How do Speech and Language Therapy Students form preferences regarding their future career in Speech and Language Therapy?

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April 2017

Dissertation submitted in partial fulfilment of the requirements of Cardiff Metropolitan University for the degree of Bachelor of Science
DECLARATION

I hereby declare that this dissertation is the result of my own independent investigation under the supervision of my tutor. The various sources to which I am indebted are clearly indicated. This dissertation has not been accepted in substance for any other degree and is not being submitted concurrently for any other degree.

Candidate's signature: Rachel Newman

RESEARCH DATA PRIVACY

I acknowledge the issue of research data privacy and undertake not to share research data in any form without the explicit approval of their supervisor.

Candidate's signature: Rachel Newman
Acknowledgements

Thank you to all the families for their love and support, the lengthy calls home and for putting up with it all

Thank you to all the friends for their words of encouragement, needed distractions and putting the kettle on

Thank you to all the Clinical Team for organising all the clinical placements, replying to numerous emails and supporting both PEs and students

Thank you to all the Placement Educators for providing clinical experiences, setting examples and showing students the realities of being an SLT

Thank you to all the Academic staff for teaching, supporting and encouraging students throughout their time on the course

Thank you to all the Project Supervisors for getting all the projects through ethics, making sense of early versions of students work and giving invaluable feedback

Thank you to all the Personal Tutors for your support, guidance and kindness

Finally, a personal thank you to all the people who have done these things for me
Abstract

Background: Future career decisions of speech and language therapy (SLT) students have not been explored in relation to the client groups, settings and geographical locations students have a preference to work in. These preferences could potentially impact on future recruitment and retention of SLTs to the profession. This study investigated what client groups, settings and geographical locations SLT students’ had a preference to work in, and how these preferences had been formed.

Aims: This study aims to investigate which client groups, settings and geographical locations SLT students want to work with and why they have those preferences.

Methods & Procedures: A total of 18 questionnaires were completed by final year undergraduate SLT Students. The questionnaires were transcribed verbatim and coded using NVivo. Qualitative data and Quantitative data was analysed using grounded theory to produce emerging themes of how preferences were formed, with descriptive statistics to support.

Outcomes & Results: External and Internal factors influenced SLT students’ preferences for client groups, settings and geographical location. External factors included previous experiences, clinical placements, academics, discussion with others, NHS benefits, links to the RCSLT and job availability. Internal factors included job enjoyment, personal qualities, ethos, family, emotions, support and quality of life.

Conclusions: These data suggests that SLT students’ preferences are formed by external and internal factors that result in a person-job fit. These preferences develop over time through experience and personal values.

(Abstract structured in the style of the International Journal of Language and Communication Disorders)
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Introduction and Literature Review

Introduction

High staff turnover within NHS trusts are a major cost to the NHS both financially and with lost productivity, (West, Dawson, Admasachew, Topakas, 2011). There is also a cost to the community and the education sector due to the expense of training Health Care Professionals (HCPs), (Whitehouse, Hird & Cocks, 2007). In order to address issues with recruitment and retention, there is a need to look at the reasons why staff enter, continue and possibly leave their profession. When career motivations and expectations do not match actual experience during careers, this often leads to job dissatisfaction (Whitehouse et al, 2007). Decreases in job satisfaction, along with low staff morale and a negative team environment are all linked strongly to staff turnover (West et al, 2011). Therefore, in order to address job satisfaction and thus improving staff turnover rates, it is worth investigating the motives behind career choices.

Stone & Pellowski (2016) state students who are entering the field are a valuable resource for explaining how and why they decide on their career. An individual’s career decision is made up of internal motives (goals, needs, wants) and external motives (life circumstances, experience), (Duffy & Dik, 2009). From the literature regarding career motivations in Speech and Language Therapy (SLT), both internal and external motives have been reported. The internal motives to become an SLT were: altruism i.e. a desire to help others (Whitehouse, et al, 2007; Stokes, 2015; Bryne, 2007); intellectual interests (Bryne, 2007) and a desire for a professional career (Whitehouse et al, 2007; Stokes, 2015). External motives are linked to direct or indirect exposure to the field of SLT (Stone & Pellowski, 2016). This is usually through having family, friends or personal experience with communication disorders, or through knowing someone who already works in the profession (Brodsky & Cooke, 2000).

Most studies concerning SLT career decision making have mainly focused on what motivated SLT students to pursue a career in SLT before starting university. However, less is known about what students find important and how this change over time spent
training (McAllister & Lincoln, 2004). It is unknown whether motivations and preferences stay the same or change over time as students learn about specific areas, experience more areas of SLT whilst on clinical placements, and learn about the profession as a whole. It is also unknown how the internal and external motivators to become an SLT evolve as students are studying SLT and are nearing the end of the course. McAllister & Lincoln (2004) explain that over time spent training students develop a picture of what their future professional self could be. As students near the end of their training, the decisions they make on particular specialities within their field has a knock on impact on their careers (Fang & Lii, 2014). Workforce distribution across specialties is also affected by student’s choices as they enter the field (Chang, Hung, Wang, Huang, Chang, 2006). This project will investigate SLT students’ decisions at the point they are about to enter the SLT profession, how these decisions have been formed over time and how this may potentially impact recruitment and retention patterns within SLT.

**Clinical training of students**

Whilst at university, students are taught about a wide range of topics and clinical areas. Transferable professional and clinical skills that enable them to work in any clinical area develop from lectures, tutorials and clinical placements (Read, 2014). Clinical placements are learning environments that facilitate the transfer of knowledge learnt in lectures into practice, in order to develop clinical skills in real life contexts with clients of all ages and across different clinical settings (Hasan, Wong, Ahmed, Chong, Mai, et al, 2013; Read, 2014). They also provide opportunities for students to interact with other HCPs. Across all healthcare courses, clinical placements are an integral part of a student’s development as a HCP (Ford, Courtney-Pratt, Marlow, Cooper, Williams et al, 2016), and have a pivotal role in guiding a student’s future career (Read, 2014).

Within the field of nursing, the clinical environment is an essential part of students’ learning (Sundler, Bjork, Bisholt, Ohlsson, Engstromm et al, 2014). In Ford et al (2016) successful placements had learning opportunities for students to build confidence and develop competence. In both Doyle, Sainsbury, Cleary, Parkinson, Vindigni et al (2017)
and Papp, Markkanen, Von Bonsdorff (2003) the role of Clinical staff within the working environment contributed to the overall success or failure of a placement. For Papp et al (2003) mentors were vital for providing support to the student and also setting the student a professional example; however, if staff did not want to mentor the student, this was seen as a negative experience. The ward environment was seen as positive if there was good cooperation and teamwork between staff, if their conduct was in line with quality care and if there was a work ethic where staff had a constructive and positive attitude (Papp et al, 2003, Doyle, 2017). A welcoming and affirming culture created a feeling belonging in that environment for the student, and had ramifications on the rest of their placement (Doyle et al, 2017; Ford et al 2016).

