Cardiff Metropolitan University
Prifysgol Fetropolitan Caerdydd

B.Sc. (Hons) Speech and Language Therapy

Voice care provision in one-year full time PGCE courses in Wales.

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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:

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:
Acknowledgements

Firstly, I would like to thank my project supervisor, [name redacted] for her valuable knowledge and support throughout this project.

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Special thanks to Mum, Dad and Jenni, who always support me in whatever I do. Additionally, a huge thank you to my wonderful housemates and friends who have made my time at university thoroughly enjoyable. Thank you also to Veeko, who never fails to believe in me and what I can achieve.

Finally, my thanks extend to my university cohort. It has been a pleasure to be part of such a supportive group of people over the past four years.
Abstract

Summary: Objectives The prevalence of voice care training in one-year full time Postgraduate Certificate in Education (PGCE) courses in Wales was investigated, alongside the factors that influenced the inclusion of this type of provision.

Methods This study used a mixed methods approach. Semi-structured interviews were conducted with two PGCE Programme Directors at an institution in Wales as a pre-cursor to the main study. Themes identified in a thematic analysis of these interviews were used to inform the questionnaire. The questionnaire was piloted and then distributed to 48 PGCE academic staff members across Wales via a link in an email to an online survey.

Results The results demonstrated that 25% of the participants surveyed included voice care provision within their PGCE course. Reasons for the lack of inclusion were attributed to time constraints, costs, reduced awareness of the issue of voice disorders in teachers in PGCE staff, lack of access to research evidence and lack of access to a skilled professional who could deliver the training. The perceived benefits of including voice care provision were that it would give students skills to care for their voices to enable longevity within their careers, as well as improving their general wellbeing.

Conclusions This study has highlighted that currently, there is very little voice care provision within one-year full time PGCE courses in Wales. As it is recognised that student teachers are at a greater risk of developing voice disorders, more work needs to be done to include this type of provision within teacher training programmes and to provide PGCE staff with resources and information to increase their awareness of this issue.

Key words: Voice-Teachers-Students-PGCE-Voice care- Constraints-Wellbeing

Abstract in the style of ‘Journal of Voice.’
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List of acronyms

**PGCE** – Postgraduate Certificate in Education

**ATL** – Association of Teachers and Lecturers

**NUT** - National Union of Teachers

**TES** – Times Educational Supplement

**BVA** – British Voice Association

**VHI** – Voice Handicap Index

**DSI** – Dysphonia Severity Index
1.0 Introduction

A professional voice user can be described as a person who relies on their voice as their primary device in their occupational role (Hazlett, Duffy and Moorhead, 2011). Examples of professional voice users may include singers, call centre workers, sports coaches and teachers (Niebudek-Bogusz and Śliwińska-Kowalska, 2013). As teachers depend upon their voice on a day to day basis, they are a population that are at a high risk of developing voice disorders (Roy, Merrill, Thibeault, Parsa, Gray and Smith, 2004). Aronson (1980) explained that a voice disorder is present “when quality, pitch, loudness or flexibility differs from the voice of others of similar age, sex and cultural group.” (Aronson, 1980, cited by Fawcus, 1991 p.22). In a comparison of teachers and those whose jobs did not require high levels of vocal use, 51.2% of teachers reported voice problems as opposed to 27.4% of the control population, clearly highlighting an increased prevalence of voice disorders in teachers (van Houtte, Lierde, Wuyts and Claeys, 2011).

Teaching requires stamina of the voice, often in high pressure situations where there is a belief that voice quality should be at its best (Duffy and Hazlett, 2004). This may result in inefficient patterns of phonation, therefore leading to the development of voice disorders.

Voice problems can have many detrimental effects on the individual, such as social and psychological problems, (Verdolini and Smith, 2001, cited by Kooijman, Thomas, Graamans and De Jong,2007) and also can cause extensive financial costs for employers due to long periods of voice-related absenteeism (De Medeiros, Assunção and Barretto, 2012).

Thus, it is important that preventative voice care programmes are implemented to reduce the impact of the effects described above (Russell, Oates and Greenwood, 1998). It has been found that introducing voice care awareness prior to qualifying as a teacher has several benefits such as an amplified awareness of one’s voice and how to care for it (Nusseck, Richter,
Echternach and Spahn, 2017), suggesting that applying this provision during the teacher training process could provide individuals with the skills they need to maintain a healthy voice throughout their careers. The number of one-year full time PGCE courses in Wales that provide voice care training is not known, hence the aim of the current study.
2. Literature review

2.1 Prevalence of voice disorders in teachers

One UK study found that out of 56 speech and language therapy clinics, an average of 6.7 teachers attended voice therapy for a specific month (Martin, 1994, cited by Martin and Darnley, 2004). However, this study did not state the demographic of non-teacher voice patients that attended the clinics within the same time frame, thus it was not possible to compare the prevalence of voice disorders between these populations. Furthermore, it was a small-scale study so cannot be generalised to the population of speech and language therapy clinics in the UK. Due to the lack of recent UK research in this area, it is necessary to consider studies that have taken place further afield.

One study compared the prevalence of voice disorders in 1,243 teachers against 1,288 non-teachers in America (Roy et al, 2004). The results of this study showed that the prevalence of voice disorders during the participant’s lifetime was higher for teachers: 57.7% in comparison to 28.8% for non-teachers.

The above results corroborate with the results described in a questionnaire study of teachers and non-teachers in Iran (Seifpanahi, Izadi, Jamshidi, Torabinezhad, Sarrafa-zadeh, Sobhani-Rad, and Ganjuie, 2016). They found that 54.6% of teachers surveyed reported voice problems during their careers in comparison to 21.1% of non-teachers, providing evidence to suggest that teachers are at a higher risk of developing voice disorders compared to the rest of the population (Seifpanahi et al, 2016).

It is challenging to make any concrete conclusions about the prevalence of voice disorders in teachers from the above studies, due to the differences among the definitions, methods and results (Mattiske, Oates and Greenwood, 1998). In a systematic review of the literature, Cantor
Cutiva, Vogel and Burdof (2013) reported that studies that have explored the prevalence of voice disorders in teachers reported figures between 4.4% and 90% (Cantor Cutiva, Vogel and Burdof, 2013). Methodological issues such as the variation in terms used to describe voice disorders (Roy et al 2004; Thomas, Kooijman, Cremers, and De Jong, 2006; De Medeiros, Barreto and Assunção, 2008) and differences in data gathering (e.g. questionnaire vs. clinical examinations) may offer explanations for the differences in results yielded (Cantor Cutiva, Vogel and Burdof, 2013).

Nevertheless, the results from the studies discussed in the above review highlight that there is a higher prevalence of voice disorders in teachers, stressing the need for researchers to better understand the causes of voice disorders in teachers and how they can be prevented and managed.

2.2 Causes of voice disorders in teachers

This section will discuss the possible causes of voice disorders, including behavioural, stress-related and environmental factors. Length of duration in the teaching service, lack of experience, lack of vocal education and subject-specific risks will also be discussed in terms of how they can be risk factors for the development of voice disorders.

2.2.1 Vocal misuse and overuse

Vocal misuse relates to behaviours that alter the tendency of the phonatory apparatus to work in an efficient manner (Colton, Casper and Leonard, 2006), whereas vocal overuse describes the constant use of the voice. Martin (2003) explained how newly qualified teachers reported using their voice for over 60% of each teaching session, thus highlighting the vocal demands involved in the teaching profession (Martin, 2003, cited by Martin and Darnley, 2004). Using the voice inappropriately may lead to tension and strain,
and even to the development of laryngeal pathologies including vocal nodules and polyps (Baker and Cohen, 2017).

2.2.2 Stress and anxiety

Stress in teachers can be caused by challenging pupils, workload and role ambiguity to name a few (Carton and Fruchart, 2014). Stress creates a risk of the acquisition of voice problems due to the physiological changes that it can have on the body (Da Costa, Lopes, Silva, Soares da Cunha, Almeida and Almeida, 2013), such as laryngeal tension which may lead to problems with phonation (Colton, Casper and Leonard, 2006). A reverse reaction may also occur, in that the development of a voice problem may cause stress which can have adverse effects on a teacher’s quality of life (Da Costa et al, 2013).

2.2.3 Environmental issues

Classrooms with high levels of background noise can cause teachers to strain their voice due to an inappropriate increase in volume (Bovo, Galceran, Petrucelli and Hatzopoulos, 2007; Södersten, Granqvist, Hammarberg and Szabo, 2002), whereas upper respiratory tract infections and dry conditions may also increase the likelihood of a teacher developing voice problems (Smith, Gray, Dove, Kirchner and Heras, 1997 and Mjaavatn, 1980, cited by Mattiske et al, 1998).

2.2.4 Length of duration in teaching service

It has been found that there is no association between voice disorders and number of teaching years (Thibeault, Merrill, Roy, Gray and Smith, 2004). Thibeault et al’s (2004) study is supported by a study of the prevalence of dysphonia in female teachers, which again found no
correlation between the presence of dysphonia and the age of teachers or the length of the teaching career (De Medeiros, Barreto and Assunção, 2008).

Nevertheless, both sets of researchers describe that an explanation for these results was that teachers who have experienced voice problems were likely to have taken early leave from the profession (Thibeault et al, 2004 and de Medeiros, Barreto and Assunção, 2008).

2.2.5 Less experienced teachers: a population more at risk?

Tavares and Martin (2007) divided eighty teachers in to two groups: GI for no problems or sporadic problems and GII for frequent voice problems. The GII group contained a larger number of younger teachers, thus providing evidence for the notion that younger teachers are at a greater risk of developing voice disorders (Tavares and Martins, 2007).

Moreover, Preciado, Perez, Calzada and Preciado (2005), found that vocal nodules and dysphonia occurred more regularly in teachers who had been practising for less than 15 years. An implication of this is that the less experienced teachers in their study had not received suitable voice care training to prepare them for the vocal load of their careers as teachers, thus underlining the need for the inclusion of vocal care within the university curriculum (Preciado et al, 2005, cited by Tavares and Martin, 2005).

2.2.6 Subject-specific risks related to developing voice disorders.

Those who teach certain subjects are at an even greater risk of developing voice disorders (Thibeault et al, 2004). Music and singing teachers use their voices to teach the content of their lessons as well as to sing with their pupils, thus increasing their vocal load (Schiller, Morsomme and Remacle, 2017). In their study, Thibeault et al (2004) reported that teachers of performing arts were more likely to have a voice disorder, with chronic voice disorders being most prevalent in music teachers. Physical Education (PE) teachers also experience high vocal
demands due to having to contend with factors such as poor acoustics in sports halls (Ryan, Rotunda, Song and Maina, 2012). It could be argued that more emphasis needs to be placed on providing voice care in subjects that have higher vocal demands to prevent any voice-related effects.

2.2.7 Lack of vocal education

Previous research has established that lack of knowledge of vocal care can be a contributing factor to voice problems in teachers. Kovavic (2005) investigated the knowledge of voice care in trainee student teachers and students of non-teaching professions and found that although the teacher training students scored higher on several vocal parameters such as the effects of smoking and screaming, both sets of scores were deemed ‘not satisfactory’ by the researcher, yet it was not mentioned what a satisfactory score was and what it was measured against (Kovacic, 2005). Similarly, Van Houtte et al (2011) reported that only 13.5% of teachers in their study had received information about voice care during their teacher training.

The findings from these studies highlight that lack of vocal awareness is prevalent within the teaching population, thus warranting the need for the inclusion of voice care within the curriculum of teacher training courses to act as a preventative measure.

2.3 Emotional and financial costs of voice disorders

2.3.1 Psychological/emotional

Data from several studies suggest that the impact of a voice disorder can have a multitude of psychological and emotional consequences. Thomas, Kooijman, Donders, Cremers and De Jong (2007) reported that student teachers had higher scores on the Voice Handicap Index (VHI), a measure of clients’ psychological and social issues resulting from voice disorders (Nelson, Weinrich, Gray, Tanner, Stemple and Sapienza, 2003), than the reference group.
(Thomas et al., 2007). In the same vein, one questionnaire survey described how teachers with
voice problems had a reduced quality of life compared to those without voice disorders, and
that their voice problems caused low job satisfaction as well as an avoidance of social
situations (Alva, Machado, Bhojwani and Sreedharan, 2017).

2.3.2 Financial

Van Houtte et al. (2011) found that 20.6% of teachers with voice problems had been absent
from work for one or more days during their career, which is significantly more than the
general population. Not only does this voice-related absenteeism cause monetary loss for the
individual, it is likely that it causes a financial loss for schools. The Department for Education
(2017) found that in 2015/16, 54% of teachers experienced at least one episode of
absenteeism due to sickness in England, a proportion of which is likely to be due to voice
problems as explained by Van Houtte et al. (2011).

2.4 Voice care for teachers

Online research concluded that there is a minimal amount of voice care training provision for
teachers currently available in the UK.

2.4.1 Speech and language therapy

In the UK, a patient is referred to a specialist service such as Ear, Nose and Throat (ENT) or
Speech and Language Therapy, via a referral letter from their General Practitioner (GP), which
states they deem the referral as ‘clinically necessary’ on the basis of symptoms such as
prolonged voice loss and vocal soreness (National Health Service, 2016).
Following this, a block of therapy will be offered if the problem persists, which will likely consist of further assessment, vocal exercises and vocal hygiene information. There is also the option of accessing private speech and language therapy.

2.4.2 Workshops

The Times Educational Supplement (TES) (2017) institute runs a ‘Better voice for teachers’ continued professional development (CPD) course, which is a 6-8 hour course that is accessible online. The course costs £60.00 per person per course, which raises the issue of who would cover the costs: the teachers or their employers. The Association of Teachers and Lecturers (ATL) ran two workshops delivered in person in November and December 2017 which looked at raising teacher’s awareness of their voice and gave them practical exercises regarding voice care. Similarly, the ATL ran a “Wellbeing Workshop” in February 2018 which included a section about voice care. Unfortunately, location constrains the accessibility of these workshops and attending a workshop would require teachers to take time off which would mean schools would have to sort supply cover. If voice care training were to be run as part of the university curriculum, this would provide students with a foundation knowledge of voice care with the option of accessing top up courses such as the one described by the ATL if they required it later in their teaching career.

2.5 Rationale behind the use of PGCE courses in the present study

The Post Graduate Certificate of Education (PGCE) is a one-year teacher training course which follows a three-year undergraduate degree course in another academic subject (Cains and Brown, 1998). One drawback of the PGCE course is its short duration, as it has been suggested
that this time constraint can impact upon the amalgamation of theory and practice within the course (Blake and Hanley, 1998). The short duration of the course could mean that there is not enough time to include voice care provision within the curriculum. As newly qualified teachers have been identified as an at-risk population, it is the aim of the study to investigate the inclusion of voice care in one-year full time PGCE courses in Wales to see what, if anything, is currently being done to reduce the risk of the development of voice problems in student teachers.

2.6 What are the benefits and challenges of running voice care provision on PGCE courses?

2.6.1 Benefits

i- Prevention is more effective than a cure

Simberg, Laine, Sala, and Rönnermaa (2000) suggest that voice disorders should be managed before students begin to study to become teachers. Duffy and Hazlett (2004) reported that in a group of 55 PGCE students, the group who received direct training which included techniques to reduce vocal over use and increase vocal hygiene were found to have improved the most through acoustic measurement using the Dysphonia Severity Index (DSI): a measure incorporating different vocal parameters such as frequency and intensity (Duffy and Hazlett, 2004). These findings provide support for the efficacy of preventative voice care training in PGCE courses.

ii- Increased awareness of voice problems in teachers.

There is evidence to suggest that teachers who have been in the profession for a longer period are more likely to display treatment seeking behaviours than those
who had been in the profession for a shorter duration of time (Da Costa, Prada, Roberts and Cohen, 2012). By informing student teachers about how and where to get access to treatment, this will promote early treatment seeking behaviours to prevent the development of chronic, longer lasting voice problems.

iii- Reducing the cost of voice problems in future employers.

In a study by the Royal National Institute for the Deaf (RNID), it was found that teachers who took time off due to problems with their voice costed schools approximately £15m per year (RNID, 2008, cited by the National Union of Teachers, 2016). Incorporating voice care programmes into the curriculum will hopefully provide student teachers with skills and strategies that will act as a preventative to the development of voice disorders throughout their career thus reducing the cost of voice related absenteeism in schools.

2.6.2 Challenges

i- Financial costs of voice care provision.

The university would need to locate a qualified professional to deliver the voice care training. Although some universities are fortunate enough to have their own internal colleagues to do so, most of them would need to hire an external professional which brings additional costs that may not be included within the PGCE course budget. There is no current research on how much the provision of this type of provision might cost.

ii- Duration and content constraints.
The United Kingdom (UK) law states that PGCE courses must be at least 36 weeks long, with a requirement of spending 24 of those weeks on school placements (Chambers, Coles and Roper, 2002). Furthermore, the Qualified Teacher Status (QTS) Standards Wales (2009) describes the great level of knowledge and understanding that a newly qualified teacher is required to have to gain QTS. It is possible that the short duration of the course and the present content constraints from Welsh Government directives such as the QTS standards may limit a university’s ability to make their own decisions about what to include, such as the inclusion of voice care.

2.7 Health and Safety and Duty of Care.

The Health and Safety at Work Act (1974) states that: ‘It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees’ (Dimond, 2002). As a voice disorder impacts upon all three of these elements, it could be argued that employers of teachers should provide information and advice about vocal care to their employees to reduce the detrimental effects they can cause. Similarly, each member of academic staff at universities have a duty of care to the general welfare of their students (Universities UK, 2015). Although there is not a law which states that voice care provision is incorporated within this duty of care, as a voice problem can have adverse effects on a person’s physical and mental health, it is reasonable to suggest that voice care comes within the remits of PGCE course lecturers and directors.

2.8 Voice care provision in teacher training courses: research studies

Aside from Duffy and Hazlett’s (2004) study in Northern Ireland, there is very little research into the inclusion of voice care provision in teacher training courses in the UK, therefore it is necessary to investigate studies from other countries. In their study Richter, Nusseck, Spahn
and Echternach (2016) reported that the group of teacher trainees who had received voice care training throughout their period of teacher training experienced an improvement in their vocal quality compared to no improvements in the control group as measured by the DSI.

These findings are supported by a study conducted in Belgium that investigated the efficacy of a 6-hour voice care training programme in student teachers that reported objective measurements of their voices such as phonatory and acoustic analysis found improvements in their vocal quality when compared to the control group (Timmermans, Coveliers, Meeus, Vandenabeele, Van Looy and Wuyts, 2011). These studies provide evidence for the efficacy and importance of incorporating voice care within the teacher training schedule.

2.9 Conclusion

This literature review has not only highlighted that the prevalence of voice disorders in teachers is significantly higher than the general population, but also that a lack of vocal education and teaching experience is a risk factor for the development of voice disorders. The rationale behind this study is that if student teachers are prepared with the knowledge to recognise how to care for their voice and the impacts that a poor environment, vocal abuse/misuse and stress can have on their voice at the start of their career, this may act as a preventative measure to reduce their risk of developing voice disorders at any point in their career.

2.9.1 Study aims

This study aims to:

- Identify the percentage of PGCE courses in Wales that include voice care provision.
- Explore what the voice care provision entails, why it is included and who delivers it in the courses that do include it.
• Investigate the reasons as to why some courses do not include it.

• Explore the participants’ beliefs about the benefits and drawbacks about the inclusion of voice care provision.

3.0 Method

3.1 Introduction

This study used a mixed methods design to establish the amount of one-year full time PGCE courses in Wales that include voice care provision and the factors that influence this inclusion according to the views of programme directors and course lecturers.

3.2 Design

Semi-structured interviews were conducted with two PGCE programme directors at a university in Wales who had experience of voice care delivery on their respective courses. This enabled the researcher to gather information about the research topic and supported the development of the pilot questionnaire through using themes identified in a thematic analysis of the interview transcripts to create questionnaire questions that were valid.

Influenced by the themes mentioned above, the pilot questionnaire was created using a mixed methods design. The combination of qualitative and quantitative methods enabled the researcher to ask a more varied selection of questions than if just one method was employed (Spicer, 2012, cited by Harding, 2013). The pilot questionnaire was sent as an attachment in an email to a lecturer in education at the same institution as the interviewees. This participant completed the questionnaire and provided the researcher with valuable feedback about its layout and content. The final version of the questionnaire was distributed to PGCE lecturers
across Wales via an anonymous link in an email. A questionnaire design was used to allow for the collection of information from a wide sample size (Harding, 2013).

3.3 Sample

All the participants were selected using purposive sampling, as it was believed that they were best equipped with the knowledge and understanding of the project topic area (Denscombe, 2014).

