students that they are expected to service. The data shows that 70% of therapists reported that there are barriers to being able to provide effective therapy. Because of this, they report that they are unable to make the amount of progress that they otherwise would be able to achieve.

Research Question 4: What are SLP perspectives of their direct (service-related) and indirect (non-service related) work tasks?

The results of survey questions 4, 5, and 6 were evaluated to determine an answer to this research question. Overall, 60% of respondents report spending 20 or more hours per week on direct (therapy) services, 70% report spending at least 10 hours on indirect, speech-related tasks, and 50% report spending at least 5 hours per week on non-speech related duties. All-told, this totals approximately 35 hours per week of “on the clock” time. According to an agreement between the Commonwealth of Pennsylvania and the Pennsylvania State Education Association (Commonwealth of Pennsylvania, 2015), the school day for teachers is 37.5 hours. On average, a school day is 7.5 hours for teachers, with 6.5 hours being student hours at the elementary level. The data shows that SLPs are spending between 3.5-6 hours per day on average on direct

services, 2-4 hours per day on indirect speech services, and 1 hour per day on unrelated duties. This shows that, at the low end of all estimates, all 6.5 hours of the school day when the students are present are accounted for. On the high estimate, SLPs have 11 hours of daily work to maintain the requirements of their job. This shows that the amount of time needed to complete all necessary job functions is well outside of the 37.5 weekly contract hours set forth in an agreement between the Commonwealth of Pennsylvania the Pennsylvania State Education Association (Commonwealth of Pennsylvania, 2015). While there is no average set forth by the state of Pennsylvania or by ASHA that reflects how much time these job requirements should take, Katz et al. (2018) state that ASHA supports a caseload cap of 40 students so that SLPs can effectively provide all direct and indirect services expected of them.

As stated in Chapter 2, the Mayo Clinic (2022) outlines four major risk factors in the development of burnout. These factors are: 1.) Heavy workload/long hours; 2.) Poor work-life balance; 3.) Working in a people-centered profession; 4.) Feeling as if you have no control over the work you are doing. The results of questions 4, 5, and 6 show that SLPs in the school are currently experiencing a heavy workload, which is potentially leading to a poor work-life balance. In addition, these SLPs work in a people-centered profession. Therefore, the answers to survey questions 4, 5, and 6 show that the contributing factors are in place to lead to potential burnout, and survey question 10 shows that burnout is present at a significant level in this population. These answers reflected that SLPs are spending 3.5-6 hours per day on direct therapy, 2-4 hours per day on indirect services, and up to 1 hour per day on unrelated duties. The amount of hours that SLPs are working often extends beyond the school day, which points to a heavy workload. If SLPs report spending more than 7.5 hours per day on work, then this extends beyond their contracted day, and will extend into their off-the-clock hours, creating a poor work-

life balance. These factors contribute to the feelings of burnout in the school-based SLP population.

Research Question 5: How have these levels of burnout and self-perceived effectiveness impacted their likelihood to change their job position (ex. Becoming an SLP in another setting, such as healthcare) or to leave the profession overall?

Overall, 40% of respondents stated that they have considered leaving the profession. Despite this, most participants had specific reasons for staying, such as specific family obligations and/or the schedule that this work situation provides to them, as evidenced by the answers to survey question 13. However, when asked what factors would cause them to leave if they were going to, the responses centered significantly among administrative support and understanding (survey question 15). The Mayo Clinic (2022) states that additional factors contributing to burnout include lack of social support at work, as well as ambiguity relating to a person's roles and responsibilities at their job. This is important, as this is a tangible piece that can be more easily changed than caseload numbers and/or severity of the students being serviced. This research suggests that, if administrators became more familiar with school SLPs, their full range of job expectations, and how long all of their tasks take, that their roles would be more clearly understood which would result in more support. In addition to this, the results to survey question 14 show that decreasing the caseload/hiring more help would also significantly decrease these feelings.

Overall, the survey results accurately answered the research questions, and proved the overall hypothesis that school SLPs are experiencing burnout at a clinically significant rate. In addition, some specific factors were identified as leading to these feelings, and specific solutions were repeated throughout the answers to the survey questions that, if implemented, would help

provide tangible relief to those in this field. This information has significant implications for the field of school-based speech pathology. In the next section, the following will be discussed:

1. Implications of the current study
2. Recommendations for future research

The implications and recommendations will show what can be done now to ease the burden of school-based SLPs, as well as what direction should be taken for future research in this area.