Similarly to nursing students, SLT students in Read (2014) reported that clinical placements were influenced by the relationship with the Placement Educator (PE) which made a difference to the success or failure of the placement. Students in Read (2014) also reported that they valued peer support and experienced a rewarding feeling as they saw clients progress. However, other than Read (2014) very little has been reported in the literature on other aspects of clinical placements that contribute to the students’ development: Views on client groups, clinical settings, or the overall success or otherwise of the placement experience. It is anticipated in this project that placements may play a part in the students’ decision making, as the undergraduate course incorporates teaching and clinical experience on placement to provide students with a variety of learning experiences.

**Choosing a specialism within different health care professions**

Once qualified, HCPs need to make decisions about their future career. Within the literature about choosing a specialty there are multiple factors that need to be taken into consideration such as patterns of recruitment, role models, models of practice, long-term lifestyle (Dehn & Eika, 2011). However an overarching theme across the literature is that of a person-job fit (Singh & Greenhaus, 2004; Cable & Judge, 1996). Career satisfaction is often linked with finding a speciality that fits with an individual’s values, personality and personal life (Heikkila, Hyppöiä, Vänsha, Kujala, Virjo et al 2016).
Job satisfaction is also correlated to specialist training corresponding to experience when working in that speciality (Heikkilä, et al 2016).

Watson, Humphrey, Peters-Klimm & Hamilton (2011) found when GPs were choosing their career, they were motivated by holistic care, autonomy and independence, diversity of the profession, and the compatibility with family life. In Dehn & Eika (2011) doctors described certain aspects of their chosen specialism which were: drive to change, teamwork, family values, visible patient improvements, diversity of work, time spent with patients and taking a holistic approach. Having previously had experience of different specialities, Dehn & Eika (2011) concluded that doctors chose specialities based on whether their own personal and professional values corresponded with the characteristics of that specialty and whether it fitted with their self-image. Heikkilä et al (2016) also found first experiences of working within specialities had a major role for doctors deciding to pursue that speciality.

Occupational therapists (OTs) in Wilkins & Rothenthal (2001) found being valued within a supportive team, influence of role models and academic work and clinical experience (or lack of it) all had varying degrees of influence on the OTs when choosing a client group and clinical setting to work in. Participants with conflicting responsibilities in Wilkins & Rothenthal (2001) found being located close to home, and having flexible hours important. However participants in Wilkins & Rothenthal (2001) did not find social networks (i.e. peer support) or societal values had any influence on their career decisions.

Within SLT literature it is unknown what SLTs find important when choosing where to work and who to work with, and how these preferences are formed therefore, this project aims to investigate further.

**Recruitment and retention of HCPs**

Doran, Fox, Rodham, Taylor, Harris (2016) found GPs left the NHS due to chaos in the organisation (e.g. funding, depersonalised care), clash of values, an increased workload, negative portrayal in the media, issues in the workplace and lack of support; this
impacted on the health, work-life balance and expectations of the job not meeting reality, prompting the GPs to seek employment elsewhere (e.g. abroad and in the private sector) or take early retirement. Joshua-Amadi (2003) found nurses were also leaving the NHS due to feelings of isolation with lack of support, low pay, poor workplace attitudes, and decline in quality of care and concerns over patient safety.

Smith-Randolf (2005) found rehabilitation professionals (OTs, Physiotherapists, SLTs) would stay in the NHS if the workplace values were in line with their personal values, they had careers progression, were able to help others and be adequately supported. OTs in Smith-Randolf (2005) also wanted a close relationship between co-workers and be able to provide quality care. SLTs in Smith-Randolf (2005) also wanted a work-home balance, flexible hours, proper training and a realistic workload.

There has been a significant recruitment and retention problem within SLT services in the UK which has fluctuated over time (Rossiter, 2008). Clarke, Arnold, Coombs, Bosley, Caroline (2009) investigated the retention of SLTs within the NHS and found that SLTs who remained in the NHS did so due to job security, opportunities to develop professional skills, and a degree of job satisfaction and enjoyment. However, many people who left the profession reported the desire to reduce workload and stress, family commitments or dissatisfaction with their role (Clarke et al, 2009). Also in Whitehouse et al (2007) increasing bureaucracy, low pay, and a lack of respect from colleagues were also reasons that led to SLTs becoming dissatisfied with their jobs.

Rossiter (2008) final survey of SLT recruitment and retention patterns concluded the SLT role had expanded, particularly within Dysphagia, Mental Health, Autistic Spectrum Disorder (ASD), Acute Paediatrics and Adults with Learning Disabilities (ALD) having a knock on impact for stabilising recruitment patterns. Rossiter (2008) also commented that Dysphagia skills were lacking in SLT graduates due to a lack of practical experience. Whilst SLTs work predominantly in the public sector, there is a rise in SLTs working in the private sector, especially as independent practitioners (Stokes, 2015). Whilst Stokes (2015) suggests SLTs have a desire to serve the public due to altruism, it is unknown if these motivations and values transfer to private sector working which is inherently more corporate.
Project rationale, aims and objectives

SLTs work with people of all ages with speech, language, communication and swallowing impairments across health, education and legal settings and in either the public or private sectors (Bray & Todd, 2006; Read, 2014). Whilst students are trained at a university in a specific area of the UK, SLT jobs may be sought in other areas of the UK as well as abroad. This study aims to investigate factors which influenced motivations for SLT students to work with specific client groups, in specific clinical settings, in the public or private setting, and location (UK or abroad).

An SLT could work with a wide variety of client groups (Bray & Todd, 2006; RCSLT, 2017). As SLT is a profession which helps others with communication difficulties, it is logical that a desire to help others would be prominent in most students’ career motivation. However, a “desire to help others” is quite a general statement as students are choosing which area of SLT to work in, as every area of SLT requires a desire to help others. Therefore, it would be interesting to see what influences a desire to work with specific groups of people. Students often come to university with ideas about who they do and do not want to work with based on previous experience, but often these ideas change over the duration of the course, Read (2014). It is worth investigating whether students do have strong preferences about which client group they want to work with and what has influenced this preference. Therefore, the first aim of this study is to investigate which client groups SLT students want to work with and why.

In regard to the specific clinical contexts, SLTs work in a variety of clinical settings (Bray & Todd, 2006) with each setting having a different dynamic and style of working which will suit some students better than others. As students often experience different clinical settings whilst on placements it is worth investigating if students do have preferences in terms of the setting in which they work and why they have those preferences. It would also be useful to determine if the work setting is more or less important to the students compared to the client group they work with. This could have a bearing on placements needing to offer a variety of clinical settings as well as a variety of client groups.
As well as the specific clinical setting, it is also important to consider the wider clinical context of working within the NHS, or working in the private or independent sector. As university fees being funded by the NHS are currently under discussion (RCSLT, 2017), the issues presented earlier about recruitment of SLTs in the NHS, and the majority of placement being within NHS trusts, it is worth investigating if students envisage working within or outside the NHS. It is also worth investigating at what point in their career they would do this and the reasons why as this has a knock on impact on recruitment and retention rates. It is anticipated most students will want to work in the NHS, but some may go independent or work outside the UK later in their careers. Encompassing both the clinical setting (e.g. hospitals) and working in the public or private sector, the second aim of this study is to investigate which settings SLT students want to work in and why.