Both interviewees and the pilot questionnaire participant were made known to the researcher by a university lecturer who is also a qualified Speech and Language Therapist (SLT), thus in her role to prevent voice problems, has delivered voice care training on their PGCE courses previously. It is recognised that the knowledge of and access to this type of staff member would not be available to everyone, thus the researcher would have sent emails to all the PGCE lecturers at the institution to find participants had the above member of staff not been available.

From the initial search on the University and College Admissions Service (UCAS) (2018) and the Post Graduate Search (2018) websites, 68 PGCE courses were identified in Wales. The information obtained from the above websites was cross referenced with information from individual institution websites to ensure that each course had been included within the sample.

The sample for the final version of the questionnaire was intended to be programme directors of every PGCE course in Wales. Their contact information was retrieved through looking at staff profiles on university websites. The questionnaire was sent to the participants via a link in an email. As there was no specific contact information for programme directors on the
university websites, the participant criterion was widened to principal lecturers and course lecturers that were listed as the main point of contact for their course on the university website. The questionnaire was completed by one person per PGCE course.

In total, 48 emails were sent out. This did not correlate with the number of courses provided from the original search, as it was not possible to locate all the required staff members from the university directories.

3.4 Materials

The interview schedule was designed using open questions to gather detailed information from the participants which was transcribed and sorted into themes using thematic analysis. Six principal themes were identified: wellbeing, voice use, challenges of including voice care, pressures within the teaching profession, student autonomy and awareness. Please see Appendix A for the interview schedule and Appendices B and C for full verbatim transcriptions of the interviews.

Following the selection of these themes, the pilot questionnaire was developed using Microsoft Word (Appendix D). This consisted of 23 questions and took approximately 15 minutes to complete. Q1 was a yes/no question to ascertain whether the participant included voice care in their PGCE course. If the participant answered ‘yes’, they were directed to questions 2-10, which required descriptive responses about the content, delivery, duration and timing of the course, and reasons for these choices.

If the participant answered ‘no’, they were directed to Q11 which was a closed, multiple choice question that gave options about the reasons why it was not included but also allowed the participant to add comments underneath if they had selected the ‘other’ box. Following this,
they were required to answer Q12 which asked what would encourage them to include voice care in their course.

All the participants were required to answer Q13-23. Whereas Q13 and Q14 enquired about the benefits and drawbacks of including voice care, drawing on the theme of ‘difficulties with including voice care’ from the interviews, Q15 explored the possibility of compulsory voice care across PGCE courses. Q16 enquired about reasons why NQT's might be more at risk of developing voice disorders and Q17 adhered to the theme of ‘awareness’ to investigate the participant’s perception of their students’ current awareness of how to care for their voices. Q18-20 were influenced by the theme of ‘wellbeing.’

Q21 questioned the participant about their perceptions of what the effects of a voice disorder would be on themselves on their employer, Q22 asked about them impact of external constraints on the content of their course and finally, Q23 asked whether the participant included voice care information in the form of leaflets or other media.

Changes were made to the questionnaire upon receiving the results from the pilot questionnaire. It was highlighted that there were issues with the calibration of the Microsoft Word document. For this reason, the questionnaire was converted to an online survey to make it more user friendly (Appendices E and F). Additionally, some questions were reworded for clarity purposes.

3.5 Procedure

The interview participants were contacted via email to arrange an appointment to conduct the interview. A participant information sheet and a consent form were included within this initial
email (Appendices G and H). The information sheet informed the participants why they had been chosen to participate within this study, how it would be administered, the rationale behind the study and that their participation would be voluntary. It also informed them that they had the right to withdraw from the study for no reason by contacting the researchers’ email address for up to two weeks after receiving their transcript. The consent form allowed the participants to confirm that they: had read the information sheet, understood voluntary participation and the right to withdraw, wanted to take part in the study, gave consent to be audio recorded and gave consent to have anonymised quotes used within the project. Both documents were read orally to the participants and consent was gained on the form before the interviews commenced. The interviews were audio recorded and transcribed. The final transcriptions were sent to the participants to ensure that they approved of their content. This information was stored on a password protected laptop.

The pilot questionnaire participant and questionnaire participants were also contacted via email and were provided with a participant information sheet (Appendices I and J), detailing the same information as described above. Both sets of the questionnaire participants did not receive a consent form as the information sheet explained that by engaging with the questionnaire, they were giving informed consent. The information sheet informed them that they could withdraw for up to two weeks after completing the study by emailing a unique six figure code that they had been required to create prior to completing the study to the project supervisor’s email address.

The pilot questionnaire participant received the questionnaire as an attached Microsoft Word document whereas the questionnaire was made accessible to the final participants via a link to
an online survey which was posted in an email. The data obtained from the questionnaire was stored anonymously on the questionnaire software which was password protected.

All three sets of participants (the interviewees, the pilot questionnaire participant and the final questionnaire participants) were informed that no identifying information would be included within the project, and that any quotes included would be anonymised.

3.6 Ethical approval

Written approval from Cardiff Metropolitan Ethics Panel was received before any data collection occurred. Please see Appendix K for the ethics application form and Appendix L for the letter of ethical approval.

No personal identifying information was included in the data and all the data was stored on a password protected laptop, with the eradication of the data to take place after the marking in the final exam board. This data included the audio recordings, interview transcriptions and questionnaire responses. The consent forms from the interviewees will be stored safely under the university’s guidelines. Please see Appendix M for a confidentiality checklist.

It was also necessary to address the issue of the identification of voice disorders in teachers. There was a risk that this study may cause the participants to want to include some type of voice care provision for their participants, but they may not have been aware as to how to access this. For this reason, links to voice care resources provided by the British Voice Association (BVA, 2018) and National Union of Teachers (NUT, 2016) were included on the participant information sheets.

3.7 Data

The data collected from this study was analysed using qualitative analysis and basic descriptive statistics. Thematic analysis was used to identify both common and unexpected themes.
(Harding, 2013) in the initial interviews and in the qualitative comments elicited from the questionnaires. Table 1 shows the process of the thematic analysis adhered to in this project as described by Braun and Clarke (2006).

**Table 1: A description of Braun and Clarke’s (2006) process of thematic analysis.**

<table>
<thead>
<tr>
<th>Phase of analysis</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1: Becoming familiar with the data.</td>
<td>In-depth reading of the data collected.</td>
</tr>
<tr>
<td>Phase 2: Creating initial codes.</td>
<td>Coding patterns and meanings within the data.</td>
</tr>
<tr>
<td>Phase 3: Looking for themes.</td>
<td>Collating the coded data into themes and sub-themes.</td>
</tr>
<tr>
<td>Phase 4: Refining the themes.</td>
<td>Ensuring that the data fits into the themes in the most appropriate way.</td>
</tr>
<tr>
<td>Phase 5: Further refinement.</td>
<td>Further refinement using thematic maps.</td>
</tr>
<tr>
<td>Phase 6: Writing the report.</td>
<td>Writing the thematic analysis findings in the results section.</td>
</tr>
</tbody>
</table>

Statistical analysis was not necessary due to the mostly qualitative nature of the study, but descriptive statistics were provided by closed questions and rating scales. This information allowed for the creation of percentages, for example, the number of PGCE courses in Wales that include voice care provision for their students. The results that appeared relevant to the study are discussed further within the next chapters.
4.0 Results

4.1 Introduction and results from the thematic analysis of the interviews.

This study aimed to investigate the inclusion of voice care in one-year full time PGCE courses in Wales. As previously mentioned, two semi-structured interviews were conducted with two PGCE programme directors as a pre-cursor to the main study. Using Braun and Clarke’s (2006) method of thematic analysis, six main themes were identified: ‘difficulties with including voice care’, ‘wellbeing’, ‘student autonomy’, ‘pressures within the teaching profession’, ‘the voice’ and ‘awareness.’ The main themes and subordinate themes were then used to facilitate the development of the questionnaire. See Table 2 and Figure 1 for a representation of the main themes and subthemes identified in the thematic analysis of the interviews. Full verbatim transcriptions of the interviews are located in the appendices (Appendix B and C).

Table 2: A table to show the main themes and subordinate themes resulting from the thematic analysis of the interview transcriptions, with supporting line numbers from each participant and how these themes influenced the development of the questionnaire.

<table>
<thead>
<tr>
<th>Main theme</th>
<th>Subordinate theme</th>
<th>Participant J supporting quotes and line numbers</th>
<th>Participant E supporting quotes and line numbers</th>
<th>Questionnaire questions influenced by these themes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Difficulties with including voice care</strong></td>
<td>External difficulties</td>
<td>‘(...) there was quite a big Welsh government agenda on wellbeing.’ 10-11</td>
<td>‘(...)not a good assumption really not a positive assumption that maybe’</td>
<td>Q.12, Q.14, Q.22</td>
</tr>
</tbody>
</table>

21
<table>
<thead>
<tr>
<th>Topic</th>
<th>Extracted Text</th>
<th>Page Numbers</th>
<th>Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal difficulties</td>
<td>‘But because of the numbers of students we have- this year we’ve got about a hundred and sixty on the cohort to actually organise workshop type input was almost impossible really...’ 47-51.</td>
<td>33, 97-111, 144, 154-156</td>
<td>Q.12, Q.14</td>
</tr>
<tr>
<td>Wellbeing as a larger construct</td>
<td>‘I think it’s important as part of a bigger package.’ 204-205.</td>
<td>11-15, 17-20, 34, 113-114, 209-210</td>
<td>Q.13, Q.20</td>
</tr>
<tr>
<td>The importance of wellbeing</td>
<td>‘(...)we still really need to think about teacher wellbeing.’ 123 187-192.</td>
<td>187-192</td>
<td>Q.19</td>
</tr>
<tr>
<td>Participants’ role in ensuring</td>
<td>‘(...)they’ve certainly got you know a duty of</td>
<td>222</td>
<td>Q.18</td>
</tr>
</tbody>
</table>
| Student autonomy | Students' identification of a need for voice care
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>initial teacher training is to support student wellbeing.</strong>’384-386 384-402</td>
<td>care in relation to safeguarding, health and wellbeing(...)’-266-268.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student autonomy</th>
<th>Students' identification of a need for voice care</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘This has also as well actually come up in student evaluations we had this is going back about five years or so ago’-23-26. 44-45, 28-30</td>
<td>Q.17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PGCE staff as facilitators of student autonomy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>‘(...)you know sort of setting up those foundations those really strong foundations (for the students)(...)’-50-52. 54, 64-68, 273-277</td>
<td>Q.17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pressures within the teaching profession</th>
<th>Pressures workload and stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘(...) ‘we have still got the same pressures in terms of workload and stress.’-118 – 119. 151-152, 228-231</td>
<td>Q.17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The effects of pressure on the voice</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>‘I think when you train, you’re under quite a lot of pressure and certainly student teachers near the start of their</td>
<td>‘(...)some of them having quite a heavy teaching load(...)’-251-252.</td>
</tr>
<tr>
<td>Topic</td>
<td>Quote</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>The effects of pressure in general</td>
<td>‘(...)we are losing so many from the profession anyway.’</td>
</tr>
<tr>
<td>The voice</td>
<td>‘(...)a lead lecture format... a two hour session that was delivered by the lecturer. So she came and talked to the whole cohort, had two hours and as far as I know, there was some input in to topics such as sort of how the voice works, the vocal cords and all of those sort of things.’</td>
</tr>
<tr>
<td>The importance of the voice</td>
<td>‘Oh gosh I think that it is very important.’</td>
</tr>
<tr>
<td></td>
<td>‘it’s one of our main tools um for teaching and learning’</td>
</tr>
<tr>
<td>Previous voice care delivery</td>
<td>‘Yeah, it was a two hour session I believe, and um it was kind of a dual approach um introducing to the biology and the sort of mechanics of their voice and er you know the apparatus that you’ve got and how it works and then there were practical exercises(...)’</td>
</tr>
<tr>
<td>The importance of looking after the voice</td>
<td>44-48, 130-132</td>
</tr>
<tr>
<td>Participants’ perceptions of role of Programme Directors’ roles in delivering voice care</td>
<td>'Specifically looking at the voice, I don’t know whether we would necessarily do anything about that.’ 406-408</td>
</tr>
<tr>
<td>Awareness</td>
<td>Participants’ awareness of voice disorders and their effects.</td>
</tr>
<tr>
<td>Participants’ perceptions of employers’ awareness of voice disorders and their effects.</td>
<td>‘Well I suppose their employers couldn’t do a lot, whether they would see it as something as serious as other conditions, I don’t know really(...)’ 312-315. 325-326</td>
</tr>
</tbody>
</table>
| Participants’ perceptions of teachers’ /students’ awareness of voice disorders and their effects | ‘(...)that lack of experience...’360-361.
264-266, 268, 270, 368-369, 371-374 | ‘if they come from an arts background particularly drama they would be well versed in voice care.’ 94-96.
18-20, 182-185, 210-218, 222, 235-242, 249-251 | Q.16, Q.21 |
4.2 Pilot questionnaire

Following the creation of the questionnaire, it was sent to the pilot participant via email. The pilot participant’s response can be located in Appendix N. The participant suggested that the questionnaire should be converted from the Microsoft Word document into an online survey to make it more user-friendly. Similarly, the question ‘What is your duty of care towards your students?’ was changed to ‘A programme director has a duty of care towards their students. A duty of care can be described as "a moral or legal obligation to ensure the safety or well-being of others" (Oxford University Press, 2018). Please briefly describe what your role is in ensuring the well-being and safety of your students.’ This was altered for clarity purposes, as the participant was unsure about what it was asking. A link to the online survey, screenshots of the online survey (Appendices F and G) and the participants’ responses to the online survey can be found in Appendices O, P, Q, R, S, T, U and V. Appendix W shows an amalgamation of the questionnaire responses alongside a thematic analysis of the results.

4.3 Response rate

The initial questionnaire was sent to a pilot participant via email who made suggestions about how the questionnaire could be improved. Once these improvements had been made, a link to the online questionnaire was sent to 48 participants at seven universities in Wales.

The final number of participants was 8; meaning that the total percentage of participants included in the study was 16.6%. The questionnaire was completed by programme directors, principal course lecturers and those who were listed as the main contact for the PGCE course.

An acceptable response rate for questionnaires is 20% (Denscombe, 2014) thus indicating that the response rate for this study is comparably low. Potential reasons for the low response rate
will be discussed in the next chapter. Section 1 provides the reader with descriptive statistics, whereas Section 2 provides details of the thematic analysis.

4.4 Section 1: Descriptive Statistics

This section displays the participants’ responses to the closed questions via the medium of descriptive statistics.

The inclusion of voice care in PGCE courses in Wales (Q1-10)

(i) Number of PGCE courses in Wales that include voice care.

From the results, it is possible to indicate that 25% (n= 2 e.g. 2/8) of participants who responded include voice care training within their PGCE course while 75% (n=6) do not.

Figure 2: A representation of the number of respondents who include voice care provision within their PGCE course.

![Pie chart showing 2 respondents who include voice care training and 6 who do not.]

Do you include voice care training within your PGCE course?

- Yes
- No
(ii) Responses from participants who do include voice care provision within their course (Q4, Q5, Q7, Q9, Q10).

Table 3 shows the responses from the two participants who lecture on a course that provides voice care within the teaching schedule.

Table 3: Responses from the participants about the details of their voice care provision.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4: Method of delivery.</td>
<td>P1: Lecture.</td>
</tr>
<tr>
<td></td>
<td>P2: Workshop.</td>
</tr>
<tr>
<td>Q5: Duration of voice care provision.</td>
<td>P1: 2 hours.</td>
</tr>
<tr>
<td></td>
<td>P2: 2 but returns throughout the course.</td>
</tr>
<tr>
<td>Q7: Timing of delivery within the PGCE programme.</td>
<td>P1: In the first few weeks of the course</td>
</tr>
<tr>
<td></td>
<td>P2: First quarter of the programme.</td>
</tr>
<tr>
<td>Q9: Title of professional who delivers the training.</td>
<td>P1: Lecturer in education</td>
</tr>
<tr>
<td></td>
<td>P2: Senior lecturer in PGCE secondary music.</td>
</tr>
<tr>
<td>Q10: How the participant was made aware of the above professional.</td>
<td>P1: part of the tutor team</td>
</tr>
<tr>
<td></td>
<td>P2: Colleague</td>
</tr>
</tbody>
</table>

Responses to Q.11 “If no; why is this? If more than one applies, please tick multiple.”

Of the participants surveyed, one participant (12%) selected “Not enough time within the academic year to include voice care provision within the teaching”, one participant (12%) selected “Not able to fit this provision within the budget”, three participants (38%) chose
“Wouldn’t know who to contact to deliver this training” and three participants (38%) selected “Other”.

Figure 3: A chart to show the reasons why participants do not include voice care provision within their PGCE course.

Q. 15: Do you think that voice care provision should be compulsory across all PGCE courses?

62.5% (n=5) of the participants felt that voice care provision should be compulsory across all PGCE courses, whereas 37.5% (n=3) disagreed.

Figure 4: A chart to show the responses of participants to Q.15.
Q.19: How would you rate the importance of student wellbeing from 1-10? (1 being not important at all and 10 being extremely important).

87.5% (n=7) rated student wellbeing as 10/10 importance, compared to 12.5% (n=1) rating it slightly lower, at 8/10.

Figure 5: A chart to show participants’ responses to Q.19

Q.20 Do you think that voice care provision comes under the umbrella of general health and wellbeing?

The results show that 100% (n=8) of these participants agreed with this question.

4.5 Summary of Section 1.

It is not possible to attribute any significance to these results due to the low response rate, yet it is evident that the majority of PGCE courses in Wales surveyed within this study do not include any voice care training within their teaching schedules. Two participants indicated that
they do include voice care. Both of these participants indicated that the voice care they provided was delivered towards the start of the programme by a lecturer at their institution and that it lasted for two hours, although P2 added that the teaching ‘returns through the programme.’ Similarly, they were both made aware of the professional through an internal colleague.

4.6 Section 2: Qualitative analysis

This section explores participants’ responses to the open questions in the questionnaire, again using Braun and Clarke’s (2006) method of thematic analysis. Four principal themes were identified within the data: ‘constraints involved in the provision of voice care’, ‘wellbeing’, ‘the importance of the voice’ and ‘voice related-pressures within the teaching profession.’ The sub-themes within each main theme are shown in Table 4.
Table 4: Main themes and subordinate themes identified in a thematic analysis of the qualitative questionnaire responses.

<table>
<thead>
<tr>
<th>Main themes</th>
<th>Subordinate themes</th>
<th>Participant responses</th>
</tr>
</thead>
</table>
| Constraints involved in the provision of voice care. | • PGCE staff members’ lack of awareness of the issue of voice disorders in teachers  
• Requirements of research evidence 
• Information about what to include 
• Time 
• Finding the right professional to deliver the training 
• Costs | P3, P5, P8  
P3, P7, P8  
P6  
P3, P7, P8  
P6, P8  
P7 |
| Wellbeing                                | • Wellbeing as a larger construct 
• Participants’ role in ensuring student wellbeing. | P2, P3, P5, P6, P7  
P1, P2, P3, P5, P6, P7, P8 |
| The importance of the voice              | • The voice as a teachers’ tool and the importance of voice care  
• The impact of students’ experiences on their perceived importance of voice care | P1, P4, P7  
P1, P2, P3, P4, P5, P6, P8 |
| Voice – related pressures within the teaching profession | • Voice related pressures 
• The wider impact of voice related pressures | P2, P3, P4, P5, P6, P7  
P1, P2, P7, P8 |
Figure 6: A thematic map to show the main themes and subthemes identified in the thematic analysis of the questionnaire responses.
4.6.1 Constraints involved in the provision of voice care

The analysis identified that this was the most prevalent theme in the data sets, finding that there are several constraining factors that make including voice care provision on PGCE courses a challenge.

PGCE staff members’ lack of awareness of the issue of voice disorders in teachers

A major limitation to the inclusion of voice care in PGCE courses is that some of the staff on the course are not aware of the issues that teachers can experience with their voices. This proposes a problem because as they are not aware of the prevalence of voice problems in teachers, they will not have the knowledge to combat the problem.

Not something that has been discussed or raised by us. (P3)

I’m new to the course, and it has never occurred to me to include it. Until now (P4)

This constraint is also concerning as it highlights that the lack of awareness expressed by these participants may be widespread throughout other institutions that were not included within this study.

Requirements of research evidence and information about what to include.

P3, P7 and P8 all felt that research evidence would persuade them to consider including voice care training on their courses, thus indicating that they feel as though currently, this type of evidence is not available or has not been made accessible to them.

(...) robust evidence to prove that it is a problem that needs to be addressed (P3).

Research evidence and free training (P7).
Availability of research evidence (...)(P8).