CHAPTER 5

Thus far, this research has established the definition of burnout, the role of SLPs in the schools, and how the two may be related. Symptoms of burnout include feelings of overwhelming exhaustion, feelings of detachment and cynicism regarding the job, and feelings of ineffectiveness and a decreased sense of accomplishment at a job (Maslach & Leiter, 2016). This study showed that 100% of respondents reported feeling at least 1 symptom of burnout, and that 90% report feeling multiple symptoms. A qualitative analysis was done to acquire information on the current lived experiences of school-based SLPs. This information was used to determine the level of burnout being experienced by school-based SLPs, the factors leading to these feelings, and what steps could be taken to lessen these feelings. The findings show that burnout is present at a significant rate among these professionals. These feelings are overwhelmingly caused by a heavy workload, which leads to feelings of ineffectiveness, as well as feeling misunderstood in their roles within the school. Now that these findings have been established, it is possible to determine the implications.

Themes and Implications

The research showed various specific themes that are present among the responses of the school-based SLPs that participated. These themes are as follows:

- 1.) Feeling misunderstood by administration
- 2.) Feeling overwhelmed by the amount/volume of work they need to complete
- 3.) Experiencing symptoms of burnout, some multiple times per week
- 4.) Feeling overwhelmed by the severity of the students they are treating
- 5.) Negative connotations regarding unrelated duties (experienced by 60% of respondents)
- 6.) Being unlikely to leave the profession for another field of speech pathology

The results of this study have significant implications in regard to the future of speech-language pathology. The data showed that 40% of respondents have thought about leaving the profession. However, it is important to note that none of the respondents stated that they had a plan to leave the field, other than one respondent who is eligible for retirement within 5 years. This shows that the fringe benefits (those mentioned include the schedule, the healthcare, and preferring this type of work to medical SLP work) provide enough of a benefit to remain in the school-based SLP sector. It is also worth noting that the field could develop a negative connotation overall to future high school graduates, which would lead to less young adults pursuing speech pathology as a career choice. The U.S. Bureau of Labor Statistics (2022) states that the job outlook for SLPs is expected to grow by 21% through the year 2031. If the field develops a negative connotation, then future patients will suffer, and those who remain in the field will be expected to do more work than they are currently expected to do, which will only increase these feelings and repeat the cycle of burnout.

Potential Solution: Workload Approach

There were specific issues identified by the SLPs in this research that are at the root cause of the feelings of burnout. These include, but are not limited to, increasing caseloads, overwhelming amounts of paperwork, and not enough time to complete everything that needs to be done in a given day. One potential solution to these issues is for Pennsylvania to adopt the Workload Approach versus the Caseload Approach that is currently being utilized. Seruya & Garfinkel (2020) completed a survey of school-based occupational therapists who reported that their barriers to successful job practice include, but are not limited to, increasing caseloads, a misunderstanding of what their time is used on, schedule difficulties, and support from administrators. These are similar to those barriers reported by SLPs in this study. The

respondents in Seruya & Garfinkel's 2020 study also stated that there are times that they are not able to appropriately provide IEP-required treatment time, due to the other requirements of their job such as IEP meetings and testing, among others. These respondents then stated that moving to a workload approach, where all expectations put on the practitioner are considered as opposed to simply the number of students on a roster, would be beneficial for them and help them fulfill their job duties more appropriately.

In a joint paper released by the American Occupational Therapy Association (AOTA), the American Physical Therapy Association (APTA), and ASHA (2014), the three organizations discuss the benefits of moving to a workload approach. They state that a workload model would take into account the various demands put on all service providers in the schools. Specifically, they state that this could help therapists who work with students in specialized educational programs where behavior disorders and medical complications are more common. This would also allow therapists to push in to regular education classes more often, which would therefore help provide services to students in the least restrictive environment. The organizations conclude by stating that this would not only help with retention of current staff, but would help recruit new staff to these positions across all three therapy settings (occupational therapy, physical therapy, and speech therapy) (AOTA, APTA, & ASHA, 2014). Some respondents in this study reported that those students with high needs and/or with behavior disorders contribute to their feelings of burnout, therefore the workload model is a legitimate solution that is likely to have a direct positive impact on these therapists.