Each student also has to decide where they want to work in terms of geographical location. The NHS is managed differently across all the countries in the UK. This may have a knock on impact in terms of recruitment and retention of SLTs. As different NHS trusts have close ties to universities when offering clinical placements, as well as National Governments investing in training SLT students, it is important to know if students plan to stay in the area they have trained, or move elsewhere. Influences e.g. experience of different health boards or locations on placement, where students are from or family commitments may also have a bearing on students’ preferences. This may influence how universities recruit students from different geographical areas, as well as providing clinical placements in different geographical locations. Qualified SLTs can also working overseas, with the RCSLT linking with some countries through the Mutual Recognition of Credentials Agreement, RCSLT (2017). For these reasons the third aim of this study is to investigate which geographical areas SLT students want to work in and why.
Methodology

Introduction

Qualitative research investigates the meanings attributed by participants to events and/or lived experiences, (Willig, 2008). The project is predominantly qualitative in nature as it is investigating the reasons and influences behind SLT students’ preferences to work in specific areas of Speech and Language Therapy (specialism’s and location). Quantitative data in the form of descriptive statistics were used to support the interpretation of the qualitative data as descriptive statistics describe the characteristics of a data sample, (Fisher & Marshall, 2009). Theories of why SLT students want to go into specific areas are an unknown and unexplored area in the literature. For this reason, Grounded Theory is the most appropriate qualitative research approach as it involves the generation of a theory (Gordon-Finlayson, 2010). Grounded Theory is designed to generate a new, contextualized, explanatory theory that is grounded in the data collected from participants (Gordon-Finlayson, 2010; Willig, 2008). This project aims to generate a theory of how SLT students form preferences of the area of SLT in which they would like to work after they have completed their clinical competencies thereby having the option of working anywhere within SLT. In order to collect data to be analysed using Grounded Theory principles, a questionnaire was designed focusing on SLT students’ preferences and the influences on those preferences.

Approach/Design

The philosophy of Grounded Theory is that theory can be discovered by examining concepts in the data from participants (Stark & Brown-Trinidad, 2007). Theory is derived from a range of participants’ experiences from which categories are identified and integrated to move towards generating an overarching, explanatory theory (Stark & Brown-Trinidad, 2007; Willig 2008, Gordon-Finlayson, 2010). Willig (2008) explains that Grounded Theory is a method to identify and integrate categories, as well as a theory of how explanations are generated using these categories.
The role of the researcher in Grounded Theory according to Starks & Brown-Trinidad (2007) is to engage with the analysis, but be vigilant of the researchers own thoughts and ideas on the data. In this study, the researcher was also considering preferences to work in specific areas of SLT, thus the researcher’s own experiences, thoughts and involvement could have influenced the data. This was addressed during data collection by opting for a questionnaire rather than an interview or focus groups to reduce the risk of the researcher influencing answers the participants were giving. During data analysis, memos were also written to outline the researcher’s thoughts and ideas when coding relationships emerging from the data as Cutcliffe (2003) recommends (see Appendix A).

Participants

Participants were recruited from a university on a voluntary basis. The pilot study had 3 participants and the full data collection had 18 participants. Oppenheim (1996) recommends participants in the pilot study should be similar to the participants in the full data collection. For this reason the inclusion criteria were SLT students in their penultimate year of the undergraduate course as these students were similar to the cohort that would do the full data collection. All 3 participants were female, non-mature students. For the full data collection, all the participants were in the final year of the speech and language undergraduate course. The structure of the course means that these students will have all experienced a range of clinical placements and are about to transition into the workplace. All 18 participants were female. 6 were mature students and 12 were non-mature students.

For both the pilot study and the full data collection, the participants were sent the background information of the project (see Appendix B) via the university email. Time, date and location had been booked in advance and details were given on the background information. Data collection was arranged on a day when the cohort was scheduled to be in university, at a time that was in a slot between lectures as this was convenient for the participants thus increasing the potential that participants might volunteer. The location was a room on campus. Participants volunteered to take part in the study by arriving at the room at the specified time and date.
**Apparatus/materials**

A questionnaire was designed to explore preferences participants had about the client groups, clinical setting organisation and geographical location they wanted to work in and what had influenced these decisions. The questions were generated to specifically address the research aims and linked to relevant literature where appropriate (see Appendix C). For Sections A, B and C a funnel approach was used as described in Oppenheim (1996), where the section started with a broad question and then narrowed into more specific questions. The first question(s) asked in each section was a closed question where participants ticked or circled their answer. This was done so that the researcher would know what experiences and preferences the participants had, as well as prompting respondents to consider all the different options, to indicate if they had any preferences and what they were. These questions were then followed by open questions where the participants could expand on why they had these preferences and what had influenced them. Section D then allowed the participants to draw together their thoughts from each section, and indicate what was most important to them, and what had been their main influence. This ensured that the responses given earlier in the questionnaire could be put in context of what was most important; thus main themes could be identified based on participants’ responses rather than being influenced by the researcher.

Oppenheim (1996) recommends that a pilot study should be conducted for qualitative research as it helps to refine the wording of questions, restructure the ordering of questions and gives an indication of how data analysis will proceed. This helped to determine if the questions were appropriate, understandable, and would generate enough relevant data to answer the research aims. The pilot study was also timed using a stopwatch to time how long participants required to complete the questionnaire. This was useful to determine how long participants required answering all the questions and checking answers so accurate information could be given to the participants in the full data collection regarding how much time participants were required for.

Following the pilot study, minor alterations were made to the order of questions 1c-g and 2c-g in order for the questions to be asked more systematically. Minor errors to the
wording of questions were also picked up and corrected. No questions were added or deleted. The background information to participants was updated to give the time, date and location of the full data collection and an estimated time required to complete the questionnaire. (See Appendix D for a copy of the final questionnaire).

Procedure

Prior to the full data collection, minor alterations were made to the questionnaire based on feedback from the questionnaires and a trial of data analysis. The final version of the questionnaire was checked then printed so the participants could write their answers. The questionnaire was printed rather than electronic as participants would need to refer back to previous answers particularly for Section D, and it made it easier for participants to review and revise their answers at any point. The questionnaire was distributed to the participants by the researcher during the allocated time, date and location. The participants were instructed to read the information at the start of the questionnaire (see Appendix D), to fill out both the participant and researchers copy of the consent form, and to keep the participant form for their own reference. Participants were reminded that participation was voluntary, that they had a right to withdraw from the project and what they would need to do if they wished to withdraw (see below). Additionally it was reiterated that the focus was on their preferences for an SLT job after 2-3 years once they had completed competencies, gained experience and had the option of going anywhere. Participants were encouraged to be as honest as possible and to ask if any questions/clarifications were required. The only clarification needed was confirming ‘no preference’ or ‘n/a’ was an appropriate answer. When a participant had completed the questionnaire and checked their answers, they then handed the questionnaire to the researcher face down for anonymity purposes. All the questionnaires were collected in the time allocated. No other data collection was required.
Data Analysis

The data collected from the participants was analysed using Grounded Theory principles. All the questionnaire responses were handwritten, so were transcribed onto Word documents to be used using the software programme NVivo QSR International (2012) which was used to aid comparison and coding of the data from all the respondents, and was efficient for organising and categorising a large amount of data.