Costs
P7 felt that ‘(...)free training’ would encourage them to include voice care provision on their course. The cost element is supported by the three participants who indicated that they did not include voice care provision within their courses because their budget did not accommodate for it. These responses suggest in order for money to be spent on voice care, a detailed presentation of the benefits of including such provision, what would be included and how it could be made cost-effective would need to be made to those in charge of the budget.

Time
P3, P7 and P8 all felt as though a lack of time may restrict the inclusion of voice care provision within PGCE courses. This is not surprising, as it has already been explained that the PGCE course is short in duration and time spent in lectures is minimal in comparison to time spent on placement.

Finding the right professional to deliver the training
This illustrates how finding a professional with skills and knowledge to deliver the training would be a factor that would influence some of the participants to deliver voice care. This highlights that they are not aware of who could potentially deliver the training e.g. a Speech and Language Therapist or a member of internal staff who is well versed in voice care, as is the case in the delivery of voice care on the courses described by P1 and P2.

Finding a skilled provider (P6)

(...) access to properly trained staff (P8)
4.6.2 Wellbeing

Wellbeing as a larger construct

Four participants discussed wellbeing as a broader entity in relation to their perceptions of what the benefits of including voice care within a PGCE teaching schedule might be. Instead of focusing on the specific benefits that this kind of training may have on the voice, Participants 5 and 6 envisaged that voice care training may have a wider impact on a student teachers’ quality of life, suggesting that they recognise how important a teachers’ voice can be to themselves and their role.

*Improved wellbeing of student teachers (P5)*

*Huge benefits to the lifelong health of the trainees (P6)*

P7 further stated that their PGCE course schedule includes a session on wellbeing, evidencing that it is possible to translate the concept of a larger construct of wellbeing into a teaching session.

Programme directors’ role in ensuring student wellbeing.

The overarching theme of ‘wellbeing’ was further intensified through analysis of the responses from the participants when they were asked to briefly explain their ‘duty of care’ towards their students. P1 began their response by stating that explaining their duty of care was ‘Not something that can be done briefly.’ This response indicates that this participant has a heightened awareness of the importance of the different elements involved in ensuring the welfare of their students such as ‘(...)many aspects of physical, emotional and mental wellbeing’ (P1), which could be due to the presence of legislations that they are required to follow within their role as a PGCE academic staff member.
4.6.3 The importance of the voice

This theme encapsulates participants’ views about the importance of the voice within the teaching profession, the importance of looking after the voice and how students may have had different experiences which have affected their awareness of and attitudes to voice care.

The voice as a teachers’ tool and why it should be cared for.

Two participants signified that they believe that a teacher’s voice is pivotal to their occupational role. P1’s response connotes a theme of longevity, and how voice care is necessary to ensure they can use their voice on a daily basis in a way that is sustainable throughout their career. P4 and P6’s language choice of ‘tool’ suggest that it is a valuable multi-purpose instrument that can be used in different ways: to encourage, motivate and to discipline to name a few.

- *It’s important for teachers to know how to care for their voice as it is such an important part of their day to day work (P1)*
- *It (the voice) is a key tool for teachers. With proper care to the voice, damage might then be avoided. (P4)*
- *(...)an important teaching tool so important to inform students (P7)*

The impact of students’ experiences on their perceived importance of voice care

Participants felt that their students’ awareness of their voices and how to care for them was dependent on their level of experience within this topic area. Whereas one participant felt that their students had ‘little awareness’ (P3), another described how their students’ awareness was as a result of pre-existing awareness related to the subject area that they were studying:
‘(The students are) moderately aware (of how to care for their voices), but this will be skewed by the awareness that comes from musical training’ (P2).

Participants 4 and 5 also agree that different experiences will likely have an impact on their students’ awareness, with P5 explaining that a variation in levels of awareness may be accountable for because of differences in placement experiences and P4 highlighting that only those who have had specific advice will be aware of voice care methods.

Some will be - it may well depend on their experience on placement. (P5)

I should think that they are aware of the need to care for it, but unless they have had advice, they may be unsure of how to do this. (P4)

P4’s response is salient, as the use of the word ‘advice’ proposes that these individuals have been required to seek this advice as a result of acquiring a voice problem, as opposed to receiving it as a preventative measure.

4.5.4 Voice related pressures within the teaching profession

Finally, this theme explores participants’ perceptions of how certain pressures can affect teachers’ voices and what the wider impact of these pressures might be.

Voice related pressures

Stress, workload, inexperience, over use in relation to behaviour management and tiredness were identified as pressures that can effect teachers’ voices.

Stress affects the voice, as does not using it properly. Student teachers are in a very stressed role. They are also experimenting with the effective use of their voice. (P4)

they speak a lot, and probably are tired and under stress (P7)
P4 emphasizes that student teachers are ‘very stressed’, which suggests that their students would benefit from stress management mechanisms to help alleviate these negative feelings.

It could be suggested that stress management and voice care could be two elements that could be weaved in to session that are encompassed by the broader theme of wellbeing, as discussed earlier in this chapter.

Over-use of the voice is identified in relation to behaviour management issues by P2 and P3.

*Inexperience in behaviour management leading them to shout too much (P2)*

*Developing instructional skills/strategies and behaviour management issues(...) (P3)*

Training on how to use the voice in relation to behaviour management could be an element of voice care included in the provision of PGCE courses, in order to prevent the harmful effects of shouting on a daily basis. P2’s identification of ‘inexperience’ shows their awareness that student teachers are continually developing and trying things out.

**The wider impact of these pressures**

A number of participants recognised how vocal demands can impact a teacher in a wider capacity. P1 considered a holistic view of the impact of voice disorders suggesting the effects they may have on the teacher’s pupils.

*(..)discontinuity for the children they teach(P1)*

P3 added to this by considering the potential emotional effects on a teacher:

*Loss of expertise, progress in student learning and stress/worry/anxiety for the teacher.*

(P3)
4.6 Summary of Section 2

The themes identified within the above section provide rich detail about the participants’ perceptions of voice care provision in PGCE courses.

The most notable finding was that some of the participants showed a lack of awareness of the issues of voice disorders in teachers, with others adding that they felt as though suitable research evidence about the topic was not available. If the academic staff are not aware of the issue, it is impossible to expect them to educate their students about it. This highlights that vocal education may be necessary for academic staff members as well as their students, a notion that will be clarified in more detail in the discussion.

Furthermore, these results have allowed for the emergence of elements that the participants believe could be included in voice care provision on PGCE courses. The findings have established that the participants require voice care provision to be part of a wider provision of wellbeing, with the potential for stress, workload and behaviour management to be included under this umbrella.

The results from Sections 1 and 2 will be further explored in relation to the literature in the discussion.
5.0 Discussion

5.1 Introduction

This section of the study will discuss and interpret the findings of the current study in relation to the research included in the literature review. It will follow the structure of the main themes explored in the results section. Limitations of the current study and suggestions for future research will also be highlighted.

5.2 The number of one-year full-time PGCE courses in Wales that include voice care provision.

The current study found that 25% of the participants’ surveyed were associated with PGCE courses that included some form of voice care provision. This accords with earlier observations in the literature review, which found that aside from Duffy and Hazlett’s (2004) study, there was no available research about voice care provision in teacher training courses in the UK. Similarly, it is necessary to highlight that the research studies discussed (Richter, Nusseck, Spahn and Echternach, 2016, and Timmermans, COveliers, Meeus, Vandenabeele, Van Looy and Wuyts, 2011) implemented voice care programmes for the purpose of their research and there were no studies that investigated voice care programmes that were already being applied by PGCE or other teacher training courses.

One major drawback of the current study is the small sample size due to the low response rate (16.6%). While there are numerous benefits to online surveys, such as a reduction in cost compared to postal questionnaires and ease of online data analysis (McPeake, Bateson and O’Neill, 2014), response rates to online surveys are notoriously low when compared to their postal counterparts (Couper and Miller, 2008).

Furthermore, it is possible that several of the email addresses of the intended sample were inaccurate or dated. Email addresses for university staff may change for several reasons, such
as staff turnover and legal changes to individuals’ names, thus causing contact lists that are not up-to-date (McPeake, Bateson and O’Neill, 2014). In addition to this, the researcher had to widen their participant criterion to individuals who were listed as the main contact for their PGCE course on their university’s website, as contact details specifically for Programme Directors were not listed. This inconsistency within the participant population may have affected the results as someone who was not a Programme Director may not have been as well equipped with the knowledge about the content of the course and its delivery in comparison to an individual in this role, meaning that they were not able to answer the questions as effectively. An additional limitation was that the pilot questionnaire was only carried out on one participant, and would have benefitted from the opinions of other relevant professionals to increase its validity.

In addition to this, it is recognised that university staff have a busy schedule and thus time restrictions may have prevented them from engaging with the study. More worryingly, the lack of participation could be accounted for due to a lack of awareness of the issue of voice disorders in teachers in PGCE staff, or perhaps that it is not viewed as important by all tutors.

5.3 Constraints involved in the provision of voice care

This was the most prevalent theme that emerged from the thematic analysis. Lack of time was outlined as a drawback of including voice care within a PGCE course. It is interesting that both participants (P1 and P2) who did include voice care training in their schedule stated that their training lasted for two hours, which on face value does not seem like an unreasonable amount of time. However, the ratio of school placements to university contact time is much higher (Chambers, Cole and Roper, 2002), with only 12 weeks across the academic year being spent in lectures. It is understandable that fitting in two hours of additional content alongside other important lectures would take a great deal of consideration and offers an explanation as to
why the issue of time restrictions was suggested by some of the participants. Additionally, the planning and organisation of the voice care provision would also take time.

The descriptive statistics show that 38% of the participants did not include voice care provision on the course because they were not aware of who to contact to deliver the training. This is compelling because P1 and P2 disclosed that their voice care provision was delivered by an internal member of staff, meaning that they already had access to that provision and did not have to spend money on external staff recruitment.

A lack of consideration that the issue of voice disorders in teachers had been given by some of the participants was also identified as a constraint. Some of the participants felt that there was a lack of research evidence around this topic, potentially accounting for reasons why a lack of awareness was highlighted. As identified in the literature review, there is a large breadth of evidence for the prevalence of voice disorders in teachers (Martin, 1994; Roy et al 2004; Smith, et al, 1998; Mattiske, Oates and Greenwood, 1998; Cantor Cutiva, Vogel and Burdof, 2013; Thomas, Kooijman, Cremers, and De Jong, 2006 and De Medeiros, Barreto and Assunção, 2008). As this study provides evidence for the existence of these research studies, it could be suggested that more needs to be done to make this research available and accessible to teaching staff on PGCE programmes to provide them with education about this issue.

5.4 Wellbeing as a larger construct

A major theme that was identified within this study was the importance of student wellbeing. 100% of the participants indicated that they believed voice care should be encapsulated within the umbrella of general wellbeing, a notion which was supported by several descriptive comments which explained that a benefit of voice care provision would be that the overall wellbeing of students would be improved. This concept of wellbeing as a larger construct has already been applied in previous voice care courses, such as the Association of Teachers and
Lecturers’ (ATL, 2018) course that included sections on mental health, voice care and mindfulness within their ‘wellbeing’ continued professional development (CPD) course. As the majority of the participants’ rated student wellbeing as ‘very important’ and seemed to take their duty of care towards their students very seriously, it could be inferred that introducing voice care provision within a module of wellbeing would be considered as a more worthwhile use of time within the PGCE programme, thus potentially counteracting the aforementioned issues with time constraints.

5.5 The importance of the voice

Several participants recognised how important a teacher’s voice is to their occupational role. Another interesting finding was that the participants expressed how they felt their students’ understanding of the importance of voice care was related to different experiences that they had throughout the course. One participant stated that they felt their participants were aware of the importance of caring for their voices due to their background in musical training as there is an awareness that this subject carries high vocal demands (Schiller, Morsomme and Remacle, 2017 and Thibeault et al, 2004). Studies that explicitly compare the perceptions of voice care awareness between courses that are perceived to have a higher vocal load such as the performing arts and courses where the voice is not as instrumental would be useful to inform decisions about whether targeting PGCE subjects with high vocal loads would be a useful starting point.

5.6 Voice-related pressures within the teaching profession

Again, although a lack of awareness of the issue of voice disorders in teachers was present in some of the participants, many of them made appropriate suggestions as to why student teachers may be at risk of developing voice disorders. This included voice over-use and stress, two factors evidenced in the studies by Martin (2003), Baker and Cohen (2007) and Da Costa et
al (2013). Similarly, the subordinate theme of ‘inexperience’ as a causative factor was identified, reflecting the results of Tavares and Martin (2007) and Preciado et al (2005) who reported that teachers with less experience are at an increased risk of developing voice disorders. Although participants were able to identify these issues, none of them considered that a lack of vocal education as a risk factor, which was reported in the studies by Kovacic (2005) and Van Houtte et al (2011), thus they were not able to recognise that this factor could potentially be the overarching catalyst that causes student teachers to be more susceptible to acquiring vocal problems. Workload, tiredness and behaviour management were also discussed in relation to this topic, thus leading to the consideration of how the management of these issues could be incorporated within sessions on wellbeing alongside voice care.

5.7 Future recommendations

This study should be repeated as a UK wide study using a postal survey in order to increase the sample size and response rates. Additionally, a strategy to ensure the consistency of the participant sample needs to be developed to ensure that the participants with the required amount of knowledge are attained.

Further to the issues of timings and costs, considerably more work will need to be done to ascertain what a practical and economical form of voice care provision would be. It could also be recommended that criteria relating to the skills and knowledge required to deliver voice care provision should be developed to allow PGCE staff to firstly determine the suitability of using internal colleagues before accessing external professionals, as this could potentially reduce costs.
There is abundant room for further progress in determining the elements of voice care and wellbeing that could be useful to include within their course schedule. One route that could be explored is the collaboration with professional bodies such as the ATL who already run sessions on wellbeing, to inform universities about the potential content of the course.

The issue of the participants’ lack of awareness of teachers being more at risk of voice disorders could be explored in further research. Making research studies available and accessible to PGCE staff members would be a useful start to increasing their awareness of the issue to allow them to pass on this knowledge to their students. It is not unreasonable to suggest that lecturers, too, may benefit from voice care provision. Not only would this enable them to facilitate their students’ knowledge, but also would help them to care for their own voices, as lecturing is another profession that carries a high vocal load. More research within this area would help to establish how this type of provision could be conducted.

Lastly, a greater focus on providing teachers’ employers with resources and information about the risk factors and effects of voice disorders in their employees needs to be applied. The current study found that voice care is perceived as important for teachers to enable them to stay within their careers. This theme of longevity could be adhered to by taking a double pronged approach, by administering voice care during the teacher training period and by increasing employers’ awareness of the issue of voice disorders in their employees to ensure long, sustainable careers. More efforts need to be made to provide teachers’ employers with information to enable them to employ practical ways to minimise the impact of voice disorders and supporting them to ensure the health, safety and welfare of their employees, as detailed in The Health and Safety at Work Act (1974).
5.8 Conclusion

Voice care provision is important to reduce the risk of the development of voice disorders in student teachers before they enter into their careers. The result of this study shows that voice care provision in one-year full-time PGCE courses in Wales is limited, indicating that further research should focus on determining how to address this issue. One advantage of this study is that it has accentuated the awareness of the issue of voice disorders in teachers in the participants, by providing them with links to resources and information about voice care. Additionally, the results have suggested several fruitful areas for further work. A possible solution for the issue of time as a constraint of including voice care is that it could be included within a session on wellbeing which covers a range of different entities, something that could be explored in further research. The suggestion of a development of criteria detailing the professional requirements of a voice care provider may also be useful in reducing costs for some university institutions if the criteria identifies that an internal client is suitable to deliver the training. Finally, suggesting that voice care is administered in both teacher training and the workplace will ensure the sustainability of teachers’ voices throughout their professional career.

Please see Appendix X for a breakdown of the word count.
6. References


University and College Admissions Service (UCAS). (2018). PGCE Wales Course Search. [Online] [http://search.gttr.ac.uk/cgi-bin/hrun.hse/General/2018_gttr_search/Stateld/F9-9MN6-6zlHB0FO9FkQ3x3PDpRa--Vb63/HAHTpage/gttr_search.HsForm.mapFormToCmd?cboAge=0&cboSubject=0&cboType=4&cboProgType=0&cboOutcome=0&input=&cboRegions=04&hidProviderCode=&hidProviderText=&button1=search&cboDegree=0&cboExam=0]( Accessed on 03/01/2018).

7.0 Appendices

**Appendix A: Semi-structured interview schedule.**
Semi-structured interview schedule

1. Have you included voice care provision on your PGCE course?
2. If yes, what were your reasons for including voice care provision on the PGCE course?
3. What did the content include?
4. How was the training delivered?
5. How long for?
6. Who delivered the training (professional title) and how did you find out about this person?
7. What do you think are the reasons for people not including voice care training on their PGCE course?
8. Do you think that voice care provision for PGCE students is important? If so, please could you tell me your reasons for this?
9. Do you think that voice care provision for PGCE students should be compulsory across all universities? Please explain your answer.
10. How important do you think a teacher’s voice is to themselves and their role? Please explain your answer.
11. If a teacher was to take time off from work due to a voice problem, what do you think the effects on themselves and their employer would be?
12. Several studies have found that NQT’s are at a greater risk of developing voice disorders. Why do you think this might be?
13. Can you describe the duty of care that a programme director has for their students? Do you think that voice care provision should come under this?

Appendix B – Participant J interview transcription and thematic analysis.
<table>
<thead>
<tr>
<th>Transcription – Participant J</th>
<th>Comments</th>
<th>Emerging themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>R: Okay</td>
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<td></td>
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<tr>
<td>J: There we go</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R: Are you ready?</td>
<td></td>
<td></td>
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<tr>
<td>J: I’m ready!</td>
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<tr>
<td>R: Has there ever been a point when you’ve included voice care provision within your PGCE course?</td>
<td>Adhering to guidelines set by governing bodies</td>
<td>External difficulties</td>
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<tr>
<td>J: We have, and the reason for that was that we used to have quite a big... um there was quite a big Welsh government agenda on wellbeing um there’s always been sort of wellbeing in terms of children and pupils in school but the Welsh government was looking at the wellbeing of staff</td>
<td>Ensuring pupils’ wellbeing – always on the agenda</td>
<td>Wellbeing as a larger construct</td>
</tr>
<tr>
<td>R: Yeah</td>
<td></td>
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<tr>
<td>J: So we put on um ... sort of a wellbeing day as part of induction and as part of that, we were looking at different sorts of aspects related to wellbeing. Um.. we thought about having a sort of delivery,</td>
<td>Importance of teacher wellbeing also recognised</td>
<td></td>
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</table>
some sort of delivery to do with care of the voice. This has also come up in student evaluations we had this is going back about five years or so ago.

R: Yeah

J: we had some student evaluations that said they would like something to do with the care of the voice

R: oh okay... that’s interesting

J: so actually then as a result of that as I say with the Welsh government agenda who were looking at teacher wellbeing which was sort of part of the reason why we put on sort of some -- you know some sessions to do with it

R: Ah okay. And um can you remember what the content included in the voice care?

J: Um we had originally--I think the feedback-- um that we had-- the students wanted some sort of workshop.

Students’ identification of a need for voice care

Recognition of importance of listening to students’ voices

Focussing on importance of Welsh Government priorities

External difficulties

Wellbeing

Student autonomy

Student autonomy

Student autonomy

Wellbeing

Student autonomy

Wellbeing
J: But because of the numbers of students we have-- this year we’ve got about a hundred and sixty on the cohort to actually organise workshop type input was almost impossible really... we just didn’t have enough time. So um I contacted Health Sciences and actually spoke to a lecturer in voice um to look at whether there could be some input from the department.

R: Oh okay

J: And it basically cut a long story short... it worked out that we had sort of a lead lecture format... a two hour session that was delivered by the lecturer. So she came and talked to the whole cohort, had two hours and as far as I know, there was some input in to topics such as sort of how the voice works, the vocal cords and all of those sort of things. Um lots of then ideas for protecting the voice so I know simply from walking past the lecture theatre that they would do lots of voice students to oversee due to intake

Knowledge of possibility of internal colleague who could deliver the training

Lecture 2 hours long, balance of theory and practice

Voice care provision

Voice care exercises as well as anatomy/physiology
exercises and things like that.

J: So I think it was quite a varied input, it wasn’t just purely sort of looking and listening at powerpoint slides in the session, I think there was lots of practical ways in which you could keep

R: okay

J: keep good care of your voice... that sort of thing

R: so quite interactive then

J: but I think in an ideal situation we would have liked to have done it more as a sort of workshop

R: yeah

J: with smaller groups of students but unfortunately with the nature of the programme, you know the lack of time, I think that all the other things you’ve got to sort of fit in to an induction programme it just wasn’t possible really

R: mm. oh okay. Um what do you think the reasons might be, I know we have kind of covered these already, but what

Interactivity

Voice care provision

Ideal situation – suggests that there are constraining factors such as number of students from preventing the voice care provision from being conducted in the most desirable way.