Potential Solution – 3:1 Model

Another potential solution is for therapists to change the way in which therapy is offered. At this time, therapy in the schools is offered in a weekly format, for example one time per week

for 30 minutes per session, in a small group. These times can increase to two to three times per week or be offered in an individual setting for students with high needs. The 3:1 Model is a model in which therapists provide direct services for 3 weeks of the month, then take one week to provide indirect services. As stated in the survey questions, indirect services refer to paperwork, testing, billing, observations, and all other speech-related items other than providing actual therapy sessions to the students. An article by Schraeder (2019) stated that caseload caps, which are the traditional model for service caps across the country, do not work because administration does not follow them, and often views them as a minimum as opposed to the maximum amount of students that a therapist can treat at any given time. Schraeder also stated that typical caseload caps do not account for differences among caseloads, such as working with complex populations or SLPs who have to travel between buildings, and a 3:1 model does account for those differences. In districts that have implemented this model, many benefits have been noted, including but not limited to better service quality, better identification of students who need services, improved morale, and an improved work-life balance for SLPs (Schraeder, 2019). The SLPs that participated in this study report an average of 2-4 hours per day of necessary indirect service time. If this could be accomplished in one week, it would allow more time for treatment delivery on the direct treatment weeks, and allow for more dedicated time to be spent on the indirect services on the alternate week. However, this would need support from the administration, who would not be able to view this as a week that the therapists have off, but as a necessary part of their job functions.

Recommendations for Further Research

While this study showed definitive results regarding the presence of burnout in school-based SLPs and the factors leading to them, this study was done on a small scale, which means

the results would be difficult to generalize across the state or the nation. One way to generalize this study would be to survey a larger variety of school-based SLPs. This would include surveying a larger number of SLPs that are employed by their districts, as well as surveying SLPs employed by Intermediate Units, contract SLPs, and SLPs who are providing teletherapy to school-age students. However, as the answers to the questions presented some specific codes, future research could be focused around these answers in order to make future data easier to collect, and make the surveys easier for the participants to complete. Specific recommendations would be as follows:

1. Distribute a Likert-scale survey to a larger number of SLPs asking if they experience burnout, and asking them to indicate the factors that contribute to the feelings. The specific factors could be limited to answers that were repeated among the spontaneous answers provided by these participants.
2. Distribute a survey to school administrators (special education directors) to determine their level of knowledge regarding the roles and responsibilities of SLPs.
3. Distribute a survey to principals to determine their level of knowledge regarding the roles and responsibilities of SLPs and whether further education in this area would change their decision to have SLPs participate in so many unrelated duties.

It is also important to continue advocacy efforts at the state and national level that revolve around improving caseloads for SLPs. Lowering the caseload cap is one option. Katz et al. (2018) stated that, in 1993, ASHA put forth a suggestion to cap caseloads at 40 students. However, as of 2022, ASHA no longer recommends a specific caseload size because there is no research that can accurately point to what that number should be. ASHA also states that there is no way to determine an optimal caseload as numbers alone do not account for specific

differences and needs among students. Therefore, as of 2022, ASHA is fully supporting the workload model (ASHA, 2022a).

Conclusion

In conclusion, burnout is a very real phenomenon that is impacting an increasing number of professionals in a post-COVID world. While educators are at an increased risk of experiencing burnout, this study shows that school-based SLPs are particularly vulnerable to these feelings. As 100% of respondents in this study indicated that they have experienced burnout, and that many experience it multiple times per week, the future of school-based SLPs should be at the forefront of the conversation among national organizations, state organizations, and among administrators at the school level. The goal of this research was to shed light on an often-overlooked, much-maligned segment of the population of special education providers in Pennsylvania.