In Grounded Theory, analytical techniques of coding and constant comparison are used in a logical progression throughout analysis, (Gordon-Finlayson, 2010). The first stage of analysis is open coding where the data is examined, compared, conceptualized and categorized (Stark & Brown-Trinidad 2007). In this study, the respondents’ answers were coded from inter-comparisons for each question, as well as from intra-comparisons across the sections. The second stage of analysis is axial coding where the data is reassembled into groupings when patterns and relationships emerge from the categories (Stark & Brown-Trinidad, 2007). In the study, the categories coded using NVivo QSR International (2012) were re-analysed and linked together as themes were emerging both across all the respondents’ answers for each question and across the sections for each participant. The third stage of analysis is selective coding where the central phenomenon or core category is identified in the data (Stark & Brown-Trinidad 2007). In this project, the themes were linked together, with one dominant theme emerging from the responses and presented in explanatory models similar to those in Marshall, Goldbart, Phillips (2007). Quantitative data was also analysed to produce descriptive statistics for the timing of preferences, tick boxes of preferences, and predicted recruitment and retention to NHS which supported the qualitative data.

At each stage of data analysis, memos were written to keep track of theory development as Willig (2008) and Cutcliffe (2003) recommend. For this project this was also done using NVivo QSR International (2012) as links could be made from the codes and categories at each stage of coding. This ensured that the emerging theory was grounded in the data. See Appendix E for a full copy of the open, axial and selective coding.
Ethical Considerations

Informed consent involves participants making an overt decision to participate in a project based on adequate information provided by the researcher about the project (King, 2010). For this project, written information about the project on the Background Information to Participants (see Appendix B) was sent to participants via the university email system prior to data collection. Both written and verbal information were given to participants during data collection. Participants filled out both a consent form for the researcher to keep and a copy for the participant to keep at the start of the questionnaire (see first 2 pages of questionnaire in Appendix D). On the consent form, participants ticked to confirm they had read and understood the information and to consent to participate. Both boxes had to be ticked for the answers to be used for data analysis.

Every participant has the right to withdraw without any reason needing to be given and without any consequences (King, 2010). Participants were given a date a fortnight post data collection by which they could withdraw from the project. If participants had wished to withdraw from the project they would email to say they wished to withdraw and provide their pseudonym. Their questionnaire would then have been withdrawn from data analysis.

To maintain confidentiality, all were anonymous. Participants were asked to provide a pseudonym in case they to withdraw so the questionnaire could be identified by the pseudonym and removed from data analysis. The pseudonym was used when analysing the data on NVivo QSR International (2012) in order to keep the questionnaires confidential in any electronic format on a password protected computer. All written versions of the questionnaire were kept in a locked container. Once the project was completed, the questionnaires were disposed in accordance with the university ethics procedure.
Results

Introduction

The main areas explored in the questionnaire were: Client groups, Settings (Clinical Settings and Private/Public sector), Geographical location and Main preferences. For each section, participants indicated what their preferences and levels of experiences were, and then explained the reasons and influences that had formed these preferences. Answers from all 18 participants were analysed.

For each section the themes that emerged during open coding were categorized using axial coding into internal and external factors that are discussed below. The influences for client group and clinical settings preferences had emerging themes that overlapped due to experiences prior to the course and throughout clinical training. For this reason, the results of the two sections have been combined during analysis to better understand the themes that have emerged (see Appendix E). Also for each section of the results, the demographics and timeframe are a summary of the data (see Appendix F for the full data).

Preferences for Client group and Clinical settings

Demographics:

<table>
<thead>
<tr>
<th>Client groups</th>
<th>Most interest expressed</th>
<th>Least interest expressed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aphasia</td>
<td>Cleft lip &amp; Palate</td>
</tr>
<tr>
<td></td>
<td>Progressive Neurological Conditions</td>
<td>Voice</td>
</tr>
<tr>
<td></td>
<td>Adult Dysphagia</td>
<td>Dyspraxia</td>
</tr>
<tr>
<td></td>
<td>Paediatric Speech delay/disorder</td>
<td>Dysfluency</td>
</tr>
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<td></td>
<td>Head and Neck</td>
<td>SLI</td>
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<table>
<thead>
<tr>
<th>Clinical Settings</th>
<th>Most interest expressed</th>
<th>Least interest expressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td></td>
<td>Independent practice</td>
</tr>
<tr>
<td>Outpatient Clinics</td>
<td></td>
<td>Flying start</td>
</tr>
<tr>
<td>Domiciliary (home visits)</td>
<td></td>
<td>SLT charities</td>
</tr>
<tr>
<td>Mainstream schools</td>
<td></td>
<td></td>
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<tr>
<td>Specialist schools</td>
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</tbody>
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Table 1: Level of interest for Client group and Clinical settings preferences
Timeframe:

<table>
<thead>
<tr>
<th>Time</th>
<th>Participants (%) indicating timeframe for when interest emerged</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Very Interested</td>
<td>No Interest</td>
</tr>
<tr>
<td>Prior experience</td>
<td>28%</td>
<td>-</td>
</tr>
<tr>
<td>Prior experience + placement</td>
<td>28%</td>
<td>-</td>
</tr>
<tr>
<td>Clinical placements</td>
<td>33%</td>
<td>50%</td>
</tr>
<tr>
<td>Academic teaching</td>
<td>5.5%</td>
<td>22%</td>
</tr>
<tr>
<td>Both placement + academic</td>
<td>5.5%</td>
<td>17%</td>
</tr>
<tr>
<td>Always/Never</td>
<td>-</td>
<td>5.5%</td>
</tr>
<tr>
<td>n/a</td>
<td>-</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

Table 2: Timeframe for when interest was first formed

Reasons and influences

![Diagram](image)

Figure 1: Internal and External factors which influence decisions regarding client groups and clinical settings
**External factors**: Indirect Experience

**Previous experience** was indicated by 11 Participants for some preferences which were first formed when choosing speech and language therapy as an undergraduate course. Previous work experience or personal experience of client groups and settings formed preconceived ideas about the client group/setting they did want to work in:

“With paed I was interested prior to the course due to personal experience with SLT”

“I have experience working with ALD and have a passion for the field”

“Work experience taught me I liked the atmosphere of the school environment”