Lack of time as a challenge to including voice care training.

Internal/external difficulties

Internal difficulties
<table>
<thead>
<tr>
<th>Line</th>
<th>Transcription</th>
<th>Analysis</th>
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<tbody>
<tr>
<td>94</td>
<td>they might be for people kind of not i</td>
<td>Feeling controlled by external body, lack of control to do be flexible</td>
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<tr>
<td>95</td>
<td>including the voice care in the PGCE</td>
<td>External difficulties</td>
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<td>96</td>
<td>course?</td>
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<td>97</td>
<td>J: To be honest with you, I think it’s, we</td>
<td>Dependent on priorities, again suggests perceptions of lack of flexibility and autonomy of what to include within the course.</td>
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<tr>
<td>98</td>
<td>are very governed I think, any teacher</td>
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<td>99</td>
<td>training programme is very governed by</td>
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<td>100</td>
<td>sort of priorities from welsh government</td>
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<td>101</td>
<td>you know</td>
<td></td>
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<td>102</td>
<td>R: yeah</td>
<td></td>
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<td>103</td>
<td>J: and what are the priorities within</td>
<td></td>
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<td>104</td>
<td>education, it certainly doesn’t drive</td>
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<td>105</td>
<td>everything within the programme but you</td>
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<td>106</td>
<td>have to sort of as I say take in to account</td>
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<td>107</td>
<td>of those things so quite often the format</td>
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<td>108</td>
<td>of the programme although the structure</td>
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<td>109</td>
<td>stays the same, the actual content of the</td>
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<td>110</td>
<td>programme may sort of change and</td>
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<td>111</td>
<td>evolve um and</td>
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<td>112</td>
<td>certainly as I say we went through a</td>
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<td>113</td>
<td>period of time where sort of teacher</td>
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<td>114</td>
<td>wellbeing was one of those priorities to</td>
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<td>115</td>
<td>be honest it has slipped down</td>
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<td>116</td>
<td>R: okay</td>
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<tr>
<td>117</td>
<td>J: Um I don’t personally think it should’ve</td>
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</table>

Recognition of pressures that teachers are experiencing

Wellbeing as a larger construct
because we have still got the same pressures in terms of workload and stress

and all those sorts of things

R: yeah

J: and we still really need to think about teacher wellbeing but um I think we’ve got to sort of as I say is you’ve only really got a certain amount of time, and if something else is as I say more of a priority, things will just get dropped off. I think as well within the university you know there are pressures within the university if I’m being honest. It’s about staff availability, it’s about finance, and um so there’s there’s lots of reasons but unfortunately in the last… we didn’t run it this year but I can’t remember if we ran it last year… certainly in the last two years we haven’t run the programme… the voice input

R: yeah

J: um but yeah which is a shame

R: yeah. Um why do you think the wellbeing of teachers, why do you think

Participant believed teacher wellbeing to be important despite other priorities that may exist

Time constraints

Internal pressures within the university as well as external pressures

Perhaps other priorities have taken over

Internal constraints
<p>| 142 | that has kind of slipped down? | Content of PGCE courses always dependent on Welsh Government |
| 143 | J: I think to be honest...certainly with <strong>Welsh government</strong> at the moment it’s all about literacy and it’s about numeracy and I think if you listen to the news it’s all about you know equipping children with the skills to be able to get jobs um we tend to sort of have the same things every year we don’t you know when the <strong>GCSE results come out there’s a big inquisition and what have you</strong> |
| 144 |  | Focuses on importance of pupils |
| 145 |  | Teachers under pressure to make sure pupils perform well |
| 146 |  | Again importance of pupil voice and participation |
| 147 |  | Concerns about sustainability and longevity within the teaching profession, |
| 148 |  | |
| 149 |  | |
| 150 |  | |
| 151 |  | |
| 152 |  | |
| 153 | R: Yeah | |
| 154 | J: <strong>So certainly the literacy and numeracy agenda at the moment with pupils I think is right up there</strong> and er it’s sort of shifted as well that there is a lot about pupil voice and pupils having a say in their education and all that sort of thing, participating a lot more. And I don’t know why teacher wellbeing...personally I still think it’s there, we are losing so many from the profession anyway |
| 155 |  | |
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| 163 |  | |
| 164 | R: Yeah | |
| 165 | J: <strong>You know it’s this horrendous statistic</strong> | |</p>
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<tr>
<td>166</td>
<td>of something like one in four leave the profession within five years.</td>
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<tr>
<td>168</td>
<td>R: Oh wow, okay</td>
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<tr>
<td>169</td>
<td>J: Yeah, you know so to me it’s still a priority there but I think that</td>
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<tr>
<td>171</td>
<td>unfortunately there’s other priorities, you know other things have just come in and there’s only so much time. The PGCE programme is a nine month programme, it’s quite intensive, it has a work based element as well as academic studies so students spend 4 days out in school um so there isn’t really a lot of time that you can as I say it’s only a Friday that we see them so there isn’t a lot of time in that day to actually fit everything in when you’re looking at curriculum content and sort of theory of teaching and learning and those things just sort of take priority</td>
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<td>182</td>
<td>R: Okay</td>
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<tr>
<td>187</td>
<td>J: But we certainly, we talk a little bit about sort of teacher wellbeing I think with some of the curriculum subjects that</td>
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**Repetition of time pressures, obviously very aware of tight schedule of PGCE course**

**Internal constraints**

**Despite other priorities, participant still tries to weave in wellbeing within schedule to make students aware of it**

**Importance of wellbeing**
I do with the personal and social development and when I’m talking about pupils I try to bring in the teachers

R: Yeah

J: but unfortunately it’s just the nature of the programme that’s got to as I say address what the latest topics are really

R: Yeah

J: and whatever is being pushed by teachers and what is happening out in schools really

R: Okay. Um and do you think that voice care provision for PGCE students is important?

J: Um… I think it’s important as part of a bigger package

R: yeah

J: I think if you just had it in isolation um I think it’s to be honest I think it’s part of looking actually at sort of teacher wellbeing as a whole

R: Yeah okay, so not just on its own

J: yeah and I think that having said that I’ve just been out on a visit to a school
214 this morning where I was observing a student teacher and one of the things I was commenting on um in terms of a way forward giving them targets was actually them using their voice that actually they were quite quiet and needed to sort of project there sort of voice more

222 J: Uh not sort of shouting or anything but being more assertive. I think there is a role for it um and certainly it would help with things like that but um yeah but I think that maybe part of looking at it as I say under the umbrella of teacher wellbeing and looking at stress management, dealing with workload, you know the pressures of being a teacher, all those sorts of things I think it would be good really you know..

233 R: Yeah, okay, do you think that it should be sort of compulsory across universities for PGCE courses for it to be included?

236 J: Probably not. The reason I think is that if you start sort of making things
238 compulsory then um you can’t. As I said, 239 education is something that is constantly 240 evolves, um I think if we were an 241 **undergraduate programme** you’ve got 242 more time and more scope to actually 243 have it as one of the core activities that 244 you do, but to have it as a one year 245 programme, **I think if you start saying** 246 things are a priority, um it’s gonna 247 **restrict you I think**. But I do think it is 248 important.

249 R: Yeah. Okay thank you. Um how 250 important do you think a teacher’s voice 251 is to their role?

252 J: Oh gosh I think that it is **very important**, 253 it’s in the QTS standards you know and as 254 I say it’s something that as tutors when 255 we go out and see students, we could be 256 giving feedback on that. um and certainly 257 **when we are talking about things like you** 258 know **behaviour management and** 259 **behaviour development sort of thing, you** 260 **know your voice is critical really you know** 261 and how you use that and I think

<table>
<thead>
<tr>
<th>Comparison to undergraduate programme</th>
<th>Difficulties</th>
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<tr>
<td>Requires flexibility</td>
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<tr>
<th>Recognition of importance of voice in a teachers’ role</th>
<th>The importance of the voice</th>
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<tbody>
<tr>
<td>Considering different aspects of voice use</td>
<td>The importance of the voice</td>
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<tr>
<td>Inexperience in student teachers</td>
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</table>
sometimes with student teachers when they are starting off they tend to sort of you know their voice might get louder and louder and louder to try and deal with sort of issues in the classroom when actually sometimes it’s about maybe using a much quieter voice and everything so I think having some input about how to use your voice effectively um I think it’s important and also just the sort of care of it really. I know when I do lectures here, you know if I do a lot of lectures in one week, you can feel the strain on your voice really so maybe just having a little bit of awareness of that think it you know it would be quite important.

R: Yeah, okay. If a teacher was to take time off from work due to the effects of a voice problem, what do you think the effects would be on them and also their employer?

J: Ooh that’s a good one! Hmm well I don’t know, maybe your voice sort of leading them to use voice inappropriately

Participant’s perceptions of students’ awareness of voice

Considerations about what could be included in voice care provision

Personal anecdote, recognition of over use as is in a profession that carries a high vocal load

Increasing awareness of over use of voice and what effect it can have

Increasing awareness of issue in student teachers could be a good starting point

Lack of awareness of impacts of voice disorders on individual e.g. emotional/financial

Participant’s perceptions of students’ awareness of voice

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Increasing awareness of issue in student teachers could be a good starting point

Lack of awareness of impacts of voice disorders on individual e.g. emotional/financial
isn’t up there is it with sort of serious illnesses and things but then actually it’s your tool isn’t it for teaching to be honest so if something isn’t right with your voice and you can’t communicate, it can make a huge impact on your ability to teach so um, I mean certainly I’ve got students who have got tonsillitis and what have you and obviously until they are well they don’t come back on the programme but I don’t know whether it is necessarily given that much more attention but when you think about it it is actually quite important isn’t it... I don’t know of anyone who has had to leave the profession because of damage to their vocal cords but I can imagine that over use and using your voice in the wrong way could perhaps impact on sort of um as I say you know the sort of medical, you know the health of your voice... ooh that’s an interesting question yeah.

Recognition that voice is required on a daily basis, damage can cause teachers to not be able to fulfil their role properly

More recognition of a ‘medical’ disorder that has higher prevalence and ‘visible’ symptoms

Reconsiders initial opinion

No experience of voice related absenteeism, is it that some teachers do suffer from voice problems but keep it to themselves?

Importance of the voice

Increased awareness

Increased awareness
their employer would be if they had to take time off because of a voice problem?

J: Well I suppose their employers couldn’t do a lot, whether they would see it as something as serious as other conditions, I don’t know really.

R: yeah um

J: You don’t really hear about it do you you don’t I suppose unless you hear about things like laryngitis tonsillitis those sorts of things but somebody ringing up and saying look I have a problem with my voice or whatever it’s not it’s I’ve never certainly when I was teaching was never something that you know teachers would say sort of thing um I don’t know whether they would see it as that serious really.

R: yeah okay

J: whether it’s associated with things like laryngitis and tonsillitis which are like bugs and viruses, you have a week off or so and you’ll get better but whether they think it’s leads on to more long term sort of damage I don’t know, yeah

Again denoting lack of employers’ recognition of voice disorders and their effects.

Perhaps teachers with voice problems are worried that others may not view it as an illness as such, so tend to continue teaching when voices are below par.

Consideration that voice disorders may be a chronic problem.
...newly qualified teachers are more at risk of developing voice disorders, why do you think that might be?

J: I think when you train, you’re under quite a lot of pressure and certainly student teachers near the start of their training, they can be quite nervous and tense, you know that sort of constant observation of people watching both formally and informally I think that puts them under a lot of pressure. And whether that inadvertently causes you know if you are tense or stressed it might have an effect on your voice. And what I was going back to before about behaviour management, there is a tendency to you know use a much louder voice you know to make yourself heard you can then inadvertently strain your vocal cords and everything… I think experienced teachers you know use their voice and use other ways of getting...
the children’s attention and other strategies so far as I say for managing behaviour um so whether that lack of experience then teachers fall back on their voice and use them in a potential way that is going to cause harm...that sort of thing

R: Mm...yeah

J: but yeah I mean it’s quite difficult isn’t it I mean it’s you know student teachers we used to call it teacher practise...they’re trying things out aren’t they

R: yeah

J: and maybe it’s further down the line that they realise actually that they don’t need to always use a loud voice or strain their voice to make themselves heard...there’s other ways they can do that to get the attention of the children. Um I suppose it is just experience isn’t it really

R: yeah ... yeah. Is there a particular duty of care that a programme director has for their students?

Students not aware of strategies as they are at the start of their training, not aware that using voices inappropriately can cause damage

When strategies have been developed, inappropriate voice use lessens

Perceptions of students’ awareness of voice use, disorders and their effects

Perceptions of students’ awareness of voice use, disorders and their effects
J: well we have um well actually you’re talking to the right person actually because one of my other role actually within the department of initial teacher training is to support student wellbeing. So this is really with students that come in with sort of medical and disability needs. I’ll make sure that there is appropriate support out in school... so that was part of the reason why um with the sort of student wellbeing that came under my remit I suppose, putting those sort of student wellbeing sessions together... um there is a duty of care... um it tends to be I think that through the personal tutoring system, we make sure that basically students are happy on the programme, that they are coping, that the demands of the programme are not having a detrimental effect on their mental health or anything, more sort of general that if a student is unwell then obviously they take time off and they don’t return until they are fit.

| Heightened awareness of student wellbeing due to requirements of job role |
| Multidisciplinary – involvement of other professionals to ensure student wellbeing |

Participants’ perceptions of a programme
Specifically looking at the voice, I don’t know whether we would necessarily do anything about that but I think that if we went in and saw teachers, and I’m sure mentors out in school, you know that if they felt that, you know a student teacher was perhaps using their voice and straining it, I’m sure that they would say that because as I say certainly I have given feedback on how students use their voice.

R: okay thank you, well that is the end of my questions.

| 406 Specifically looking at the voice, I don’t know whether we would necessarily do anything about that but I think that if we went in and saw teachers, and I’m sure mentors out in school, you know that if they felt that, you know a student teacher was perhaps using their voice and straining it, I’m sure that they would say that because as I say certainly I have given feedback on how students use their voice. | Nothing currently in place regarding voice care | Mechanisms in place to give feedback about voice use | directors role in voice care |
Appendix C: Participant E interview transcription and thematic analysis.

<table>
<thead>
<tr>
<th>Transcription: Participant E</th>
<th>Comments</th>
<th>Emerging themes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R:</strong> So has there ever been a time when you have included voice care provision on your course?</td>
<td>Informative – drama is subject where vocal load is high</td>
<td>Recognition of the importance of the voice</td>
</tr>
<tr>
<td><strong>E:</strong> Yes. So I’m ... I should probably let you know that I am programme leader for PGCE secondary drama</td>
<td>Previously compulsory – was it deemed with higher importance then?</td>
<td>Previous voice care delivery</td>
</tr>
<tr>
<td><strong>R:</strong> Mmhmm</td>
<td>Because of increased awareness of drama students’ knowledge in how to use their voice, it stopped being compulsory so that those who already felt competent in</td>
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<tr>
<td><strong>E:</strong> but I have been involved err in organising and kind of overseeing the input on our programme, during induction. Um sit was, for a time, before I was on the programme, a compulsory thing during induction fortnight.</td>
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<tr>
<td>Um and it was deemed to be something later on that students needed to have some flexibility with, because students like my PGCE drama students have got quite a lot of experience in voice use</td>
<td></td>
<td>Internal challenges</td>
</tr>
<tr>
<td><strong>R:</strong> Okay yeah</td>
<td></td>
<td>Participant’s perceptions of students’ awareness of voices</td>
</tr>
<tr>
<td><strong>E:</strong> so because there was that kind of sort of</td>
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79
mixed experience we felt that it was best to
to kind of change it so still have that input from the university tutor but on an opt in
basis. So we’d offer it as something they
could sign up to. Um actually we didn’t do it this year and I don’t know exactly why that
was. I think that induction fortnight is quite
crowded, as you can imagine it’s quite a full on course. But I’ve probably given you
way more information so I’ll stop there –
the answer is yes!
R: (laughter) Okay, and what were your
reasons for including it when it was
compulsory, why did
you include it on the course?
E: Probably because I...I... I’m speaking for
my colleagues but I would imagine it comes
from the absolute crucialness of (laughter) you can transcribe it that way if you want.
the teacher’s voice is crucial, it’s one of our
main tools um for teaching and learning um
so then if we don’t look after it, then we
have lost our main form of communicating
knowledge and skills to our pupils. It’s also
voice use did not have to attend
Connotes business, lots of things to fit in, intensity of course
Internal challenges
Recognises that the voice is important to a teachers’ role
Loss of voice: inability to fulfil role
The importance of the voice
Considers wider impact of voice problems
The importance of looking after the voice
Participants’ awareness of
really important in relation to classroom management um and you know health and wellbeing is key um for our students, for our trainees you know sort of setting up those foundations those really strong foundations

R: yeah

E: for when they go in to the profession

R: yeah. Okay. Thank you. And what exactly did the content include... I don’t know if you can remember.

E: Yeah, it was a two hour session I believe, and um it was kind of a dual approach um introducing to the biology and the sort of mechanics of their voice and er you know the apparatus that you’ve got and how it works and then there were practical exercises that students were encouraged to do and to use in their own time to support kind of maintenance and health of the apparatus basically so they can improve that and go forward.

R: yeah okay. Um okay I think we have already covered those. Um and who was it...
71 who delivered that training and how did you
72 get in contact with that person?
73 E: Um well I didn’t contact them directly, it
74 was our programme director who did um
75 and it was somebody within the university
76 itself so it was quite nice actually that we
77 had someone within the school of health
78 sciences someone who we
79 could bring in who could offer something
80 that was of benefit to our students so it was
81 an internal colleague
82 R: Yeah okay. And um what do you think the
83 reasons might be for sort of other
84 programme
85 directors maybe not including voice care in
86 their PGCE course?
87 E: Sorry could you rephrase that or just
88 R: yeah so obviously there are some people
89 who kind of don’t include in the course,
90 what do you think the reasons are for that
91 E: Um well initially I would say from my
92 perspective it would be the um nature of
93 their students. So like the example I gave
94 you like if they come from an arts
particularly drama they would be well versed in voice care. I would say time is probably a big factor that um that um impacts on it and maybe an assumption albeit not a good assumption really not a positive assumption that maybe schools might be delivering it

R: Oh okay
E: this is sometimes a problem with PGCE in that there are lots of stakeholders that are part of the provision for PGCE students
R: yeah
E: so it could be that you know the university presumes that in school that in school they will get that input
R: yeah so they’re not sure where the crossover is kind of thing
E: yeah I mean you know just thinking completely you know of another thing could be that other tutors don’t value it as you know as being important
R: mm
E: they might see it as you know something
that develops over time and is therefore not part of the university’s remit.

R: yeah yeah. Okay thank you. Um and do you think that voice care provision for PGCE students is important and if so why do you think that?

E: yes I do. Um and I also kind of refer you back to my earlier points which was you know that it is really really important aspect of what we do with our daily job. You know speaking in an arts capacity its our instrument and you need to learn how to use your instrument to your best of your ability um in order to for it to be healthy and and you know as a side point to give you a personal anecdote I didn’t have it when I was training and I had a really nasty case of laryngitis when I was a teacher and I have experienced first hand the debilitating impact of losing your voice and not being in full voice um and it does impact on teaching and learning.