This study has shown that, while SLPs are feeling overworked, they do want to stay in the profession. The information that they provided has provided insight into specific areas that can be addressed that would actively improve the lives of the SLPs. In addition, the introduction of the workload model and the 3:1 model have been researched, and show promise in improving those specific areas that the SLPs identified as problem areas in their day-to-day jobs. Now that information has been collected and analyzed, and a relationship between caseload/workload and burnout has been established, it is hoped that this information will be used to make positive changes within the profession, and school-based SLPs can provide services to those in need in an environment that is more conducive to not only making progress with the students, but also the mental health of the service providers. By educating both administrators and SLPs on new therapy approaches that can help to alleviate those areas they identified as the most detrimental

to their working conditions, we can easily make adjustments in order to improve outcomes for all involved.

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APPENDIX A: SURVEY QUESTION

1. How many years have you been an SLP in the public schools?
2. How many students are on your caseload as of the date you are taking this survey?
3. What age ranges does your caseload span?
4. How many hours per week do you spend on direct services (treating the students on your caseload regarding their IEP goals)?
5. How much time do you spend on indirect services related to your position (this would include report writing, testing, medicaid billing, and other speech-related tasks)?
6. How many hours per week do you spend on non-speech related activities that are mandated by your district (this would include lunch duties, bus duties, covering classes, and others)?
7. How do these additional unrelated duties make you feel about your job overall?
8. How effective do you feel you are during direct service time?
9. How does the amount of time you spend on indirect speech services and unrelated duties contribute to these feelings?
10. Burnout is characterized by feelings of exhaustion, detachment/cynicism, and ineffectiveness regarding one's job. Have you ever experienced these emotions?
- 12.. To what extent do you experience these emotions, and how often?
13. Which factors of your day to day job do you feel most directly contribute to these feelings?
14. How have these feelings impacted your likelihood to change your job position (ex. Becoming an SLP in another setting, such as healthcare) or leave the profession overall?
14. What steps could your district take to lessen your feelings of burnout and/or increase your self-perceived feelings of effectiveness?

15. If you were to leave the school-based sector, which factor would be the one that is most directly causing you to leave?

APPENDIX B: INFORMED CONSENT FORM

INFORMATIONAL LETTER: PARTICIPATION IN RESEARCH SCHOOL SLP BURNOUT: IDENTIFYING THE RATE OF BURNOUT AND THE FACTORS LEADING TO THOSE FEELINGS IN SCHOOL SLPS

Christy DeCarlo / cad1025@sru.edu / Co-Investigator
Dr. Toni Mild / toni.mild@sru.edu / Principal Investigator

Invitation to be part of a Research Study

You are invited to participate in a research study. In order to participate, you must be a speech-language pathologist who works in a school district and who is directly employed by your school district (not in Intermediate Unit or contract company). You must also currently hold your Certificate of Clinical Competence (CCC) from ASHA, as well as your Pennsylvania State SLP license. Taking part in this research project is voluntary.

Important Information about the Research Study

Things you should know:

- The purpose of this study is to determine if public school SLPs are experiencing burnout, to what level they experience these feelings, and what factors are contributing to these feelings. If you choose to participate, you will be asked to fill out a one-time survey that will be sent to you electronically via email, and that will be submitted through Google Forms. This will take approximately 20 minutes to complete.
- Risks or discomforts from this research include a potential breach of confidentiality due to the electronic nature of the survey. There is also a risk for emotional discomfort, as the topic can be sensitive and may result in relaying upsetting emotions or feelings as part of your responses.
- While there are no direct benefits to this study, the expected benefits to the society of school-based Speech-Language Pathologists are expected to be worthwhile. Identifying this information in a subgroup of participants could lead to proof that a larger, state-wide study is necessary. The goal is for administrators, along with state and national agencies, to have a greater understanding of what school Speech-Language Pathologists are dealing with in the workforce, and to help advocate for changes to improve work environments across the state and, eventually, the nation.
- Taking part in this research project is voluntary. You do not have to participate and you can stop at any time.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the Study About and Why are We Doing It?

The purpose of this research is to identify the feelings of burnout that are currently being experienced by school-based Speech-Language Pathologists in public schools in Pennsylvania. This research also aims to identify the factors that are most prominently leading to these feelings, if they exist within this population of educators.

What Will Happen if You Take Part in This Study?

If you agree to take part in this study, you will be asked to complete a one-time survey that asks questions about your SLP caseload, workload, feelings of burnout, and day-to-day experiences in your job. We expect this to take about 20 minutes.