Participants also had preconceived ideas about which client group they did not want to work with:

“Considering all my previous work experiences, which has never been with children”

“Own experience of stroke...too close to home”

**Academic** influences were cited by 13 participants for determining preferences of a client group. Throughout undergraduate training the structure of the course is designed to cover all client groups that SLTs work with in lectures, academic assignments and additional reading, all of which influenced whether students became either interested or disinterested in client groups:

“I enjoy the lectures in these areas the most”

“An assignment where I could choose the topic and really enjoyed my research”

“Research into SLT work in prisons and the YJS”

“I found it difficult to follow in uni lectures + therefore apply my knowledge to practice”

The theory behind working with client groups was also cited as an influence on interest:

“Found them more difficult to understand (as conditions) more abstract”

“They tend to be more specialist groups from teaching on the subject/experiences (and) have not prompted any desire to work in these groups”

**Discussion with others** (e.g. peers, PEs) had also informed/cemented preferences:

“Talking to people about their placement on the course”
“Hearing from PE about her experiences within the (criminal justice) system + difference + impact it had on the individual”

“Although I have no experience of Flying start. I have learnt about it + spoken to therapists working in the settings, and do not feel it is for me. ”

**Placement Educators** (PEs) were cited by 9 participants to influence interests in a positive way:

“I feel that the PEs I have had have slightly influenced me – those that I have got on very well and had a similar style of working to tended to be the placements, and therefore settings I enjoyed most.”

“If they are passionate + enthusiastic about their job – this can have a big influence”

However, a negative relationship with PEs led to participants deciding against working in the same clinical area as the PE:

“I have often not identified with or got on well with paediatric therapists on placement”

“Bad relationship with PE”

**External factors**: Direct Experience

**Clinical Placements** were discussed by all participants, with 17 participants stating experience had shaped their interest for client groups and settings. 11 participants cited that placement was the main influence for their preferences

“My main influence has definitely been down to placement experience. A varied client group, setting and location all help for you to experience things you would like to do as well as confirm areas you wouldn’t like to work in”

Positive experiences on placement led to participants being very interested in the client group and clinical setting:

“I am interested in Adult Neurology and have enjoyed my experiences on placement”

“I can’t put my finger on why I just really enjoy and thrive in those environments. I have always looked forward to placement days in these settings”
This interest was sparked, cemented, narrowed or changed due to placement experience:

“Prior to adult stroke placements, I had no interest in working with adults but experience sparked my interest”

“Experiences on placement further cemented my interest”

“Further cemented my interest, helping me focus in on what particular field within paediatrics I wanted to work with.”

“I was previously leaning towards adult work before undertaking these placements and was surprised how much I enjoyed them”

Negative experiences led to participants having no interest in work with specific client groups or in clinical settings:

“Adult Dysphagia was not a pleasant experience for me”

“I would dread the placement and never seemed to know what to do”

“The experiences are exactly what has led to my negative feelings of community clinics”

This lack of interest was either confirmed or changed during placements:

“Confirmed the feelings that I already had – so now I am even more certain I don’t want to work with these groups”

“I always thought I’d want to work in Paeds but through experience I have found I don’t enjoy the style of working in this area”

A lack of experience also led to a lack of interest:

“Prefer to work with clients I have previous experience with”

“Lack of experience with more emotive scenarios”

“With voice – no clinical experience to ‘spark’ interest”

Some participants commented that having experience was essential for choosing to work with specific client groups or within particular clinical settings:

“Experience gives you obviously a lot of practice and time to imagine yourself working in that setting/with that client group”

“It is only from experience working in a setting that you can really tell if you would enjoy it”
Specific aspects of working in area were discussed by 15 participants. 5 participants indicated an interest exclusively with adults and 2 exclusively with Paediatrics.

“I prefer to work with acquired difficulties than developmental”

“I enjoy working with children”

Rapport building, seeing outcomes, pace of working and naturalistic environments which showed a more realistic/accurate view of the client were all cited by different participants as aspects they had enjoyed whilst on placement:

“The client groups have also been lovely and easy to work with”

“I like being able to help people regain a life as close to what they hope for as possible”

“I like the business of hospitals + outpatient settings – makes the day go faster”

“(Rehabilitation centre) was less busy than a hospital and allowed ++ time spent with patients”

“I find that seeing them in this setting (schools) gives a more realistic view of a child’s ability than we would see in community clinic”

“Seeing people in their own homes allows you to view them holistically + for Dysphagia watch them eat typical foods for them”

Difficulty building rapport, slow improvements, questioning of the SLT role in some areas and view on the environment were cited by different participants as aspects they had not enjoyed whilst on placement:

“I find it hard to interact with the children”

“Find it hard to build rapport with the clients (adults)”

“Motor speech disorders seems highly frustrating for the individual…I feel for me that I wouldn’t be making enough improvement”

“I found Voice was mainly reflux and I didn’t feel this was our role to make sure reflux is diagnosed + medication followed”

“Didn’t like the consultative role of an SLT.”

“SLT charities – not sure the SLT role within the charity”

“Wouldn’t want the politics of working in a school”

“Isolated and relying on parents to attend with children”
Approach of working with client groups or in clinical settings were discussed by 17 participants:

“Seeing how work is carried out on placement to see if it works with my style/approach to work has been very important”

“I did not enjoy the type of work/methods of working on placements”

Holistic working, counselling, signing, medical aspects, early intervention, problem-solving and being creative/resourceful were cited by different participants as approaches they had enjoyed whilst on placement:

“I really like the detective work of speech”

“Flying Start – firm supporter of early prevention methods + helping those less fortunate”

“I feel that with Aphasia, TBI and ALD there is an element of problem solving which I enjoy”

“Working in AAC in particular...more creative, more resourceful”

Repetitive, technical and psychological approaches were cited by different participants as approaches they had not enjoyed whilst on placement:

“Dysphagia seems to be quite repetitive and formulaic...seemed technical rather than person centred and creative”

“Voice + Stammering are a bit more psychological and needs to be explored in a different way and I am not comfortable with this”

Working as part of a Multi-disciplinary team (MDT) were preferable in settings:

“I have always enjoyed the MDT working approach that is always a huge part of working with these client groups”

“Being school based particularly is such an exciting team focused environment, which makes me very happy”

“Hospitals – I like the environment and being in close proximity to other professionals”
**Internal factors:** Impact on individual

**Personal qualities** such as increased confidence and competence, strengths and natural ability as a result of positive placement experience led to participants feeling more suited to working in that area:

“**My confidence has grown which I think affected my interest**”

“I became more interested as I realised I was quite good at it”

“The placement demonstrated to me that I have skills that would be of use in this clinical area”

“I love working with adults and it comes more naturally to me”

Placements which negatively impacted on participants decreased confidence and feelings of capability, and led to participants not feeling suited to working in that area:

“I had a bad experience on placement which knocked my confidence”

“I don’t feel as capable in the area”

“My demeanour is not well suited”

“Energy required in working directly with children – I did struggle in physically keeping up”

“I could never shake the feeling that it was not what I was best suited for”

**Emotions** were referred to by 3 participants in relation to upsetting or stressful situations that dissuaded participants to pursue this area of SLT:

“Working in Paeds to be much more positive and inspiring... With adults... they have often lost a lot which emotionally for me is too heavy to work day in day out with”

“The ward I was on was stroke specific, meaning the people were often suffering a lot + I found this difficult to cope with”

“I’m sure they are lovely places but for me they make me feel sad.”