R: yeah

E: and it does impact on your sense of importance of the voice on a daily basis. Heightened recognition of importance of voice on a daily basis. Increased awareness due to subject related factors. Increased awareness due to own experiences of voice disorders and their effects. Denotes that voice loss can...
| 143 | **capabilities and wellbeing** |
| 144 | R: definitely. Um do you think that it should |
| 145 | be kind of compulsory across all universities |
| 146 | that voice care for PGCE students |
| 147 | E: I think it should be a **compulsory** |
| 148 | component of |
| 149 | the programme but I would agree that or I |
| 150 | would disagree that it would need to be an |
| 151 | enforced or a compulsory that you have to |
| 152 | attend |
| 153 | R: yeah |
| 154 | E: for the very reasons that I’ve just said. |
| 155 | You know it’s a **busy programme** so I think |
| 156 | that students need the opportunity to opt |
| 157 | out if they feel they have already have |
| 158 | enough training on that front |
| 159 | R: yep okay. Um the next question, I think |
| 160 | you have already answered, its just basically |
| 161 | just about how important a teachers voice is |
| 162 | to themselves and their role |
| 163 | E: um |
| 164 | R: I don’t know whether you feel like you’ve |
| 165 | already covered that or if you have anything |
| 166 | else you would like to say |

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<td>make teachers</td>
<td>Compulsory</td>
<td><strong>Voice as factor</strong></td>
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<td>that effects</td>
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<td>aren’t able to</td>
<td>recognises that</td>
<td>the voice and</td>
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<td>wellbeing</td>
<td>fulfil their role,</td>
<td>voice is</td>
<td>how to care for it</td>
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<td>impacts them in</td>
<td>important</td>
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<td>a larger capacity,</td>
<td>enough to have</td>
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<td>not simply just</td>
<td>its own session</td>
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<td>voice loss</td>
<td>about how to</td>
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<td>care for it</td>
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<td><strong>wellbeing</strong></td>
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7. Importance of the voice and how to care for it

8. Difficulties with including voice care
<p>| 167 E: | well interestingly I feel I have learned from that session um that was offered to the PGCE that your voice is a massive part of your identity and we do a lot of work on teacher persona and teacher identity um and you actually use a different kind of vocal range um different intonations, different volumes, than you would on daily basis you use your voice in a very different way in the classroom | The voice perceived to be a part of who a person is | The importance of the voice |
| 168 R: | yeah | Lack of awareness due to inexperience, unaware of different ways it can be used | |
| 178 E: | so I think for a student teacher its is really important because they need to learn how to use it in that different way. They may not be aware actually of the full range that they can use and how they could use it in different ways to command a classroom to you know to discipline to encourage so its kind of er giving them an insight in to that teacher identity and voice being a crucial part of that | Students’ lack of awareness | The importance of the voice and how to care for it |
| 189 R: | yeah okay thank you. Um so if a teacher was to take time off due to a voice problem | | |</p>
<table>
<thead>
<tr>
<th>Line</th>
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<tr>
<td>191</td>
<td>um what do you think the effects on</td>
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<tr>
<td>192</td>
<td>themselves and their employer would be</td>
</tr>
<tr>
<td>193</td>
<td>E: um I think their employer would first and</td>
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<tr>
<td>194</td>
<td>foremost be you know having to support</td>
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<td>195</td>
<td>them if it was an illness you know they’ve</td>
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<td>196</td>
<td>been signed off by the doctor then I don’t</td>
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<td>197</td>
<td>think there would be any issue there</td>
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<tr>
<td>198</td>
<td>R: yeah</td>
</tr>
<tr>
<td>199</td>
<td>E: um I don’t think it would prompt the</td>
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<td>200</td>
<td>employer to think oh this may be a recurring</td>
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<td>201</td>
<td>issue because they wouldn’t necessarily</td>
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<td>202</td>
<td>need to know the reasons</td>
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<tr>
<td>203</td>
<td>R: yeah</td>
</tr>
<tr>
<td>204</td>
<td>E: but for the teacher and I can again draw</td>
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<td>205</td>
<td>on my own experience here. They might</td>
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<td>206</td>
<td>have a little bit of um um sort of paranoia</td>
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<td>207</td>
<td>because they may not</td>
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<tr>
<td>208</td>
<td>see a voice issue as being an illness.</td>
</tr>
<tr>
<td>209</td>
<td>R: yeah yeah</td>
</tr>
<tr>
<td>210</td>
<td>E: erm and maybe they’re not and this is</td>
</tr>
<tr>
<td>211</td>
<td>part of the problem I think is that perhaps</td>
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<tr>
<td>212</td>
<td>teachers think that they ought to solider on</td>
</tr>
<tr>
<td>213</td>
<td>because they don’t necessarily feel that</td>
</tr>
<tr>
<td>214</td>
<td>their voice isn’t working and it isn’t on par.</td>
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Because voice disorders aren’t always as ‘physical’ as other illnesses, may not see voice disorders in the same light

Teachers’ lack of awareness of voice disorders and their effects

Feeling like martyrs, like they owe it to their students to continue teaching and using their voice

Participant’s awareness of voice disorders and their effects

Increased awareness of

Awareness
And they could create a longer lasting long-term problem which is what happened to me, I pushed on and it turned into laryngitis.  

| Impact of voice disorder due to personal anecdote | Consideration of wider impact of voice damage, how it is not just about the voice loss but also possible psychological effects |
| Consideration of wider impact of voice damage, how it is not just about the voice loss but also possible psychological effects | Recognition that lack of vocal education and training is a risk factor for development of voice disorders in teachers |

Wellbeing

| Increased awareness due to subject area |
| Students’ awareness of voice disorders and their effects |
The thing that came out of the training is about not using your voice and silence and choosing moments when teacher talk shouldn’t be happening.

R: Yeah

E: Um so I think that yes I feel like I’ve lost the question.

R: It was about how newly qualified teachers are at greater risk of developing voice disorders.

E: Yeah that’s it. Lack of knowledge, being new to the profession, and having, for some of them having quite a heavy teaching load, um you know if you teach ten hours a week, you do a lot more talking and exponentially that you know could that um axis that graph from you know not being a teacher to being a teacher trainee will go up significantly in a very short space of time.

It’s a lot of new pressure on the vocal cords.

R: Thank you. Um last question.

E: Yeah

R: Um and can you describe the duty of care...
263 that a programme director has for their 
264 students and do you think that voice care 
265 provision should come under this 
266 E: *they’ve certainly got you know a duty of 
267 care in relation to safeguarding, health and 
268 wellbeing.* 
269 R: yeah 
270 E: *um and I would say voice care does fall 
271 under that umbrella* 
272 R: yeah 
273 E: *um but again um with the caveat of 
274 allowing autonomy and independence 
275 for students to manage that and to decide 
276 whether it is something that they feel they 
277 need* 
278 R: yeah 
279 E: *and obviously they need to have a clear 
280 rationale as to why it is important that they 
281 attend this sort of CPD. Um but it does fall 
282 under the PDs remit I would agree. Well 
283 yeah I would say yes.* 
284 R: okay. Um thank you that’s the end of the 
285 questions.
Appendix D: Pilot questionnaire.

Unique participant code: 1567

Pilot Questionnaire
Please fill out the questionnaire below. I would also be grateful if you could write a brief evaluation below the questionnaire regarding what you thought about the questionnaire and whether you have any suggestions about how to improve it.

1. Do you include voice care training within your curriculum?
   
   Yes [ ] Please fill out Questions 2-10 and 13-24
   No [ ] Please proceed to question 11

2. If yes, why do you offer this?

   

3. Please briefly describe what the content includes (if known).

   

4. How is it delivered (e.g., lecture, experiential workshop, other – if so please specify)

   

5. How long is the training (hours)?

   

6. What are the reasons for this?

   

Ethics reference number: 9651
7. When is it delivered (i.e. at what point in the course programme)?


8. Why is it delivered at this time?


9. Who delivers the training? (professional title):


10. How were you made aware of this person?


11. If no; why is this? If more than one applies, please tick multiple

- Not enough time within the academic year to include voice care provision within the teaching.
- Not able to fit this provision within the budget
- Wouldn’t know who to contact to deliver this training

Other – please explain


12. What would encourage you to include voice care provision in the PGCE course?


13. What do you feel the benefits of including voice care provision in the PGCE course are?


14. What do you feel the drawbacks of including voice care provision in the PGCE course are?
15. Do you think that voice care provision should be compulsory across all PGCE courses?

16. Student teachers have been found to be at risk of developing voice disorders (Simberg, Laine, Sala and Rönnemaa, 2000). Please explain why you think this might be.

17. At this current point in the academic year, how aware do you feel your students are regarding how to care for their voice?

18. What is your duty of care towards your students?

19. How would you rate the importance of student wellbeing? 0 being not important at all and 5 being extremely important.

   1. Not important at all   2. Slightly important   3. Moderately important   4. Important   5. Very important

20. Do you think that voice care provision comes under the umbrella of general health and wellbeing of your students?
   Yes
   No

Any other comments...
21. If a teacher was to take time off due to a voice problem, what do you think the effects would be on themselves and their employer?


22. Do you feel as though external factors such as the Welsh Government restrict a university’s ability to make changes to the course such as the inclusion of voice care? Please explain your answer.


23. Do you think that voice care provision should be a compulsory element of all PGCE courses? Please explain your answer if possible.


24. Regardless of whether your course does/does not include voice care training within the programme, do you provide any leaflets or extra information for your students about the prevention of voice problems?

    ➢ Yes (Please describe)


    ➢ No, I would like some more information about voice care provision. Please see British Voice Association links at the bottom of your participant information sheet.

References:


Any suggestions for improvement? E.g. length, type of questions, layout.
Appendix E: Link to online questionnaire.

Please click the link below if to see the questionnaire in its original online form. Appendix () displays screenshots taken from the online survey web page so that the reader can visualise what they look like.

https://cardiffmet.eu.qualtrics.com/jfe/form/SV_brQ2l6lY9m0Kfhr
Appendix F: Screenshots of the online questionnaire.

Please create a unique six digit code using numbers and letters before beginning this study. Please make a note of this code. If you want to withdraw from this study, you may do so without giving a reason for up to two weeks upon receiving the study by emailing your unique code to my supervisor’s email address: fcooper@cardiffmet.ac.uk. By entering this code, you are giving your consent to take part in this study. Please refer to the Participant Information Sheet attached to the initial email for any further information.

If yes, why do you offer this?

[Blank]

Please briefly describe what the content includes.

[Blank]

How is it delivered? (e.g. lecture, experiential workshop, other – if so please specify)

[Blank]

How long is the training? (hours)

[Blank]
What are the reasons for this?

When is it delivered? (i.e. at what point in the course programme)

Why is it delivered at this time?

Who delivers this training? Please do not include their name, just their professional title e.g. "Lecturer in Speech and Language Therapy."

How were you made aware of this person?

If no, why is this? If more than one applies, please tick multiple.

☐ Not enough time within the academic year to include voice care provision within the teaching.
☐ Not able to fit this provision within the budget
☐ Wouldn't know who to contact to deliver this training
☐ Other - please explain

What would encourage you to include voice care provision in the PGCE course?

What do you feel the benefits of including voice care provision in the PGCE course are?

What do you feel the drawbacks of including voice care provision in the PGCE course are?
Do you think that voice care provision should be compulsory across all PGCE courses? Please explain your answer.


Student teachers have been found to be at risk of developing voice disorders (Simberg, Laine, Sala and Rönnemaa, 2000). Please explain why you think this might be.


At this current point in the academic year, how aware do you feel your students are regarding how to care for their voice?


A programme director has a duty of care towards their students. A duty of care can be described as "a moral or legal obligation to ensure the safety or well-being of others". Please briefly describe what your role is in ensuring the well-being and safety of your students.


How would you rate the importance of student wellbeing? 0 being not important at all and 10 being extremely important.

<table>
<thead>
<tr>
<th>Not important at all</th>
<th>Neutral</th>
<th>Extremely important</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
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<td>3</td>
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<td>8</td>
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<td>9</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

Do you think that voice care provision comes under the umbrella of general health and wellbeing of your students?

- Yes
- No

If a teacher was to take time off due to a voice problem, what do you think the effects would be on themselves and their employer?


The Qualified Teacher Status (QTS) Wales Standards (2009) describes the great level of knowledge and skill that a newly qualified teacher is required to have. Do you feel as though external factors such as the QTS standards and Welsh Government education policy constrain your university's ability to make your own changes within the course, e.g. the inclusion of voice care?


Regardless of whether your course does/does not include voice care training within the programme, do you provide any leaflets or extra information for your students about the prevention of voice problems?

- Yes (please describe).
- No (Please see British Voice Association links at the bottom of your participant information sheet).
Participant Information Sheet.

Title of project:
Voice care provision in one year full time PGCE courses in Wales.

My name is Zoe Barrett and I am a final year speech and language therapy student at Cardiff Met University. For my dissertation, I am looking at the voice care provision in one year full time PGCE courses in Wales.

Background:
Teachers use their voice as their main tool of their profession, thus making them a population that are at risk of developing voice disorders (Roy, Merrill, Thibeault, Parsa, Gray and Smith, 2004). Extensive and intense occupational voice use are thought to be contributing factors towards the increased prevalence of voice disorders in teachers compared to the general population (Roy et al, 2004). According to a study by Greenwich University, 50% of newly qualified teachers suffered from voice loss in their first year of teaching (National Union of Teachers, 2016). As this evidence shows that the risk of teachers and in particular newly qualified teachers are at risk of developing voice problems, it has prompted me to investigate the inclusion of voice care provision in PGCE courses in Wales to see what, if anything, is already being done to reduce the risk of the development of these problems.

Your participation in the research:
You have been selected to take part in this research project due to your experience in teacher training. Such participation in this study is entirely voluntary.

What would happen if you agreed to take part in the study?
You will be required to take part in a semi structured interview that will be recorded, transcribed and analysed. Once you have read this information sheet and agreed to take part in the study, I will contact you to organise a date for the interview to take place. The interview will be conducted at one of the Cardiff Metropolitan University campuses. You will be required to attend one interview session which will take approximately 30 minutes to complete. Before the interview commences, you will be provided with an oral explanation of what participation in this project will entail. The interview will include questions about what you think the factors are that influence the inclusion of voice care provision in PGCE courses.

Risks involved:

I do not think that there are any risks involved in taking part in this study.

Benefits of taking part in the study:

You will be enabling me to conduct a study that will explore the provision of voice care for student teachers therefore hopefully providing data which may be useful in scoping the need for voice care training.

Analysis of the data obtained:

The data obtained from the semi structured interview will be evaluated using thematic analysis. The themes identified from the interview data will then be used to create a questionnaire which will be emailed to programme directors of PGCE courses in Wales. Any quotations used will be anonymised. This data will then be presented in my final write up.
Privacy protection:

I have taken various measures to ensure that you cannot be identified from the information that I have from you. No personal information will be included in the project. The recordings from the interview will be saved on to my laptop and then deleted from the dictaphone. The recordings and the typed transcripts will be stored in a password protected folder on my laptop. They will then be destroyed after the final exam board has taken place. Your consent form will be sent to my supervisor for storage in a locked box and kept for a limited time period according to university guidelines.

Right to withdraw timeframe:

Once I have transcribed the interview, I will send you a copy of the written transcript within a week of conducting the interview. Should you wish to amend anything on the transcript or withdraw completely, you have the right to do so up to two weeks after you have been sent the interview transcription via contacting my supervisor using the email address provided below.

Further information:

If you have any questions about the research or how I intend to conduct the study, please contact my project supervisor via the email address provided below.

Project supervisor contact details:

[Name]

Senior Lecturer

Email address: [email address]
Resources on voice care

British Voice Association:

http://www.britishvoiceassociation.org.uk/


References:

National Union of Teachers (NUT) 2016. Voice care document:

PARTICIPANT CONSENT FORM

Ethics Reference Number: 9651

Participant name or Study ID Number:

Title of Project: Voice care provision in one year full time PGCE courses in Wales.

Name of Researcher: [Name]

Participant to complete this section: Please initial each box.

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. 

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

3. I agree to take part in the above study.

4. I agree to the interview being audio recorded

5. I agree to the use of anonymised quotes in publications
6. I understand that after I have received the completed interview transcript I have up to two weeks to make any amendments to the transcript or to completely withdraw from this study.

_______________________________________   ___________________
Signature of Participant

_______________________________________   ___________________
Date

_______________________________________   ___________________
Name of person taking consent

______________________________________
Signature of person taking consent

* When completed, 1 copy for participant & 1 copy for researcher site file
Appendix I: Participant information sheet: Pilot questionnaire

Ethics reference number: 9651

Participant Information Sheet for Pilot Questionnaire

Title of project:

Voice care provision in one year full time PGCE courses in Wales

My name is [Redacted] I am a final year speech and language therapy student. For my dissertation I am looking at voice care provision for trainee teachers doing a full time PGCE in Wales.

Background:

Teachers use their voice as their main tool of their profession, thus making them a population that are at risk of developing voice disorders (Roy, Merrill, Thibeault, Parsa, Gray and Smith 2004). Extensive and intense occupational voice use are thought to be contributing factors towards the increased prevalence of voice disorders in teachers compared to the general population (Roy et al 2004). According to a study by Greenwich University, 50% of newly qualified teachers suffered from voice loss in their first year of teaching (National Union of Teachers 2016). As this evidence shows that the risk of teachers and in particular newly qualified teachers are at risk of developing voice problems, it has prompted me to investigate the inclusion of voice care provision in PGCE courses in Wales to see what, if anything, is already being done to reduce the risk of the development of these problems.

Your participation in the research:

You have been selected to take part in this research project as you have experience and knowledge of teaching in schools and lecturing at a university. Prior to your involvement in this study, I have conducted two semi structured interviews with one programme director who has had experience of voice care provision on their PGCE course and one who has not. From these interviews, I have identified themes which have been used to create a questionnaire which will be sent to PGCE programme directors in Wales in order to find out about voice care provision in one year full time PGCE courses in Wales. You are required to complete this questionnaire as part of the pilot study. You will then be required to provide feedback about the questionnaire so
that it can be amended before being sent to the participants. Participation in this pilot study is entirely voluntary.

**What would happen if you agreed to take part in the study?**

You will be required to take part in a short questionnaire that will take approximately 15 minutes to complete. You will also be required to write a short evaluation of the questionnaire. By completing this pilot questionnaire, it indicates that you are providing informed consent. I will not be including any data from this questionnaire in the results section of the project but I will include the details from the pilot study in the methodology section and the appendices. The pilot questionnaire will require you to answer questions about any voice care provision on the PGCE course that you are involved with. Once you have completed the pilot questionnaire, I would be grateful if you could return it to me via my university email address with your feedback two weeks after you have received it.

**Risks involved:**

There is a possibility that the identification of the issue of voice problems in teachers may cause you to require further information about voice care provision for your students. For this reason, I have attached a link to the British Voice Association who have voice care leaflets at the bottom of this document.

**Benefits of taking part in the study:**

You will be enabling me to conduct a study that will highlight the importance of voice care provision for student teachers. Going forward, it may also provide data to inform decisions related to voice care provision for student teachers.

**Analysis of the information obtained:**

The data obtained from the pilot questionnaire will not be included in the results section of the project. I will be using the feedback you have provided to make amendments to my questionnaire before sending it to the participants. The information from the pilot study will be used in the methodology section and the
appendices. Quotations from the feedback received about the questionnaire will also be used in the methodology section. These quotations will be anonymised.

**Privacy protection:**

I have taken various measures to ensure that you cannot be identified from the information that I have from you. No personal information will be included in the project. After you have completed the questionnaire and the feedback, they will be saved on to a password protected folder on the laptop and then will be destroyed after the exam board has taken place.

**Right to withdraw time frame:**

Should you wish to withdraw from this study, you will be able to do so without giving a reason up to two weeks after data collection. Your questionnaire will have a unique code attached to it. Should you wish to withdraw from the study, you can contact my supervisor via email and inform her of your code so that I am able to identify the data that needs to be withdrawn.

**Further information:** If you have any questions about the research or how I intend to conduct the study, please contact my project supervisor via the email address provided below.

![Signature]

Project supervisor contact details:

Senior Lecturer

Email address:
Useful resources

British Voice Association:

http://www.britishvoiceassociation.org.uk/


References:


Appendix J: Participant information sheet – Main questionnaire

Ethics reference number: 9651

Participant Information Sheet.

Title of project:
Voice care provision in one year full time PGCE courses in Wales.

My name is [Redacted] I am a final year speech and language therapy student looking at voice care provision for full time PGCE students in Wales.

Background:
Teachers use their voice as their main tool of their profession, thus making them a population that are at risk of developing voice disorders (Roy, Merrill, Thibeault, Parsa, Gray and Smith 2004). Extensive and intense occupational voice use are thought to be contributing factors towards the increased prevalence of voice disorders in teachers compared to the general population (Roy et al 2004). According to a study by Greenwich University, 50% of newly qualified teachers suffered from voice loss in their first year of teaching (National Union of Teachers 2016). As this evidence shows that the risk of teachers and in particular newly qualified teachers are at risk of developing voice problems, it has prompted me to investigate the inclusion of voice care provision in PGCE courses in Wales to see what, if anything, is already being done to reduce the risk of the development of these problems.

Your participation in the research:
You have been selected to take part in this research project as you are a programme director/course leader of a PGCE course in Wales. If you are not a programme director or course leader, you have been selected because your email address was listed as the main contact for the course that you are associated with. Such participation in this study is entirely voluntary.

What would happen if you agreed to take part in the study?
You will be required to take part in a short questionnaire that will take approximately 20 minutes to complete. By completing and sending off the questionnaire, this indicates that you are providing informed consent. The data obtained from this
questionnaire will be analysed and included in my written project. The questionnaire will require you to answer questions about any voice care provision on the PGCE course that you are involved with as well as questions about your opinions of voice care provision. You can access the questionnaire via the link in the email. Once you have completed the questionnaire, I would be grateful if you could fill it in within two weeks of receiving it.

**Risks involved:**

There is a possibility that the identification of the issue of voice problems in teachers may cause you to require further information about voice care provision for your students. For this reason, I have attached a link to the British Voice Association who have voice care leaflets at the bottom of this document.