How Count You Benefit From This Study?

While there are no direct benefits to this study, the expected benefits to the society of school-based Speech-Language Pathologists are expected to be worthwhile. Identifying this information in a subgroup of participants could lead to proof that a larger, state-wide study is necessary. The goal is for administrators, along with state and national agencies, to have a greater understanding of what school Speech-Language Pathologists are dealing with in the workforce, and to help advocate for changes to improve work environments across the state and, eventually, the nation.

What Risks Might Result From Being in This Study?

The potential risks associated with this research are as follows:

- Social or economic risk: While the utmost care will be taken to ensure privacy, this research will be done via online surveys. Therefore, it carries a risk of the loss of confidentiality. However, we anticipate that this study carries with it no greater risk of loss of confidentiality than common internet activities. All surveys will be kept anonymous, as there will be no area on the survey to indicate your name, your school district, or the county in which you work.
- Emotional risk: This research strives to pinpoint how many school-based Speech-Language Pathologists in Pennsylvania are experiencing burnout, and what factors are leading to these feelings. To obtain this information, you will be asked to relay information about the more upsetting and/or frustrating parts of your job. While it is not the aim of this research to do so, answering these questions may cause feelings of sadness or anxiety. You may exit the survey at any time after you begin, if you feel that these questions are adversely going to affect you. If at any time you feel that you are experiencing emotional distress, please be aware of your local county crisis center, which can be found at: <https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Documents/Pennsylvania%20Co.%20Crisis%20Services%20List.pdf>

How Will We Protect Your Information?

We plan to publish the results of this study. To protect your privacy, we will not include information that could directly identify you. We will protect the confidentiality of your research records by distributing all surveys through a Gmail account specifically dedicated to this study. This email address will not be used for any other purpose. The researcher(s) will be the only ones with access to the email, and the password will not be shared with others. Your name and any other information that can directly identify you will be stored separately from the data collected as part of the project. Your email address will be used to send you the survey, but your results will not be reported as part of the Google Form data collection method.

What Will Happen to the Information We Collect About You After the Study is Over?

We will not keep your research data to use for future research or other purposes. Your name and other information that can directly identify you will be kept secure and stored separately from the research data collected as part of the project.

What Other Choices do I Have if I Don't Take Part in this Study?

If you choose not to participate, there are no alternatives.

Your Participation in this Research is Voluntary

It is totally up to you to decide to be in this research study. Participating in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer. If you decide to withdraw before this study is completed, your survey will not be submitted and any answers that you had completed up to that point will be deleted.

Contact Information for the Study Team and Questions about the Research

If you have questions about this research, you may contact Christy DeCarlo at cad1025@sru.edu or 724-562-5259 or Dr. Toni Mild at toni.mild@sru.edu.

Contact Information for Questions about Your Rights as a Research Participant

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

Institutional Review Board
Slippery Rock University
104 Maltby, Suite 008
Slippery Rock, PA. 16057
Phone: (724) 738-4846
Email: irb@sru.edu

Your Consent

By continuing on and opening the survey, you are agreeing to be in this study. Make sure you understand what the study is about before you continue. Continuing will indicate that you consent to participation in this study. If you have any questions about the study, you can contact the study team using the information provided above.

APPENDIX C: IRB APPROVAL



TO: Dr. Toni Mild
Special Education

A handwritten signature in black ink, appearing to read "Holmstrup".

FROM: Michael Holmstrup, Ph.D., Chairperson
Institutional Review Board (IRB)

DATE: March 1, 2023

RE: Protocol #: 2023-073-88-A
Protocol Title: School SLP Burnout: Identifying the Rate of Burnout and
the Factors Leading to those Feelings in School SLPs

The Institutional Review Board (IRB) of Slippery Rock University received the requested modifications to the above-referenced protocol.

The IRB has reviewed the modifications and approved the protocol under the EXEMPT category of review.

You may begin your project as of March 1, 2023. Your protocol will automatically close on February 29, 2024 unless you request, in writing, to keep it open.

Please contact the IRB Office by phone at (724)738-4846 or via email at irb@sru.edu should your protocol change in any way.