**Job enjoyment/suitability** was seen as important by participants who felt client groups contributed to their career longevity:

“Client group gives you most enjoyment from the job”

“(Client groups) Will keep you in the right job/maintain your enthusiasm for the job”
Preference of Geographical location

**Demographics**

<table>
<thead>
<tr>
<th>Location</th>
<th>No. of participants who expressed interest</th>
<th>Area with most interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anywhere in UK</td>
<td>3 /18</td>
<td>-</td>
</tr>
<tr>
<td>England</td>
<td>13 /18</td>
<td>South West, East Midlands, West Midlands</td>
</tr>
<tr>
<td>Wales</td>
<td>12 /18</td>
<td>Abertawe Bro Morgannwg, Aneurin Bevan, Cardiff &amp; Vale</td>
</tr>
<tr>
<td>Scotland</td>
<td>5 /18</td>
<td>Greater Glasgow &amp; Clyde, Dumfries &amp; Galloway</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>3 /18</td>
<td>Belfast, Southern</td>
</tr>
<tr>
<td>Working abroad</td>
<td>12 /18</td>
<td>Canada, Australia, USA, New Zealand</td>
</tr>
</tbody>
</table>

**Table 3: Level of interest for Geographical location preferences**

**Reasons and influences**

![Diagram](image)

**Figure 2: Internal and External factors which influence decisions regarding geographical location**
External factors

Experience of location was cited particularly for participants who wished to work in Wales with two participants expressing a wish work through the medium of Welsh in Welsh speaking areas:

“Wales = experienced these health boards and how they work/could imagine myself working there”

“I would want to stay in Wales + the areas I have selected have ++Welsh speakers – and as a Welsh speaker + SLT to be, I feel I should be working at least partly through Welsh”

“I would prefer to live in Wales so I can also use my Welsh language abilities with patients/clients”

Links to the RCSLT was cited by one participant when completing working abroad to a country where SLTs can register to practice without retraining:

“You can register to work there as a member of RCSLT, I like the country; it would be interesting to experience healthcare provision in another country”

Job opportunities was cited by 3 participants as a consideration for location choice

“Depends on jobs available in a field that I want”

“I’d go where there is a job”

Internal factors

Family was considered by participants who wanted to be located close to family and friends both within the UK as well as abroad:

“Family have always been of great importance to me, I want to be nearer to them”

“If I have children of my own to be near parents”

Support was prioritised within a setting which allowed participants to be open to many different locations:

“If I was in the right team, with support, genuine care, friendships, enjoyment etc. It wouldn’t matter where I was in the world!”

“A variety of settings would be ideal. As long as I wasn’t on my own all the time I’d be happy pretty much anywhere”
Quality of life considerations were made by 2 participants when considering location around the UK regardless of which location was ticked:

“I’d probably like to live/work in a coastal location, so I can have dogs and go for long walks on the beach”

“Cost of moving” “I would rather not work in London as I feel the cost/Quality of life would be poor on a band 5 salary”

Quality of life was also important when contemplating working abroad

“The weather and the lifestyle appeal to me”

“I love the country, feel safe there, similar in terms of language, society”

Preference for private/public sector working

Demographics and predicted timeframe

<table>
<thead>
<tr>
<th>Recruitment or retention</th>
<th>Number of participants (/18)</th>
<th>Predicted timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joining NHS</td>
<td>18</td>
<td>For first post</td>
</tr>
<tr>
<td>Stay in the NHS</td>
<td>4</td>
<td>Throughout whole career</td>
</tr>
</tbody>
</table>
| Leave the NHS            | 14                          | At any point  
                           |                             | After competencies  
                           |                             | After gaining supervision  
                           |                             | Feel confident and competent  
                           |                             | Few years of experience  
                           |                             | 3+ years  
                           |                             | 5-10 years  
                           |                             | 10+ years  
                           |                             | Later on in career  
                           |                             | When have a family  
                           |                             | If NHS SLT service defunded altogether |

Table 4: Recruitment and retention predictions and predicted timeframe
Reasons and influences

Figure 3: Internal and External factors which influence decisions regarding working in the public or private sector

**External factors**

**NHS benefits** was cited by 4 participants for recruitment to the NHS. Benefits such as support, supervision, pensions and annual leave were cited by different participants which were firmly established for an NHS post:

“I want to work for the public sector where there certain benefits particularly peer support and where things are already in place such as supervision etc.”

“Good support for learning, good team feel”

“NHS benefits e.g. pensions, annual leave etc”

**Gaining experience** was also seen as a benefit by 6 participants of being within the NHS:

“I will gain invaluable experience and support whilst working in the NHS”

“Good way to build up experience”

“Aid my development as an SLT”

**Job availability** was cited by 3 participants for recruitment to and staying in the NHS and was listed as one of their main influences:
“More jobs available there”

“I think that the clinical area that I am interested in would mainly be NHS”

“ Majority of hospitals based posts are NHS”

However, one participant commented that private practice was developing which could persuade people to leave the NHS:

“Eventually there may be more options/opportunities available in private practice, it is a developing field”

Also jobs specifically in the education sector in the UK, or jobs working abroad are not within the NHS:

“If work in a local authority e.g. in a school/working with youth offenders was available”

“Interested in working abroad possibly in a few years after experience in NHS”

Internal factors

**Ethos** within the NHS was described by 6 participants as a reason for wanting to work for the NHS:

“I passionately support and value the NHS as an institution, I would be proud to work for them and support the NHS ethically.”

“I would rather work for a public service with strong regulations to protect both client and worker’s rights.”

“Working conditions, protected pay (so far), quality teams and protocols, overall ethos, including “caring” values... work-life balance philosophy”

Health services in other countries that had a similar ethos to the NHS was important to one participant when considering working abroad:

“Their national health service seems to be in line with the principles that I believe fair”

Some participants were concerned the ethos of the private sector did not hold the same values as the NHS, which would dissuade them from leaving the NHS:

“It makes it feel like it’s a business and a money making opportunity”
“Service user care can be iffy in some private settings, and there may not be structures to make changes for the better”

The personal ethos of 6 participants influenced decisions to work for the NHS in regards to giving back to the NHS as the undergraduate course was funded through the NHS:

“I feel that I owe it to give back to the NHS as they paid my fees.”

“I think I completely owe it to the service to try and pay back in my time, energy and hard work.”