**Benefits of taking part in the study:**

You will be enabling me to conduct a study that will highlight the importance of voice care provision for student teachers. Going forward, it may also provide data to inform decisions related to voice care provision for student teachers.

**Analysis of the data obtained:**

The data obtained from your questionnaire will be analysed and made in to charts to be presented in the results section of the project. Quotations from the qualitative data obtained from the questionnaire will be analysed using thematic analysis and will be used to support the quantitative findings. These quotations will be anonymised. This data will then be included in my final project write up.

**Privacy protection:**

I have taken various measures to ensure that you cannot be identified from the information that I have from you. No personal information will be included in the project. After you have completed the questionnaire, it will be saved on to a password protected software on my laptop and then will be destroyed after the exam board has taken place.
Should you wish to withdraw from this study, you will be able to do so without giving a reason up to two weeks after the data collection has taken place. The first question on the questionnaire will ask you to create a unique 6 character code consisting of digits and numbers. You must remember to make a note of this code. Should you wish to withdraw from the study, you can contact my supervisor via her email and inform her of your code so that it is possible for me to identify the data that needs to be removed.

Further information:

If you have any questions about the research or how I intend to conduct the study, please contact my project supervisor via the email address provided below.

Project supervisor contact details:

Senior lecturer -Email address:

Resources

British Voice Association:

http://www.britishvoiceassociation.org.uk/


References:


Appendix K: Application for ethical approval

CARDIFF METROPOLITAN UNIVERSITY
APPLICATION FOR ETHICS APPROVAL

When undertaking a research or enterprise project, Cardiff Met staff and students are obliged to complete this form in order that the ethics implications of that project may be considered.

If the project requires ethics approval from an external agency (e.g., NHS), you will not need to seek additional ethics approval from Cardiff Met. You should however complete Part One of this form and attach a copy of your ethics letter(s) of approval in order that your School has a record of the project.

The document Ethics application guidance notes will help you complete this form. It is available from the Cardiff Met website. The School or Unit in which you are based may also have produced some guidance documents, please consult your supervisor or School Ethics Coordinator.

Once you have completed the form, sign the declaration and forward to the appropriate person(s) in your School or Unit.

PLEASE NOTE:
Participant recruitment or data collection MUST NOT commence until ethics approval has been obtained.

PART ONE

<table>
<thead>
<tr>
<th>Name of applicant:</th>
<th>[redacted]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor (if student project):</td>
<td>[redacted]</td>
</tr>
<tr>
<td>School / Unit:</td>
<td>Cardiff School of Health Sciences</td>
</tr>
<tr>
<td>Student number (if applicable):</td>
<td>St20057228</td>
</tr>
<tr>
<td>Programme enrolled on (if applicable):</td>
<td>BSc Speech and Language Therapy</td>
</tr>
<tr>
<td>Project Title:</td>
<td>Voice care provision in one-year full time PGCE courses in Wales.</td>
</tr>
<tr>
<td>Expected start date of data collection:</td>
<td>01/12/2017</td>
</tr>
<tr>
<td>Approximate duration of data collection:</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Funding Body (if applicable):</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Other researcher(s) working on the project:</td>
<td>If your collaborators are external to Cardiff Met, include details of the</td>
</tr>
<tr>
<td>Will the study involve NHS patients or staff?</td>
<td>No</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Will the study involve human samples and/or human cell lines?</td>
<td>No</td>
</tr>
<tr>
<td>Does your project fall entirely within one of the following categories:</td>
<td></td>
</tr>
<tr>
<td>Paper based, involving only documents in the public domain</td>
<td>No</td>
</tr>
<tr>
<td>Laboratory based, not involving human participants or human samples</td>
<td>No</td>
</tr>
<tr>
<td>Practice based not involving human participants (e.g. curatorial, practice audit)</td>
<td>No</td>
</tr>
<tr>
<td>Compulsory projects in professional practice (e.g. Initial Teacher Education)</td>
<td>No</td>
</tr>
<tr>
<td>A project for which external approval has been obtained (e.g., NHS)</td>
<td>No</td>
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</tbody>
</table>

If you have answered YES to any of these questions, expand on your answer in the non-technical summary. No further information regarding your project is required.

If you have answered NO to all of these questions, you must complete Part 2 of this form.

In no more than 150 words, give a non-technical summary of the project

Teachers use their voice as their main tool of their profession, thus making them a population that are at risk of developing voice disorders (Roy, Merrill, Thibeault, Parsa, Gray and Smith 2004). Extensive and intense occupational voice use are thought to be contributing factors towards the increased prevalence of voice disorders in teachers compared to the general population (Roy et al 2004). According to a study by Greenwich University, 50% of newly qualified teachers suffered from voice loss in their first year of teaching (National Union of Teachers 2016). As this evidence shows that teachers and in particular newly qualified teachers are at risk of developing voice problems, it has prompted me to investigate the inclusion of voice care provision in PGCE courses in Wales to see what is already being done to reduce the risk of the development of these problems.
References:

National Union of Teachers (NUT) (2016). Voice care document:


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DEVELOPMENT:

I confirm that this project conforms with the Cardiff Met Research Governance Framework

I confirm that I will abide by the Cardiff Met requirements regarding confidentiality and anonymity when conducting this project.

STUDENTS: I confirm that I will not disclose any information about this project without the prior approval of my supervisor.

Signature of the applicant: ___________________________ Date: 15/11/17

FOR STUDENT PROJECTS ONLY

Name of supervisor: ___________________________ Date: 15/11/17
<table>
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<tr>
<th>Decision reached:</th>
<th>Project approved</th>
<th>☐</th>
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<tbody>
<tr>
<td></td>
<td>Project approved in principle</td>
<td>☐</td>
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<tr>
<td></td>
<td>Decision deferred</td>
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<tr>
<td></td>
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<td>☐</td>
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<tr>
<td></td>
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</table>

**Project reference number:** Click here to enter text.

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<th>Name:</th>
<th>Click here to enter text.</th>
<th>Date:</th>
<th>Click here to enter a date.</th>
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</table>

**Signature:**

**Details of any conditions upon which approval is dependant:**

Click here to enter text.

**PART TWO**

**A RESEARCH DESIGN**

<table>
<thead>
<tr>
<th>A1 Will you be using an approved protocol in your project?</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>A2 If yes, please state the name and code of the approved protocol to be used¹</th>
<th>Click here to enter text.</th>
</tr>
</thead>
</table>

¹ An Approved Protocol is one which has been approved by Cardiff Met to be used under supervision of designated members of staff; a list of approved protocols can be found on the Cardiff Met website here
A3 Describe the research design to be used in your project

My project will consist of qualitative and quantitative research:

I will carry out 2 semi structured interviews with staff members at a university institution in Wales to include staff who have previously attended voice care workshops delivered by a qualified SLT specialising in voice disorders. These staff members have been primary and secondary teachers with lots of experience and who are now working at senior levels within the university. Once I have obtained ethical approval, I will contact these members of staff with whom my supervisor has had previous contact and then set up interview dates via my university email address.

The two interviews will take place at a university campus. I have attached to this application, a participant information sheet and a participant consent form for the interview participants. I will read both of these documents to the participants before we start the interview and I will also give them a copy to read before the interview takes place. The participants will attend one interview session each. I anticipate that the interview sessions will be approximately 20 minutes long. I will inform the participants that they are allowed to take breaks whenever they need to. The purpose of these interviews is to gain information about the factors that influence the inclusion of voice care provision in their PGCE courses. I will transcribe these interviews and will analyse them using thematic analysis.

I will use the themes identified from the above interviews and review of the literature to create a questionnaire investigating the inclusion of voice care training in one-year full time PGCE courses in Wales. (It is therefore not possible to provide a completed questionnaire, as the content of this will be informed by the interviews).
I will firstly pilot the **questionnaire** on a Programme Director and the same institution as the interviewees. I have included a participant information sheet for the pilot study participants attached to this ethics application. This will be emailed to the participants alongside the pilot questionnaire for them to read before they take part. Should changes be required to the questionnaire, these will be undertaken after the pilot and prior to dissemination of the questionnaire.

The questionnaire will be disseminated to programme directors of each of the PGCE courses in Wales. I will contact the programme directors of each of the PGCE courses at these universities via email to explain the study, and will send them the questionnaire to complete via email (excluding those involved in the pilot study).

I have included a **participant information sheet** for the pilot study participants attached to this ethics application which will be emailed to the participants alongside the questionnaire for them to read before they take part. The questionnaire will last for approximately ten minutes. I have attached an **interview schedule** and a **questionnaire** to this ethical application.

The study uses a mixed methods approach.

The qualitative data from the interviews and questionnaires will be analysed using thematic analysis and any quotes used will be anonymised. The quantitative data from the questionnaire will be analysed using SPSS to create graphs which describe the data found e.g. the percentage of PGCE courses that include voice care training in their programme.
I am aware that the University expects researchers to take an inclusive approach to the recruitment of participants; however, both of the above participant samples are best equipped to answer my research question due to their knowledge and experience in the area of teacher training.

The number of participants for the questionnaire has not yet been clarified but it will correspond to the number of one year full time PGCE courses available in Wales which is approximately 60.

**Right to withdraw timeframe:**

Should the participants wish to withdraw, I have provided them with information regarding how to do so on their information sheet, via my supervisor. All three sets of participants (interview, pilot questionnaire and questionnaire) have been given two weeks to allow them to withdraw from the study without giving any reasons. Please see below for more information on this (the dates below are rough estimates depending on the date that ethical approval is received):

**Interview**

Once the interview has been conducted, I will transcribe the interview and will send the transcription to the participants once it has been transcribed. They will then two weeks to make any amendments to the transcription or withdraw completely from the study, without giving a reason, by contacting my supervisor via her university email address.

**Pilot questionnaire**
The participants will receive the pilot questionnaire via email. The participants taking part in the pilot study will have 2 weeks to complete the pilot questionnaire and feedback. They will then have the right to withdraw for 2 weeks as this is when the data will be analysed. I will provide them with an individual code on their pilot questionnaire so that if they do wish to withdraw, they can inform my supervisor by email of their code to identify the data that needs to be withdrawn.

**Questionnaire**

The participants will receive the questionnaire via email. The participants taking part in the questionnaire will have 2 weeks to complete the questionnaire. They will then have the right to withdraw from the study 2 weeks after the data collection as this is when I will start the data analysis. I will provide them with an individual code on their questionnaire so that if they do wish to withdraw, they can inform my supervisor of their code to identify the data that needs to be withdrawn.

The raw data will be destroyed after the exam board. Consent forms will be retained in a locked cabinet for a time period at the university, according to the university guidelines.

<table>
<thead>
<tr>
<th>A4 Will the project involve deceptive or covert research?</th>
<th>No</th>
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<tbody>
<tr>
<td>A5 If yes, give a rationale for the use of deceptive or covert research</td>
<td>Click here to enter text.</td>
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<tr>
<td>A6 Will the project have security sensitive implications?</td>
<td>No</td>
</tr>
</tbody>
</table>
A7 If yes, please explain what they are and the measures that are proposed to address them

Click here to enter text.

<table>
<thead>
<tr>
<th>B PREVIOUS EXPERIENCE</th>
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<tbody>
<tr>
<td>B1 What previous experience of research involving human participants relevant to this project do you have?</td>
</tr>
<tr>
<td>In my second year of study I conducted a semi structured interview and used IPA to analyse this. I am currently attending fourth year project lectures about how to analyse data using quantitative and qualitative methods.</td>
</tr>
<tr>
<td>B2 Student project only</td>
</tr>
<tr>
<td>What previous experience of research involving human participants relevant to this project does your supervisor have?</td>
</tr>
<tr>
<td>My supervisor, Francesca Cooper, is a Senior Lecturer in Voice Disorders at Cardiff Metropolitan University. She has supervised several undergraduate dissertations on Voice.</td>
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</table>

<table>
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<tr>
<th>C POTENTIAL RISKS</th>
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<tbody>
<tr>
<td>C1 What potential risks do you foresee?</td>
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<td><strong>The identification of the issue of voice disorders in teachers.</strong> Although it is likely that the programme directors of the universities will have an awareness of the issue of voice disorders in teachers, there is a probability that not all of the PGCE courses will include voice care provision for their students. There is a risk that this study may cause the programme directors to want to include some</td>
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type of voice care provision for their students but that they may not be aware of how to access this.

C2 How will you deal with the potential risks?

The identification of the issue of voice disorders in teachers.

I will provide the participants with links to the British Voice Association who have leaflets about voice care.

British Voice Association:

http://www.britishvoiceassociation.org.uk/


When submitting your application you MUST attach a copy of the following:

- All information sheets
- Consent/assent form(s)

An exemplar information sheet and participant consent form are available from the Research section of the Cardiff Met website.
Appendix L: Letter of ethical approval

Thursday, 23 November 2017

BSc (Hons) Speech & Language Therapy
Cardiff School of Health Sciences

Dear Applicant

Re: Application for Ethical Approval: Voice care provision in one year full time PGCE courses in Wales.

Project Reference Number: 9651

Your ethics application, as shown above, was considered by the Health Care and Food Ethics Panel on 22/11/2017.

I am pleased to inform you that your application for ethical approval was APPROVED.

Minor issues may still need addressing before you commence any work — if so these will be listed below.

N/A

Where changes to the information sheet, consent form and/or procedures are deemed necessary you must submit revised versions to the relevant ethics inbox. If you are a student — your supervisor must do this on your behalf.

Note: Failure to comply with any issues listed above will nullify this approval.

Standard Conditions of Approval

1. Your Ethics Application has been given a Project Reference number as above. This MUST be quoted on all documentation relating to the project (e.g. consent forms, information sheets), together with the full project title.

2. All documents must also have the approved University Logo and the Version number in addition to the reference and project title as above.

3. A full Risk Assessment must be undertaken for this proposal, as appropriate, and be made available to the Committee if requested.

4. Any changes in connection to the proposal as approved, must be referred to the Panel/Committee for consideration without delay quoting your Project Reference Number. Changes to the proposed project may have ethical implications so must be approved.

5. Any untoward incident which occurs in connection with this proposal must be reported back to the Panel without delay.

6. If your project involves the use of human samples, your approval is given on the condition that you or your supervisor notify the HTA Designated Individual of your intention to work with such material by completing the form entitled “Notification of Intention to Work with Human Samples”. The form must be submitted to the PD (Sean Duggan), BEFORE any activity on this project is undertaken.
This approval expires on 22/11/2018. It is your responsibility to reapply / request extension if necessary.

Yours sincerely

[Signature]

Chair of Department of Healthcare and Food Ethics Panel
Cardiff School of Health Sciences
Llandaff Campus
Western Avenue, Cardiff CF3 2YB
Tel: 029 2081 7123
E-mail [Redacted]

PLEASE RETAIN THIS LETTER FOR REFERENCE
### CONFIDENTIALITY CHECKLIST

**Speech and Language Therapy**

**Student number:** st20057228  
**Date:** 23/04/18  
**Module leader:** Robert Mayr  
**Module number:** SLP6080  
**Assignment:** Year 4 Project

Evaluate your submission and any supporting documentation, appendices etc. by answering the following questions:

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<td>Has any other documentation been included with this submission that might enable any individuals, places or organisations to be identified?</td>
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If you have answered ‘yes’ to any questions, please explain why you feel this does not constitute a breach of confidentiality in the space below
Appendix N: Completed pilot questionnaire

Unique participant code: 1567

Pilot Questionnaire
Please fill out the questionnaire below. I would also be grateful if you could write a brief evaluation below the questionnaire regarding what you thought about the questionnaire and whether you have any suggestions about how to improve it.

1. Do you include voice care training within your curriculum?

Yes [ ] Please fill out Questions 2-10 and 13-24
No [ ] Please proceed to question 11

2. If yes, why do you offer this?

We have QTS teacher education programmes in our School and this is an essential knowledge and training that teachers need to have before and when in the profession to support their health.

3. Please briefly describe what the content includes (if known).

The content currently, to my knowledge is a one off session/workshop with a practitioner.

4. How is it delivered (e.g., lecture, experiential workshop, other – if so please specify)

Lecture and workshop

5. How long is the training (hours)?

I don’t understand how these boxes keep jumping! Have you considered using an online qualtrics one that we do at the uni?

6. What are the reasons for this?

Can’t answer because of comment above.
7. When is it delivered (i.e. at what point in the course programme)?

?? as above comment

8. Why is it delivered at this time?

?? as above comment

9. Who delivers the training? (professional title):

A senior lecturer in Speech and Language Therapy, who is also a qualified Speech and Language Therapist

10. How were you made aware of this person?

A colleague in another School – Health Sciences - at the university

11. If no; why is this? If more than one applies, please tick multiple

- Not enough time within the academic year to include voice care provision within the teaching.  
- Not able to fit this provision within the budget
- Wouldn’t know who to contact to deliver this training
  Other – please explain

12. What would encourage you to include voice care provision in the PGCE course?

Yes

13. What do you feel the benefits of including voice care provision in the PGCE course are?

Supports students in the importance of looking after their voice right at the beginning of their career.
14. What do you feel the drawbacks of including voice care provision in the PGCE course are?

None

15. Do you think that voice care provision should be compulsory across all PGCE courses?

Yes

16. Student teachers have been found to be at risk of developing voice disorders (Simberg, Laine, Sala and Rönnemaa, 2000). Please explain why you think this might be.

Not being aware of the health implications of not looking after voice

17. At this current point in the academic year, how aware do you feel your students are regarding how to care for their voice?

Not sure I would need to ask them

18. What is your duty of care towards your students?

What does this mean?

19. How would you rate the importance of student wellbeing? 0 being not important at all and 5 being extremely important.

1. Not important at all  2. Slightly important  3. Moderately important  4. Important  5. Very important

20. Do you think that voice care provision comes under the umbrella of general health and wellbeing of your students?

Yes
21. If a teacher was to take time off due to a voice problem, what do you think the effects would be on themselves and their employer?  

Not sure how to answer this one

22. Do you feel as though external factors such as the Welsh Government restrict a university’s ability to make changes to the course such as the inclusion of voice care? Please explain your answer.

No

23. Do you think that voice care provision should be a compulsory element of all PGCE courses? Please explain your answer if possible.

Yes for all the above reasons

24. Regardless of whether your course does/does not include voice care training within the programme, do you provide any leaflets or extra information for your students about the prevention of voice problems?

- Yes (Please describe)
  
  I would need to ask PD and fulltime tutors but this is just me who doesn’t teach a great deal on the programme.

- No, I would like some more information about voice care provision. Please see British Voice Association links at the bottom of your participant information sheet.

References:

Any suggestions for improvement? E.g. length, type of questions, layout.
Appendix O: Questionnaire response – Participant 1

Please create a unique six digit code using numbers and letters before beginning this study. Please make a note of this code. If you want to withdraw from this study, you may do so without giving a reason for up to two weeks upon receiving the study by emailing your unique code to my supervisor’s email address: fcooper@cardiffmet.ac.uk. By entering this code, you are giving your consent to take part in this study. Please refer to the Participant Information Sheet attached to the initial email for any further information.

Q1. Do you include voice care training within your PGCE course?
   - [ ] Yes
   - [ ] No

Q2. If yes, why do your offer this?
   Its important for teachers to know how to care for their voice as it is such an important part of their day to day work.

Q3. Please briefly describe what the content includes.
   How to project without shouting, how to exercise the voice, care when sickness occurs, signs and symptoms of voice strain

Q4. How is it delivered? (e.g. lecture, experiential workshop, other – if so please specify)
   lecture

Q5. How long is the training? (hours)
   2

Q6. What are the reasons for this?
   as above

Q7. When is it delivered? (i.e. at what point in the course programme)
   in the first few weeks of the course

Q8. Why is it delivered at this time?
   to prepare trainee teachers for school

Q9. Who delivers this training? Please do not include their name, just their professional title e.g. "Lecturer in Speech and Language Therapy."
   lecturer in education

Q10. How were you made aware of this person?
    part of the tutor team

Q11. If no; why is this? If more than one applies, please tick multiple.
    This question was not displayed to the respondent.

Q12. What would encourage you to include voice care provision in the PGCE course?
    This question was not displayed to the respondent.
Q13. What do you feel the benefits of including voice care provision in the PGCE course are?
Allowing trainee teachers to care for their own health and well being

Q14. What do you feel the drawbacks of including voice care provision in the PGCE course are?
None

Q15. Do you think that voice care provision should be compulsory across all PGCE courses?
Please explain your answer.
No

Q16. Student teachers have been found to be at risk of developing voice disorders (Simberg, Laine, Sala and Rönнемaa, 2000). Please explain why you think this might be.
I can't comment on a piece of research I haven't read.

