The Role of Speech-Language Pathologists and Audiologists in the Schools in Saudi Arabia

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Abstract
Speech pathology has been a relatively new field in the health rehabilitation in Saudi Arabia. As for place of work, most practitioners work at hospitals. In the best practice model, about 65% of speech pathologists work at schools; however, only few work at the ministry of education in Saudi Arabia. A mixed qualitative-quantitative study investigated the perceptions, attitudes and understandings of staff at the ministry of education about the roles and services of speech pathologists as well as challenges they have perceived. Results revealed a high percentage of need and acceptance of the role of speech pathologists in the schools. Decreased understanding of the domain of practice of the speech pathologists was shown. It was recommended to develop a best practice model for the services of speech pathologists at the Ministry of education.

Key words: speech pathologists, communication disorders, school services, Saudi Arabia, health professions.

Introduction
The purpose of the current study which is considered a first has been to identify the role of speech-language pathologists and audiologists in the school system in Saudi Arabia. Every year more than 50 students graduate from the Department of Rehabilitation Sciences, yet few of those get hired by major government hospitals in Saudi Arabia. At the same time, all schools do not have among their staff a speech pathologist or audiologist who provides services for children with communication disorders. Clear gaps in the services have been observed. Long waiting lists are standing in hospital clinics. When compared to international models, such as the USA practice model (ASHA 2010, 2004, ASHA.org) each school must have a speech language pathologist. Her domain of practice includes all communication problems to help rehabilitate and habilitate children to improve their school performance and hence prevent school drop outs (e.g. Cirrin, et.al., 2010; Throneburg, et.al. 2000). To develop solutions to the existing problem of lack of speech and hearing services to students, we needed to obtain evidenced-based data.
The aims of the study were 1) to outline the current service delivery model with reference to international successful models; 2) to quantify the understandings, perceptions and motivations toward speech-language pathologists and audiologists of the education staff at the schools and the ministry of education; and 3) to recommend a best practice model for the services at the ministry of education.

Methods
A mixed quantitative-qualitative design was implemented. For the quantitative data, a two forms survey was designed: Form A was for the schools that had no speech pathologists and Form B, for schools that had speech pathology services. The surveys consisted of different constructs and items representing areas related to service delivery and education as well as professional preparation of speech pathologists and audiologists. The second survey had no items on actual service delivery as the schools had no speech pathologists. Validity of constructs and items was obtained from literature of successful models, review of the practice model at the ministry of education in Saudi Arabia, international and local experience of the author. Reliability was conducted at all data collection, coding and entering stages with over 90% reliability. A pilot study was conducted for validity and reliability. The study and elicitation tools obtained consent from the ministry of education. Data were voluntarily elicited from 210 participants at the ministry of education including administrative staff, teachers and school administrative staff. Interviewers were present during the response to the surveys. The qualitative part of the study was interviews of 15 administrative staff, school teachers and school administrators. An interview guide of 21 questions was designed and validated by background literature and researcher’s local and international expertise. A first pilot was conducted for both designs to assure validity and reliability. All data was reviewed 100% for reliability and entered into an online excel sheet. Data were then exported to SPSS for statistical analyses.

Results
Figure 1 shows the different backgrounds of the participants. Mostly, they have experience in the education field. The qualitative data revealed common themes, challenges and needs were frequent among interviewees. All of them verbalized administrative and logistical challenges for hiring speech pathologists. All agreed that there is a great need for the services of speech pathologists. As for the quantitative data, a high percentage of participants strongly agreed that there is a need for services of speech-language pathologist and audiologist in schools (Figure 1). Participants showed a high understanding of the role and responsibilities of the speech pathologist and audiologist (Figures 2 – 5, 8). Decreased understanding of the scope of domain was reflected in voice and reading (Figures 6-7). Increased need for screenings and standardized tests for early identification of speech, language and hearing problems was expressed by 81% of respondents (Figure 9). Similarly, Figure 10 shows a high a strong motivation by respondents to collaborate with the profession. The majority showed the need for a speech clinic in the school (Figure 11).
Figure 12 showed that the respondents still think that a special education teacher may practice within the domain of a speech pathologist and/or audiologist.

Figure 1. Respondents Background Information

Figure 2. Need for SLPs and audiologists services in school.
Figure 3. SLP serves all children who need for speech and language services.

Figure 4. SLP works with children who have difficulty in expressing themselves and participation in class and/or stuttering.

Figure 5. SLP should provide therapy for high school students who have difficulty in thinking and analyzing as result of head injury.
Figure 6. SLPs are able to provide therapy for voice disorders.

Figure 7. SLPs have to work with children who have poor performance in reading and writing.

Figure 8. SLPs have to work with children who do not speak in school.
Figure 9. There should be screenings and standardized tests for early identification of speech, language and hearing problems.

Figure 10. SLP must cooperate with school staff in providing services for students who have communication problems.
Figure 11. The school should provide clinic for the speech language pathologist.

Figure 12. Special education teacher is able to provide SLP services.

Conclusion

Data revealed that educators perceive the services of a speech pathologist and audiologist as important and needed. They have identified challenges and gaps in the current model of practice. They expressed the motivation and the need to make changes with reference to the best practice model. However, they have not fully understood the domain of practice of speech pathologist as they mixed it with that of a special education teacher. The stakeholders’ perceptions, understandings and motivations revealed the need for the services. One of the main factors for the absence of speech and hearing services is recruitment policies and procedures at the ministry of education. The ministry has to create solutions to this problem (Annett, 2004). A recommendation of a best practice model is suggested.

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