Additional reason for leaving the NHS were family considerations (1 participant) and job suitability (1 participants):

“Later on when I have a family as provides more flexibility”

“If a job suited me more I would consider it within or away from the NHS”

Summary

Participants ranked their preferences and cited what their main influences were as shown in Table 5 and Table 6.

<table>
<thead>
<tr>
<th>Main influences</th>
<th>No. of participants who gave reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement</td>
<td>11</td>
</tr>
<tr>
<td>Working with specific client groups</td>
<td>7</td>
</tr>
<tr>
<td>Job satisfaction</td>
<td>3</td>
</tr>
<tr>
<td>Friends and family</td>
<td>2</td>
</tr>
<tr>
<td>Job opportunities</td>
<td>2</td>
</tr>
<tr>
<td>Personal interest</td>
<td>2</td>
</tr>
<tr>
<td>Placement Educators</td>
<td>2</td>
</tr>
<tr>
<td>Flexibility</td>
<td>1</td>
</tr>
<tr>
<td>Emotions</td>
<td>1</td>
</tr>
<tr>
<td>Ease or difficulty working in area</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 5: Main influence on decision making
<table>
<thead>
<tr>
<th>Rank</th>
<th>Parameter</th>
<th>Participants who gave that rank /18</th>
<th>Summary of reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>Client group</td>
<td>13 (72%)</td>
<td>Want to work with specific client groups, keen to support client group, career longevity, most enjoyment, maintain enthusiasm for job</td>
</tr>
<tr>
<td></td>
<td>Setting</td>
<td>1 (5.5%)</td>
<td>Previous negative experience of setting</td>
</tr>
<tr>
<td></td>
<td>Geographical location</td>
<td>3 (17%)</td>
<td>Close to family</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>1 (5.5%)</td>
<td>Support most important</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>Client group</td>
<td>4 (22%)</td>
<td>Closely linked to setting, open to client group</td>
</tr>
<tr>
<td></td>
<td>Setting</td>
<td>6 (33%)</td>
<td>Client group higher priority, supportive working environment, preference for specific settings</td>
</tr>
<tr>
<td></td>
<td>Geographical location</td>
<td>8 (44%)</td>
<td>Close to family, block placement experience, support in area, unsure on location</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>Client group</td>
<td>1 (5.5%)</td>
<td>Unsure which client group to work with</td>
</tr>
<tr>
<td></td>
<td>Setting</td>
<td>12 (67%)</td>
<td>Client group higher priority, flexible on setting, not important</td>
</tr>
<tr>
<td></td>
<td>Geographical location</td>
<td>5 (28%)</td>
<td>Flexible on location</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Geographical location</td>
<td>1 (5.5%)</td>
<td>No ties anywhere</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>2 (11%)</td>
<td>Want to be around friends and family, want to stay in UK</td>
</tr>
</tbody>
</table>

Table 6: Ranking of preferences
The emerging theory grounded in the data is that internal and external factors which are formed through experience and personal values resulting in a person-job fit. SLT students form preferences about the client groups, settings and geographical location based on how working in these areas suits them as individuals as well as their own style of working fitting in with the characteristics of working in preferred clinical areas.
Discussion

These results show that final year SLT students do have preferences of who they want to work with and where they want to work for their future careers within SLT. These preferences have predominantly developed over time on the course as students have been further exposed to different aspects of SLT. Clinical placements in particular have demonstrated the realities of working as an SLT, with students developing an impression of whether or not they could visualise themselves working in the same area of SLT. Placements also provided the opportunity for working with different client groups, clinical settings, health boards and locations. This variety gave students more insight into which areas they not only prefer, but feel they are best suited to work with. Just as direct and indirect exposure to SLT influences career motivation in Stone & Pellowski (2016) and Brodsky & Cooke (2000), direct and indirect exposure to specific aspects within SLT also affects motivation to work in those areas. Both academic teaching and a wide variety of experiences allowed students to make comparisons between client groups, settings and location, and decide which area fits with their own personal values and qualities and their preferred way of working as future SLTs.

Clinical training

Indirect Experience

Academic teaching and research introduced students to specific conditions and approaches of working. This in turn led to working with clients with communication difficulties using approaches learnt in theory. A theoretical understanding was important to participants, and was essential in order to apply theory to practice whilst on clinical placements. Difficulties with the theory carried over to difficulties with clinical practice in that area, demonstrating that learning in an academic context needs to be constructive to support understanding, leading to application to practice. Students gain an idea in lectures as to whether they find the clinical area interesting and may want to work in that area, or may have a feeling that they may not be suited to that area. Discussion with others, such as peers or Placement Educators (PEs) who share their
experiences, is another opportunity for students to get an insight into working into different clinical areas. This was the case particularly for working in prisons with youth justice, as an academic assignment and discussions with SLTs working in the field were the only insights students had to this clinical area, as no clinical placements in the justice system are available to students.

Similar to Papp et al (2003), Doyle et al (2017) and Read (2014), PEs provided an example to students of the style of working, enthusiasm and professional standard required for working in a particular field. The may be the reason why students thought it was important if their PE was passionate about their job as this could encourage a student to work in a similar clinical area. Often students were reporting that they could or couldn’t identify with their PE giving another level of insight into whether they too would fit working in the same clinical area. Conversely, when students had a negative relationship or did not identify with their PE, this dissuaded students from pursuing working in the same field as their PE. However, unlike Papp et al (2003), Doyle et al (2017), it was unclear to what extent PEs affected the placement experience being positive or negative, as there were many other factors discussed as well as placement educators in the context of placement experience.

Direct Experience

Similar to students in Read (2014), some preferences to work with client groups and clinical settings were formed before the course. Previous work experience or personal experiences did influence decisions which were either confirmed, changed or narrowed by placement experience and time on the course. However, areas students did not want to work with were mainly formed through time on the course.

Clinical placements highly influenced the participants, with the highest proportion of preferences being formed whilst on placement (see Table 6). Placement experiences were described by participants as being important for helping students decide whether they liked or disliked working with particular client groups in a clinical setting. It also gave an opportunity to gauge whether they felt confident, competent and comfortable
working in those areas, as was the case in Doyle et al (2017). Students either liked or disliked a way of working, which either suited or conflicted with their own style. This resulted in students either thriving on placements, or dreading going to placement. This implies that working in a way that suits the individual’s style will lead to a preference for that area and may maintain an enthusiasm for the job resulting in career longevity.