Q17. At this current point in the academic year, how aware do you feel your students are regarding how to care for their voice?
Well

Q18. A programme director has a duty of care towards their students. A duty of care can be described as "a moral or legal obligation to ensure the safety or well-being of others". Please briefly describe what your role is in ensuring the well-being and safety of your students.
Not something that can be done 'briefly'. I provide training and instruction through the modules and session in many aspects of physical, emotional and mental well being, to make our adult learners aware of issues that they may face during their PGCE year and how to avoid them or minimise their impact.

Q19. How would you rate the importance of student wellbeing? 0 being not important at all and 10 being extremely important.

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Q20. Do you think that voice care provision comes under the umbrella of general health and wellbeing of your students?
Yes

Q21. If a teacher was to take time off due to a voice problem, what do you think the effects would be on themselves and their employer?
As any absence - discontinuity for the children they teach.

Q22. The Qualified Teacher Status (QTS) Wales Standards (2009) describes the great level of knowledge and skill that a newly qualified teacher is required to have. Do you feel as though external factors such as the QTS standards and Welsh Government education policy constrain your university's ability to make your own changes within the course, e.g. the inclusion of voice care?
No
Appendix P: Questionnaire response – Participant 2

Please create a unique six digit code using numbers and letters before beginning this study. Please make a note of this code. If you want to withdraw from this study, you may do so without giving a reason for up to two weeks upon receiving the study by emailing your unique code to my supervisor’s email address: fcooper@cardiffmet.ac.uk. By entering this code, you are giving your consent to take part in this study. Please refer to the Participant Information Sheet attached to the initial email for any further information.

Q1. Do you include voice care training within your PGCE course?

• Yes
• No

Q2. If yes, why do your offer this?
For the wellbeing of the students and because singing is a large part of my subject area.

Q3. Please briefly describe what the content includes.
breathing from the diaphragm, 'getting into the singing habit', warm-ups

Q4. How is it delivered? (e.g. lecture, experiential workshop, other – if so please specify)
Workshop

Q5. How long is the training? (hours)
2 but returns throughout the course

Q6. What are the reasons for this?
Many PGCE music students are already voice trained, but we need to ensure they continue using their voices in the right way

Q7. When is it delivered? (i.e. at what point in the course programme)
First quarter of the programme

Q8. Why is it delivered at this time?
Part of a variety of practical workshops early on in school experience.

Q9. Who delivers this training? Please do not include their name, just their professional title e.g. "Lecturer in Speech and Language Therapy."
Senior lecturer in PGCE secondary music

Q10. How were you made aware of this person?
Colleague

Q11. If no; why is this? If more than one applies, please tick multiple.
This question was not displayed to the respondent.

Q12. What would encourage you to include voice care provision in the PGCE course?
This question was not displayed to the respondent.

Q13. What do you feel the benefits of including voice care provision in the PGCE course are?
Student wellbeing, improved classroom practice

Q14. What do you feel the drawbacks of including voice care provision in the PGCE course are?
Some music students are already extensively voice trained

Q15. Do you think that voice care provision should be compulsory across all PGCE courses? Please explain your answer.
Yes - it is part of a wider package of wellbeing issues for students on this tough course.

Q16. Student teachers have been found to be at risk of developing voice disorders (Simberg, Laine, Sala and Rönnemaa, 2000). Please explain why you think this might be.
Inexperience in behaviour management leading them to shout too much, also using the voice effectively in a large space is something you need to be taught.

Q17. At this current point in the academic year, how aware do you feel your students are regarding how to care for their voice?
Moderately, but this will be skewed by the awareness that comes from musical training.

Q18. A programme director has a duty of care towards their students. A duty of care can be described as "a moral or legal obligation to ensure the safety or well-being of others". Please briefly describe what your role is in ensuring the well-being and safety of your students.
Liaising with their school placement mentors, being available for personal tutoring, answering queries, acting promptly upon any indication of problems. Responding to student feedback.

Q19. How would you rate the importance of student wellbeing? 0 being not important at all and 10 being extremely important.

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Q20. Do you think that voice care provision comes under the umbrella of general health and wellbeing of your students?
- Yes
- No

Q21. If a teacher was to take time off due to a voice problem, what do you think the effects would be on themselves and their employer?
Depends on whether something was put in place to avoid a reoccurrence. When I got my first NQT job I was taking over from a teacher who had to retire on health grounds as her voice problems became permanent. This has given me an awareness of this issue throughout my career.

Q22. The Qualified Teacher Status (QTS) Wales Standards (2009) describes the great level of knowledge and skill that a newly qualified teacher is required to have. Do you feel as though
external factors such as the QTS standards and Welsh Government education policy constrain your university’s ability to make your own changes within the course, e.g. the inclusion of voice care?
No.

Q23. Regardless of whether your course does/does not include voice care training within the programme, do you provide any leaflets or extra information for your students about the prevention of voice problems?

- ☐ Yes (please describe).
- ☐ No (Please see British Voice Association links at the bottom of your participant information sheet).
Appendix Q: Questionnaire response – Participant 3

Please create a unique six digit code using numbers and letters before beginning this study. Please make a note of this code. If you want to withdraw from this study, you may do so without giving a reason for up to two weeks upon receiving the study by emailing your unique code to my supervisor’s email address: fcooper@cardiffmet.ac.uk. By entering this code, you are giving your consent to take part in this study. Please refer to the Participant Information Sheet attached to the initial email for any further information.

Q1. Do you include voice care training within your PGCE course?

☐ Yes
☐ No

Q2. If yes, why do you offer this?

This question was not displayed to the respondent.

Q3. Please briefly describe what the content includes.

This question was not displayed to the respondent.

Q4. How is it delivered? (e.g. lecture, experiential workshop, other – if so please specify)

This question was not displayed to the respondent.

Q5. How long is the training? (hours)

This question was not displayed to the respondent.

Q6. What are the reasons for this?

This question was not displayed to the respondent.

Q7. When is it delivered? (i.e. at what point in the course programme)

This question was not displayed to the respondent.

Q8. Why is it delivered at this time?

This question was not displayed to the respondent.

Q9. Who delivers this training? Please do not include their name, just their professional title e.g. "Lecturer in Speech and Language Therapy."

This question was not displayed to the respondent.

Q10. How were you made aware of this person?

This question was not displayed to the respondent.

Q11. If no; why is this? If more than one applies, please tick multiple.

☐ Not enough time within the academic year to include voice care provision within the teaching.

☐ Not able to fit this provision within the budget

☐ Wouldn’t know who to contact to deliver this training
Other - please explain
Historic reasons and to be honest not something that has been discussed or raised by us

Q12. What would encourage you to include voice care provision in the PGCE course?
Further understanding of the support provided and robust evidence to prove that it is an
problem that needs to be addresses

Q13. What do you feel the benefits of including voice care provision in the PGCE course are?
Awareness and understanding/skills to look after one's own voice and also teacher well-being

Q14. What do you feel the drawbacks of including voice care provision in the PGCE course are?
Cannot think of any drawbacks, however they have much to consider, learn, master etc and
this might not be perceived to be a huge priority...unless it happens to an individual

Q15. Do you think that voice care provision should be compulsory across all PGCE courses?
Please explain your answer.
Yes I think so because of well-being issues

Q16. Student teachers have been found to be at risk of developing voice disorders (Simberg,
Laine, Sala and Rönnemaa, 2000). Please explain why you think this might be.
Developing instructional skills/strategies and behaviour management issues, also workload and
stress issues

Q17. At this current point in the academic year, how aware do you feel your students are
regarding how to care for their voice?
Not aware at all really, or little awareness

Q18. A programme director has a duty of care towards their students. A duty of care can be
described as "a moral or legal obligation to ensure the safety or well-being of others". Please
briefly describe what your role is in ensuring the well-being and safety of your students.

Working with the well-being/pastoral and support services for your trainees and
schools/mentors. Having an overview, implementing preventative measures and responding to
issues

Q19. How would you rate the importance of student wellbeing? 0 being not important at all
and 10 being extremely important.

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Q20. Do you think that voice care provision comes under the umbrella of general health and
wellbeing of your students?

- Yes
- No

Q21. If a teacher was to take time off due to a voice problem, what do you think the effects
would be on themselves and their employer?
Loss of expertise, progress in student learning and stress/worry/anxiety for the teacher
Q22. The Qualified Teacher Status (QTS) Wales Standards (2009) describes the great level of knowledge and skill that a newly qualified teacher is required to have. Do you feel as though external factors such as the QTS standards and Welsh Government education policy constrain your university's ability to make your own changes within the course, e.g. the inclusion of voice care?
Think there is a framework which has to be adhered to but we do have a degree of autonomy...so this is possible. Other factors might impact such as time/resource/staffing issues/WG priorities/Estyn...these are all other pressures.

Q23. Regardless of whether your course does/does not include voice care training within the programme, do you provide any leaflets or extra information for your students about the prevention of voice problems?

☐ Yes (please describe).
☒ No (Please see British Voice Association links at the bottom of your participant information sheet).
Appendix R: Questionnaire response – Participant 4

Please create a unique six digit code using numbers and letters before beginning this study. Please make a note of this code. If you want to withdraw from this study, you may do so without giving a reason for up to two weeks upon receiving the study by emailing your unique code to my supervisor’s email address: fcooper@cardiffmet.ac.uk. By entering this code, you are giving your consent to take part in this study. Please refer to the Participant Information Sheet attached to the initial email for any further information.

Q1. Do you include voice care training within your PGCE course?

- [ ] Yes
- [x] No

Q2. If yes, why do your offer this?

This question was not displayed to the respondent.

Q3. Please briefly describe what the content includes.

This question was not displayed to the respondent.

Q4. How is it delivered? (e.g. lecture, experiential workshop, other – if so please specify)

This question was not displayed to the respondent.

Q5. How long is the training? (hours)

This question was not displayed to the respondent.

Q6. What are the reasons for this?

This question was not displayed to the respondent.

Q7. When is it delivered? (i.e. at what point in the course programme)

This question was not displayed to the respondent.

Q8. Why is it delivered at this time?

This question was not displayed to the respondent.

Q9. Who delivers this training? Please do not include their name, just their professional title e.g. "Lecturer in Speech and Language Therapy."

This question was not displayed to the respondent.

Q10. How were you made aware of this person?

This question was not displayed to the respondent.

Q11. If no; why is this? If more than one applies, please tick multiple.

- [ ] Not enough time within the academic year to include voice care provision within the teaching.
- [ ] Not able to fit this provision within the budget
- [ ] Wouldn’t know who to contact to deliver this training
- Other - please explain  
  it should be covered by the PGCE programme rather than by individual programme leaders (and I do not have a budget)

**Q12. What would encourage you to include voice care provision in the PGCE course?**
I think it should be included

**Q13. What do you feel the benefits of including voice care provision in the PGCE course are?**
It will help students to look after their voices and make proper use of them.

**Q14. What do you feel the drawbacks of including voice care provision in the PGCE course are?**
Can't think of any

**Q15. Do you think that voice care provision should be compulsory across all PGCE courses?**
Please explain your answer.
Yes - it is a key tool for teachers. With proper care to the voice, damage might then be avoided

**Q16. Student teachers have been found to be at risk of developing voice disorders (Simberg, Laine, Sala and Rönnemaa, 2000). Please explain why you think this might be.**
Stress affects the voice, as does not using it properly. Student teachers are in a very stressed role. They are also experimenting with the effective use of their voice.

**Q17. At this current point in the academic year, how aware do you feel your students are regarding how to care for their voice?**
I should think that they are aware of the need to care for it, but unless they have had advice, they may be unsure of how to do this.

**Q18. A programme director has a duty of care towards their students. A duty of care can be described as "a moral or legal obligation to ensure the safety or well-being of others". Please briefly describe what your role is in ensuring the well-being and safety of your students.**
As a visiting tutor, I give advice to students when I visit them and watch them teach. However, I am not qualified in this area and would be unable to advise with real confidence.

**Q19. How would you rate the importance of student wellbeing? 0 being not important at all and 10 being extremely important.**

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**Q20. Do you think that voice care provision comes under the umbrella of general health and wellbeing of your students?**
- Yes
- No

**Q21.**
If a teacher was to take time off due to a voice problem, what do you think the effects would be on themselves and their employer?
Difficult to say. Depends on the nature of the problem and the outlook of the teacher.

**Q22.** The Qualified Teacher Status (QTS) Wales Standards (2009) describes the great level of knowledge and skill that a newly qualified teacher is required to have. Do you feel as though external factors such as the QTS standards and Welsh Government education policy constrain your university's ability to make your own changes within the course, e.g. the inclusion of voice care?

No. There is flexibility to do this, and students were offered a course in this until recently.

**Q23.** Regardless of whether your course does/does not include voice care training within the programme, do you provide any leaflets or extra information for your students about the prevention of voice problems?

- ☐ Yes (please describe).
- ☐ No (Please see British Voice Association links at the bottom of your participant information sheet).
Appendix S: Questionnaire Response- Participant 5

Please create a unique six digit code using numbers and letters before beginning this study. Please make a note of this code. If you want to withdraw from this study, you may do so without giving a reason for up to two weeks upon receiving the study by emailing your unique code to my supervisor’s email address: fcooper@cardiffmet.ac.uk. By entering this code, you are giving your consent to take part in this study. Please refer to the Participant Information Sheet attached to the initial email for any further information.

Q1. Do you include voice care training within your PGCE course?

- ☐ Yes
- ☐ No

Q2. If yes, why do you offer this?

This question was not displayed to the respondent.

Q3. Please briefly describe what the content includes.

This question was not displayed to the respondent.

Q4. How is it delivered? (e.g. lecture, experiential workshop, other – if so please specify)

This question was not displayed to the respondent.

Q5. How long is the training? (hours)

This question was not displayed to the respondent.

Q6. What are the reasons for this?

This question was not displayed to the respondent.

Q7. When is it delivered? (i.e. at what point in the course programme)

This question was not displayed to the respondent.

Q8. Why is it delivered at this time?

This question was not displayed to the respondent.

Q9. Who delivers this training? Please do not include their name, just their professional title e.g. "Lecturer in Speech and Language Therapy."

This question was not displayed to the respondent.

Q10. How were you made aware of this person?
This question was not displayed to the respondent.

Q11. If no; why is this? If more than one applies, please tick multiple.

- [ ] Not enough time within the academic year to include voice care provision within the teaching.
- [ ] Not able to fit this provision within the budget
- [ ] Wouldn’t know who to contact to deliver this training
- [x] Other - please explain

I’m new to the course, and it has never occurred to me to include it. Until now!

Q12. What would encourage you to include voice care provision in the PGCE course?

More information about the best things to include, and how to teach them

Q13. What do you feel the benefits of including voice care provision in the PGCE course are?

Improved wellbeing of student teachers

Q14. What do you feel the drawbacks of including voice care provision in the PGCE course are?

None

Q15. Do you think that voice care provision should be compulsory across all PGCE courses? Please explain your answer.

No - I’m always concerned at the idea of making things compulsory on a course like this, it can quickly become a long list of external interests.

Q16. Student teachers have been found to be at risk of developing voice disorders (Simberg, Laine, Sala and Rönnemaa, 2000). Please explain why you think this might be.

Lack of preparation before going into an environment that can put pressure on the voice.

Q17. At this current point in the academic year, how aware do you feel your students are regarding how to care for their voice?

Some will be - it may well depend on their experience on placement

Q18. A programme director has a duty of care towards their students. A duty of care can be described as “a moral or legal obligation to ensure the safety or well-being of others”. Please briefly describe what your role is in ensuring the well-being and safety of your students.
Ensuring that they understand and can discharge their legal duties as a teacher is a safe and sustainable manner. This includes relevant course content and support while on placement

Q19. How would you rate the importance of student wellbeing? 0 being not important at all and 10 being extremely important.

<table>
<thead>
<tr>
<th>Not important at all</th>
<th>Neutral</th>
<th>Extremely important</th>
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</table>

Q20. Do you think that voice care provision comes under the umbrella of general health and wellbeing of your students?

- [ ] Yes
- [ ] No

Q21. If a teacher was to take time off due to a voice problem, what do you think the effects would be on themselves and their employer?

Hopefully would encourage them to seek suitable help, and employee to assist in that.

Q22. The Qualified Teacher Status (QTS) Wales Standards (2009) describes the great level of knowledge and skill that a newly qualified teacher is required to have. Do you feel as though external factors such as the QTS standards and Welsh Government education policy constrain your university’s ability to make your own changes within the course, e.g. the inclusion of voice care?

No

Q23. Regardless of whether your course does/does not include voice care training within the programme, do you provide any leaflets or extra information for your students about the prevention of voice problems?

- [ ] Yes (please describe).
- [ ] No (Please see British Voice Association links at the bottom of your participant information sheet).
Appendix T: Questionnaire response – Participant 6

Please create a unique six digit code using numbers and letters before beginning this study. Please make a note of this code. If you want to withdraw from this study, you may do so without giving a reason for up to two weeks upon receiving the study by emailing your unique code to my supervisor’s email address: fcooper@cardiffmet.ac.uk. By entering this code, you are giving your consent to take part in this study. Please refer to the Participant Information Sheet attached to the initial email for any further information.

Q1. Do you include voice care training within your PGCE course?
   - Yes
   - No

Q2. If yes, why do your offer this?
   This question was not displayed to the respondent.

Q3. Please briefly describe what the content includes.
   This question was not displayed to the respondent.

Q4. How is it delivered? (e.g. lecture, experiential workshop, other – if so please specify)
   This question was not displayed to the respondent.

Q5. How long is the training? (hours)
   This question was not displayed to the respondent.

Q6. What are the reasons for this?
   This question was not displayed to the respondent.

Q7. When is it delivered? (i.e. at what point in the course programme)
   This question was not displayed to the respondent.

Q8. Why is it delivered at this time?
   This question was not displayed to the respondent.

Q9. Who delivers this training? Please do not include their name, just their professional title e.g. "Lecturer in Speech and Language Therapy."
   This question was not displayed to the respondent.
Q10. How were you made aware of this person?

This question was not displayed to the respondent.

Q11. If no; why is this? If more than one applies, please tick multiple.

- [ ] Not enough time within the academic year to include voice care provision within
  the teaching.
- [x] Not able to fit this provision within the budget
- [x] Wouldn’t know who to contact to deliver this training
- [ ] Other - please explain

Q12. What would encourage you to include voice care provision in the PGCE course?

Finding a skilled provider

Q13. What do you feel the benefits of including voice care provision in the PGCE course are?

Huge benefits to the lifelong health of the trainees. It would enable them also to understand
how to use their voices appropriately, how to warm up their voices and how not to strain their
voices.

Q14. What do you feel the drawbacks of including voice care provision in the PGCE course are?

none

Q15. Do you think that voice care provision should be compulsory across all PGCE courses?
Please explain your answer.

yes

Q16. Student teachers have been found to be at risk of developing voice disorders (Simberg,
Laine, Sala and Rönnemaa, 2000). Please explain why you think this might be.

The voice is in constant use, with no break. The voice is used at a volume higher than "normal"
use and the pitch and tone and volume is constantly changing.
Q17. At this current point in the academic year, how aware do you feel your students are regarding how to care for their voice?

I talk about voice projection and the need to warm up the voice and take care of it - I am sure this is done also in Drama sessions also but has not been spoken of in general professional studies sessions.

Q18. A programme director has a duty of care towards their students. A duty of care can be described as "a moral or legal obligation to ensure the safety or well-being of others". Please briefly describe what your role is in ensuring the well-being and safety of your students.

I am not the course director, but I have a duty of care detailed by my job description to ensure the wellbeing of my trainees.

Q19. How would you rate the importance of student wellbeing? 0 being not important at all and 10 being extremely important.

Not important at all 1 2 3 4 Neutral 5 6 Extremely important 7 8 9 10

Q20. Do you think that voice care provision comes under the umbrella of general health and wellbeing of your students?

- Yes
- No

Q21. If a teacher was to take time off due to a voice problem, what do you think the effects would be on themselves and their employer?

All teachers take time off due to voice problems - I do believe many would struggle into work and hope to continue will their roles with limited use of their voice. I believe that any sickness in teaching is seen to put pressure on an individual - I don't think that taking time off due to a voice problem would be any different from other illnesses.

Q22. The Qualified Teacher Status (QTS) Wales Standards (2009) describes the great level of knowledge and skill that a newly qualified teacher is required to have. Do you feel as though external factors such as the QTS standards and Welsh Government education policy constrain your university's ability to make your own changes within the course, e.g. the inclusion of voice care?
Q23. Regardless of whether your course does/does not include voice care training within the programme, do you provide any leaflets or extra information for your students about the prevention of voice problems?

- ○ Yes (please describe).
- ☐ No (Please see British Voice Association links at the bottom of your participant information sheet).
Please create a unique six digit code using numbers and letters before beginning this study. Please make a note of this code. If you want to withdraw from this study, you may do so without giving a reason for up to two weeks upon receiving the study by emailing your unique code to my supervisor’s email address: fcooper@cardiffmet.ac.uk. By entering this code, you are giving your consent to take part in this study. Please refer to the Participant Information Sheet attached to the initial email for any further information.