Students discussed a preference for team working, time spent with clients, being able to see visible outcomes and taking a holistic approach, which overlapped with doctors’ reasons in Dehn & Eika (2011) for choosing their specialties. Working within an MDT, being in a supportive environment and taking a team approach was as important to the participants as it had been for OT students in Wilkins & Rothenthal (2001). In particular, this may have influenced participants wanting to work in hospitals and schools, as both environments provide close proximity to other professionals. A preference to work in hospitals could explain why working with adults with Aphasia and Progressive neurological conditions was of interest to many participants, as these client groups are often seen within hospitals. The high level of interest for these client groups may also have been due to students’ ability to build rapport with adults. Rapport building came more naturally to students with some client groups but compared to other client groups. The clinical setting may have had an impact on rapport building, as the pace some environments was such that it allowed more time to be spent with clients. This in turn allowed outcomes to be seen with clients, as clients were seen more often in these settings. The clinical setting also seemed to impact on being able to work holistically and in a more client-centred way. This is possibly why domiciliary were one of the most popular clinical settings to work, with two participants explaining that it allowed a more naturalistic view of the client to be made, thus making it easier to think holistically and client centred when setting therapy goals with clients.

However, for some areas of SLT, participants reported they either did not understand or agree with the role SLT’s had. For example, some thought that reflux management in voice did not fall under the SLT’s scope of practice. SLT roles in the voluntary sector e.g. SLT charities were not understood or known about. A lack of understanding could also be the case for independent practice as student’s comments on independent practice gave the impression of being hypothetical and idealistic especially as none of the
participants had experience with SLT in the private sector. This contrasted to discussion about the other areas of SLT in which clinical teaching and placement experience had occurred, which gave an impression of students having a clearer understanding of the realities of being an SLT.

**Impact on individual**

Similarly to Heikkilä et al (2016), experience within specific areas of SLT impacted on students decisions to pursue or not pursue a job working in that area of SLT. As a result of positive placement experiences, confidence and perceived competence had increased, leading to a preference to work in clinical area they felt better suited to. Conversely, if negative experiences were encountered on placement, this often led to students rejecting work in the same clinical area. It is possible that an increase in confidence and competence contributed to whether the experience was seen as positive, just as decrease in confidence may have led to a perception of negative experience. Regardless, students feeling that they were suited to working in a clinical area was important for career longevity as it maintained enthusiasm for the job. Maintaining enthusiasm would also have a knock on impact when they become PE themselves as their enthusiasm would impact on future students, just as their PEs did for them.

**Considerations for future career**

Client groups were the highest priority for students who had a strong preference to support specific client groups, stating that working with those client groups would increase their job enthusiasm and subsequent career longevity. The students who were more flexible with client groups selected a higher number of preferred client groups (both adult and paediatric) stating their skills were transferable. These students also reported an enjoyment of placements for both adult and paediatric placements. A lack of experience with some client groups contributed to a lack of interest, with lack of confidence being a primary factor. For this reason, many students wanted to work with
those clients they had experience with. This demonstrates that is important for students to have a wide range of experience across different areas of SLT.

Preferences for geographical locations, both within the UK and abroad, were most important to students who wanted to be in close proximity to their families, or who were considering the quality of life from specific locations. Those with family commitments prioritised geographical location over working with specific client groups or settings. Preferences were also influenced by having experience of an area, (e.g. during clinical placements), where the student was originally from and location of family/friends. All these reasons were stated for the locations within Table 3. When considering working abroad, whether SLTs could register to practice a particular country was an important factor. This explains why four of the countries listed had links to the RCSLT and featured on the Mutual Recognition of Credentials Agreement (RCSLT, 2017). Those who did not have preference for specific locations were happy to go anywhere in the UK as they had no ties to any locations. They therefore could be flexible to work where their ideal job was located, thus prioritising client groups and settings.

Whilst setting was often a lower priority in comparison to client groups and geographical location, most settings were connected to the client groups students wanted to work with. Also, the most preferred settings were often connected to MDT working, showing that support was an important factor to students. Support was also cited as a reason for joining the NHS, as supervision and peer support is firmly established. Least preferred settings often involved lone working. This indicates that support is needed not just as a student but throughout a professional career.

Potential impact on recruitment and retention

The ethos of the NHS matching the ethos of the students was an important factor for recruitment and retention to the NHS and when considering working overseas. Students’ personal ethos also led to many participants wanting to work for the establishment that had supported them through university. This led to feelings that NHS investment should be returned by them investing in the NHS. Ethos was also important
for the participants who permanently wanted to stay in the NHS as they expressed concerns that the private sector did not have the same values and protection that were firmly established within the public sector. Benefits of working within the NHS and job availability were also reasons given to both join and stay within the NHS, just as SLTs in Clarke et al (2009) had found important.

Participants in this study predicted that they would leave the NHS later on in their careers, mainly to pursue other job opportunities such as working abroad, or independent practice rather than because of criticisms about the NHS. This is different to SLTs in Clarke et al (2009) and Whitehouse et al (2007) who were critical of different aspects of the NHS.

Limitations and suggestions for future research

The sample size of 18 participants constituted 75% of potential participants in the cohort, so was representative of the views for this group. However, this was a relatively small sample of total number of final year SLT students across different universities offering SLT as an undergraduate or postgraduate course. Therefore, these results are applicable to this cohort of students, but may not be generalised to all final year SLT students. It would be useful to repeat the study with SLT students from other universities to compare answers with this cohort.

As indicated in Wilkins & Rothenthal (2001) not all students may have fully formed preferences before they graduate. This study is therefore limited as only undergraduates took part in the study. It may be worth investigating if preferences change after graduating, as well as how first posts may influence decisions. It would also be useful to do a follow up study after a few years to see if preferences have led to the careers they imagined they would have, or if they have changed as a result of experiences in post. Retention predictions could also be compared to see if they have stayed the same or change after experience working within NHS.
Practical applications of research

Due to the impact clinical placements had when influencing future career decision to work with particular client groups and clinical settings, a variety of placements are needed for each student. This has a knock on impact on clinical co-ordinators to provide a variety of placement experiences to all students. This then has implications more PEs to offer these placements in order for as many different placements to be available for the co-ordinators to allocate. PEs’ also have a responsibility to provide an example to students of a positive work ethic, and provide diverse learning opportunities for the student to build their confidence and competence during placements.

Views on private practice within this cohort gave the impression of being idealistic. Whilst it may not be possible for all students to have experience in the private sector, it would be worth having SLTs who are working in the private sector to share their experiences to students as discussion with others was found to also influence preferences. This may also be beneficial if SLTs who have worked abroad to do the same. This could be done as lectures or seminars in order for students to have a better understanding of the realities of working in these areas.

Conclusion

The emerging theme grounded in the data is a person-job fit is most important to SLT students when forming preferences as they are about to start their career as an SLT. This is determined by external and internal factors. These factors are developed through experience and personal values which influence choice of client groups, settings and geographical locations resulting in a person-job fit. As a consequence of a person-job fit, a student increases in confidence and perceived competence, therefore, increasing the likelihood of having positive experiences whilst on placement and subsequently forming a preference to work in that clinical area. Experience both prior to starting the undergraduate degree and especially on clinical placements are invaluable as it gives an indication of a person-job fit as students envision themselves working within that role for their future career. Personal values provide an indication of suitability, with
experience then demonstrating whether this suitability is present when working with different client groups, in associated clinical settings, in supportive working environments and in a location that fits with a work-life balance.
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