Q1. Do you include voice care training within your PGCE course?
   • [ ] Yes
   • [x] No

Q2. If yes, why do your offer this?
   *This question was not displayed to the respondent.*

Q3. Please briefly describe what the content includes.
   *This question was not displayed to the respondent.*

Q4. How is it delivered? (e.g. lecture, experiential workshop, other – if so please specify)
   *This question was not displayed to the respondent.*

Q5. How long is the training? (hours)
   *This question was not displayed to the respondent.*

Q6. What are the reasons for this?
   *This question was not displayed to the respondent.*

Q7. When is it delivered? (i.e. at what point in the course programme)
   *This question was not displayed to the respondent.*

Q8. Why is it delivered at this time?
   *This question was not displayed to the respondent.*

Q9. Who delivers this training? Please do not include their name, just their professional title e.g. "Lecturer in Speech and Language Therapy."
   *This question was not displayed to the respondent.*
Q10. How were you made aware of this person?

This question was not displayed to the respondent.

Q11. If no; why is this? If more than one applies, please tick multiple.

- ☐ Not enough time within the academic year to include voice care provision within the teaching.
- ☐ Not able to fit this provision within the budget
- ☑ Wouldn’t know who to contact to deliver this training
- ☐ Other - please explain

Q12. What would encourage you to include voice care provision in the PGCE course?

research evidence and free training

Q13. What do you feel the benefits of including voice care provision in the PGCE course are?

an important teaching tool so important to inform students

Q14. What do you feel the drawbacks of including voice care provision in the PGCE course are?

lack of time/ or appropriate material

Q15. Do you think that voice care provision should be compulsory across all PGCE courses? Please explain your answer.

if there was an appropriate session that was high quality then yes

Q16. Student teachers have been found to be at risk of developing voice disorders (Simberg, Laine, Sala and Rönnemaa, 2000). Please explain why you think this might be.

they speak a lot, and probably are tired and under stress

Q17. At this current point in the academic year, how aware do you feel your students are regarding how to care for their voice?
it probably fits into their general understanding of their wellbeing which we do have a session on

Q18. A programme director has a duty of care towards their students. A duty of care can be described as "a moral or legal obligation to ensure the safety or well-being of others". Please briefly describe what your role is in ensuring the well-being and safety of your students.

regulations are followed/ student voice is listened to/ all students have personal and school based mentors/ all students have email contact with PD

Q19. How would you rate the importance of student wellbeing? 0 being not important at all and 10 being extremely important.

<table>
<thead>
<tr>
<th>Not important at all</th>
<th>Neutral</th>
<th>Extremely important</th>
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<td>0</td>
<td>1 2 3 4</td>
<td>5 6 7 8 9 10</td>
</tr>
</tbody>
</table>

Q20. Do you think that voice care provision comes under the umbrella of general health and wellbeing of your students?

• Yes
• No

Q21. If a teacher was to take time off due to a voice problem, what do you think the effects would be on themselves and their employer?

as with any absence

Q22. The Qualified Teacher Status (QTS) Wales Standards (2009) describes the great level of knowledge and skill that a newly qualified teacher is required to have. Do you feel as though external factors such as the QTS standards and Welsh Government education policy constrain your university's ability to make your own changes within the course, e.g. the inclusion of voice care?

yes

Q23. Regardless of whether your course does/does not include voice care training within the programme, do you provide any leaflets or extra information for your students about the prevention of voice problems?
• Yes (please describe).
• No (Please see British Voice Association links at the bottom of your participant information sheet).
Appendix V: Questionnaire response – Participant 8

Please create a unique six digit code using numbers and letters before beginning this study. Please make a note of this code. If you want to withdraw from this study, you may do so without giving a reason for up to two weeks upon receiving the study by emailing your unique code to my supervisor's email address: fcooper@cardiffmet.ac.uk. By entering this code, you are giving your consent to take part in this study. Please refer to the Participant Information Sheet attached to the initial email for any further information.

Q1. Do you include voice care training within your PGCE course?

☐ Yes

☒ No

Q2. If yes, why do you offer this?

*This question was not displayed to the respondent.*

Q3. Please briefly describe what the content includes.

*This question was not displayed to the respondent.*

Q4. How is it delivered? (e.g. lecture, experiential workshop, other – if so please specify)

*This question was not displayed to the respondent.*

Q5. How long is the training? (hours)

*This question was not displayed to the respondent.*

Q6. What are the reasons for this?

*This question was not displayed to the respondent.*

Q7. When is it delivered? (i.e. at what point in the course programme)

*This question was not displayed to the respondent.*

Q8. Why is it delivered at this time?

*This question was not displayed to the respondent.*

Q9. Who delivers this training? Please do not include their name, just their professional title e.g. "Lecturer in Speech and Language Therapy."
Q10. How were you made aware of this person?

Q11. If no; why is this? If more than one applies, please tick multiple.

- [ ] Not enough time within the academic year to include voice care provision within the teaching.
- [ ] Not able to fit this provision within the budget
- [x] Wouldn’t know who to contact to deliver this training
- [ ] Other - please explain

Q12. What would encourage you to include voice care provision in the PGCE course?

Availability of research evidence and access to properly trained staff

Q13. What do you feel the benefits of including voice care provision in the PGCE course are?

Sustainability! From having taught for 20 years in secondary schools I know demands on your voice can be relentless

Q14. What do you feel the drawbacks of including voice care provision in the PGCE course are?

Time and perhaps persuading staff of the merits of offering such provision

Q15. Do you think that voice care provision should be compulsory across all PGCE courses? Please explain your answer.

Yes - if we are expecting young teachers to stay in the profession for years

Q16. Student teachers have been found to be at risk of developing voice disorders (Simberg, Laine, Sala and Rönnemaa, 2000). Please explain why you think this might be.

Over-use of voice. Demands of projecting voice (assemblies, etc.)
Q17. At this current point in the academic year, how aware do you feel your students are regarding how to care for their voice?

I don't think they consider it at the moment

Q18. A programme director has a duty of care towards their students. A duty of care can be described as "a moral or legal obligation to ensure the safety or well-being of others". Please briefly describe what your role is in ensuring the well-being and safety of your students.

I am not a programme director. I realise I have a duty of care to my students and we discuss safeguarding issues and the future generations wellbeing act

Q19. How would you rate the importance of student wellbeing? 0 being not important at all and 10 being extremely important.

<table>
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<th>Neutral</th>
<th>Extremely important</th>
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</tbody>
</table>

Q20. Do you think that voice care provision comes under the umbrella of general health and wellbeing of your students?

- Yes
- No

Q21. If a teacher was to take time off due to a voice problem, what do you think the effects would be on themselves and their employer?

This has happened to me when I was a teacher. I regularly lost my voice (2 or 3 times a year) in my final couple of years of teaching. Although I may have taken a day off, I struggled in and used pupils to speak for me which probably wasn't wise. Teachers are under pressure NOT to take time off!

Q22. The Qualified Teacher Status (QTS) Wales Standards (2009) describes the great level of knowledge and skill that a newly qualified teacher is required to have. Do you feel as though external factors such as the QTS standards and Welsh Government education policy constrain your university's ability to make your own changes within the course, e.g. the inclusion of voice care?

Yes - we have to satisfy mandatory issues first
Q23. Regardless of whether your course does/does not include voice care training within the programme, do you provide any leaflets or extra information for your students about the prevention of voice problems?

- ☐ Yes (please describe).
- ☑ No (Please see British Voice Association links at the bottom of your participant information sheet).
## Appendix:W - An amalgamation of questionnaire responses with thematic analysis.

<table>
<thead>
<tr>
<th>Question</th>
<th>Comments</th>
<th>Emergent themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Do you include voice care training within your PGCE course?</td>
<td>Yes: 2 No: 6</td>
<td>Importance of the voice and caring for it</td>
</tr>
<tr>
<td>2) If yes, why do you offer this?</td>
<td>P1: It’s important for teachers to know how to care for their voice as it is such an important part of their day to day work. P2: For the wellbeing of the students and because singing is a large part of my subject area.</td>
<td>Wellbeing as a larger construct</td>
</tr>
<tr>
<td>3) Please briefly describe what the content includes.</td>
<td>P1: How to project without shouting, how to exercise the voice, care (1) when sickness occurs, signs and symptoms of voice strain. P2: Breathing from the diaphragm, 'getting into the singing habit', warm-ups.</td>
<td>Importance of the voice</td>
</tr>
</tbody>
</table>
| 4) How is it delivered? (e.g. lecture, experiential workshop, other – if so please specify) | P1: Lecture  
P2: Workshop                                                                 | General voice care vs. musically specific training – tailored to needs of course |
| 5) How long is the training? (hours)                                     | P1: 2 hours                                                                                 |                                      |
| 6) What are the reasons for this?                                        | P1: as above                                                                                |                                      |
Many PGCE music students are already voice trained, but we need to ensure they continue using their voices in the right way.

7) When is it delivered? (i.e. at what point in the course programme)
   
   P1: in the first few weeks of the course  
   P2: First quarter of the programme

8) Why is it delivered at this time?
   
   P1: to prepare trainee teachers for school  
   P2: Part of a variety of practical workshops early on in school experience.

9) Who delivers this training? Please do not include their name, just their professional title e.g. "Lecturer in Speech and Language Therapy."
   
   P1: lecturer in education  
   P2: Senior lecturer in PGCE secondary music

10) How were you made aware of this person?
   
   P1: part of the tutor team  
   P2: Colleague

11) If no; why is this? If more than one applies, please tick multiple.

| Emphasis on students continuing to use voice in the right way, suggests need for sustainability |
| Importance of caring for the voice |
| Participants’ role in ensuring wellbeing |

| Access to internal colleagues to deliver the training |
Not enough time within the academic year to include voice care provision within the teaching: 1
Not able to fit this provision within the budget: 1
Wouldn’t know who to contact to deliver this training: 1 1 1
Other - please explain: 3
Total: 8

P3: Historic reasons and to be honest not something that has been discussed or raised by us
P4: it should be covered by the PGCE programme rather than by individual programme leaders (and I do not have a budget)
P5: I’m new to the course, and it has never occurred to me to include it. Until now!

12) What would encourage you to include voice care provision in the PGCE course?

P3: Further understanding of the support provided and robust evidence to prove that it is a problem that needs to be addressed
P4: I think it should be included
P5: More information about the best things to include, and how to teach them
P6: Finding a skilled provider

P7: Research evidence and free training
P8: Availability of research evidence and access to properly trained staff

Suggests that the issue of voice disorders in teachers is not something that this participant and their colleagues are not aware of
Again suggests lack of awareness of the issue, this questionnaire has brought this participant’s attention to this issue.
Participant not able to access research evidence about the issue so is not aware of the need for voice care
Lack of awareness/knowledge/access to someone who can deliver the training

Constraint: lack of awareness
Constraint: lack of awareness
Constraint: lack of accessibility to research evidence
Constraint: lack of knowledge about what to include
Constraint: finding right person to deliver the training
13) What do you feel the benefits of including voice care provision in the PGCE course are?

P1: Allowing trainee teachers to care for their own health and well-being

P2: Student wellbeing, improved classroom practice

P3: Awareness and understanding/skills to look after one's own voice and also teacher well-being

P4: It will help students to look after their voices and make proper use of them.

P5: Improved wellbeing of student teachers

P6: Huge benefits to the lifelong health of the trainees. It would enable them also to understand how to use their voices appropriately, how to warm up their voices and how not to strain their voices.

P7: An important teaching tool so important to inform students

P8: Sustainability! From having taught for 20 years in secondary schools I know demands on your voice can be relentless

14) What do you feel the drawbacks of including voice care provision in the PGCE course are?

P1: None

P2: Some music students are already extensively voice trained

P3: Cannot think of any drawbacks, however they have much to consider, learn, master etc and this might not be perceived tro be a huge priority..unless it happens to an individual

P4: Can't think of any

P5: None

<table>
<thead>
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<th>Benefits</th>
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<tr>
<td>Denotes importance of giving students autonomy to care for themselves</td>
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<tr>
<td>Autonomy to look after their own voice, suggests recognition of need to use voice in a sustainable way.</td>
</tr>
<tr>
<td>Focussing on wellbeing as a larger construct, viewing voice care as a role of a wider emphasis on wellbeing</td>
</tr>
<tr>
<td>Identification of the voice as a teachers' main instrument</td>
</tr>
<tr>
<td>Voice care can support the longevity of teachers' voices and reduce the effects of the frequent vocal use in their careers.</td>
</tr>
<tr>
<td>Students' awareness of voice care increased because of their experience within musical training</td>
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<tr>
<td>Students may not see it as important as other things</td>
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<tr>
<th>Drawbacks</th>
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<td>Wellbeing as a larger construct</td>
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<tr>
<td>Importance of caring for the voice</td>
</tr>
<tr>
<td>Wellbeing</td>
</tr>
<tr>
<td>The impact of students' experiences on their perceived importance of voice care</td>
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</table>

Denotes importance of giving students autonomy to care for themselves

Importance of caring for the voice

Wellbeing as a larger construct

Importance of caring for the voice

Wellbeing

The impact of students' experiences on their perceived importance of voice care
<table>
<thead>
<tr>
<th>P6:None</th>
<th><strong>Time pressures within PGCE course duration</strong></th>
<th><strong>Constraint:</strong> time issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P7:</strong> Lack of time/<em>or appropriate material</em>*</td>
<td><strong>Indication that wellbeing is an umbrella term that encompasses a range of different aspects, including voice care</strong></td>
<td><strong>Constraint:</strong> lack of awareness</td>
</tr>
<tr>
<td><strong>P8:</strong> Time and perhaps persuading staff of the merits of offering such provision</td>
<td><strong>Highlighting the importance of the voice to a teacher and the importance of caring for it</strong></td>
<td><strong>Wellbeing as a larger construct</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Participant not aware of what would be the right things to include, requires professional delivery</strong></td>
<td><strong>Teachers’ tool and importance of voice care</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Thinking about sustainability</strong></td>
<td><strong>Constraint:</strong> lack of information and skilled provider</td>
</tr>
<tr>
<td></td>
<td><strong>Voice related pressures:</strong> inexperience</td>
<td><strong>Wellbeing as a larger construct</strong></td>
</tr>
</tbody>
</table>

15) Do you think that voice care provision should be compulsory across all PGCE courses? Please explain your answer.

P1: No - each course should be able to respond to the needs of learners on that course

P2: Yes - it is part of a wider package of wellbeing issues for students on this tough course.

P3: Yes I think so because of well-being issues

P4: Yes - it is a key tool for teachers. With proper care to the voice, damage might then be avoided

P5: No - I’m always concerned at the idea of making things compulsory on a course like this, it can quickly become a long list of external interests

P7: If there was an appropriate session that was high quality then yes

P8: Yes - if we are expecting young teachers to stay in the profession for years

16) Student teachers have been found to be at risk of developing voice disorders (Simberg, Laine, Sala and Rönnemaa, 2000). Please explain why you think this might be.

P1: I can’t comment on a piece of research I haven’t read.

P2: Inexperience in behaviour management leading them to shout too much, also using...
the voice effectively in a large space is something you need to be taught.

P3: Developing instructional skills/strategies and behaviour management issues. Also workload and stress issues

P4: Stress affects the voice, as does not using it properly. Student teachers are in a very stressed role. They are also experimenting with the effective use of their voice.

P5: Lack of preparation before going into an environment that can put pressure on the voice.

P6: The voice is in constant use, with no break. The voice is used at a volume higher than "normal" use and the pitch and tone and volume is constantly changing.

P7: They speak a lot, and probably are tired and under stress

P8: Over-use of voice. Demands of projecting voice (assemblies, etc.)

17) At this current point in the academic year, how aware do you feel your students are regarding how to care for their voice?

P1: Well

P2: Moderately, but this will be skewed by the awareness that comes from musical training.

P3: Not aware at all really, or little awareness

P4: I should think that they are aware of the need to care for it, but unless they have had advice, they may be unsure of how to do this

P5: Some will be - it may well depend on their experience on placement

how to use their voices appropriately

Recognition that other factors can effect voice use, not just using it too much

Inexperience as a risk factor

Voice related pressures: behaviour, workload and stress

Voice related pressure: overuse

Voice related pressures: stress and tiredness

The impact of students’ experiences on their perceived importance of voice care

Importance of voice care facilitated by pre-existing musical knowledge

‘Advice’ suggests that they have had to seek this as a result of a problem, so not aware unless they are already experiencing problems
P6: I talk about voice projection and the need to warm up the voice and take care of it - I am sure this is done also in Drama sessions also but has not been spoken of in general professional studies sessions.

P7: It probably fits into their general understanding of their wellbeing which we do have a session on.

P8: I don't think they consider it at the moment.

18) A programme director has a duty of care towards their students. A duty of care can be described as "a moral or legal obligation to ensure the safety or well-being of others". Please briefly describe what your role is in ensuring the well-being and safety of your students.

P1: Not something that can be done 'briefly'. I provide training and instruction through the modules and session in many aspects of physical, emotional and mental well being, to make our adult learners aware of issues that they may face during their PGCE year and how to avoid them or minimise their impact.

P2: Liaising with their school placement mentors, being available for personal tutoring, answering queries, acting promptly upon any indication of problems. Responding to student feedback.

P3: Working with the well-being/pastoral and support services with trainees and schools/mentors. Having an overview, implementing preventative measures and responding to issues.

P4: As a visiting tutor, I give advice to students when I visit them and watch them teach. However, I am not qualified in this area and would be unable to advise with real confidence.

| Idea of wellbeing as a larger construct proven to translate into teaching session |
| No consideration: complete lack of awareness? |

| Participant connotes that this role is taken seriously, lengthy description of what is involved in this role and the different aspects of wellbeing that are included within the role |

| Multidisciplinary approach, ensuring that different members of staff are looking out for the students’ wellbeing |

| Programme directors’ role in ensuring student wellbeing |

| Wellbeing as a larger construct |
P5: Ensuring that they understand and can discharge their legal duties as a teacher is a safe and sustainable manner. This includes relevant course content and support while on placement.

P6: I am not the course director, but I have a duty of care detailed by my job description to ensure the wellbeing of my trainees.

P7: Regulations are followed/ student voice is listened to/ all students have personal and school based mentors/ all students have email contact with PD.

P8: I am not a programme director. I realise I have a duty of care to my students and we discuss safeguarding issues and the future generations wellbeing act.

19) How would you rate the importance of student wellbeing? 0 being not important at all and 10 being extremely important.

P1: 10
P2: 10
P3: 10
P4: 10
P5: 8
P6: 10
P7: 10
P8: 10

20) Do you think that voice care provision comes under the umbrella of general health and wellbeing of your students?

P1: Yes
P2: Yes
P3: Yes
P4: Yes

Facilitating student autonomy – giving students a voice to make their own decisions.

All participants rated student wellbeing with a high level of importance and believed it comes under the umbrella of general health and wellbeing.
21) If a teacher was to take time off due to a voice problem, what do you think the effects would be on themselves and their employer?

P1: As any absence - discontinuity for the children they teach.

P2: Depends on whether something was put in place to avoid a reoccurrence. When I got my first NQT job I was taking over from a teacher who had to retire on health grounds as her voice problems became permanent. This has given me an awareness of this issue throughout my career.

P3: Loss of expertise, progress in student learning and stress/worry/anxiety for the teacher

P4: Difficult to say. Depends on the nature of the problem and the outlook of the teacher.

P5: Hopefully would encourage them to seek suitable help, and employee to assist in that.

P6: All teachers take time off due to voice problems - I do believe many would struggle into work and hope to continue will their roles with limited use of their voice. I believe that any sickness in teaching is seen to put pressure on an individual - I don't think that taking time off due to a voice problem would be any different from other illnesses.

P7: as with any absence
<table>
<thead>
<tr>
<th>P8: This has happened to me when I was a teacher. I regularly lost my voice (2 or 3 times a year) in my final couple of years of teaching. Although I may have taken a day off, I struggled in and used pupils to speak for me which probably wasn’t wise. Teachers are under pressure NOT to take time off!</th>
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<tbody>
<tr>
<td>22) The Qualified Teacher Status (QTS) Wales Standards (2009) describes the great level of knowledge and skill that a newly qualified teacher is required to have. Do you feel as though external factors such as the QTS standards and Welsh Government education policy constrain your university’s ability to make your own changes within the course, e.g. the inclusion of voice care?</td>
</tr>
<tr>
<td>P1: No</td>
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<td>P2: No</td>
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<tr>
<td>P3: Think there is a framework which has to be adhered to but we do have a degree of autonomy...so this is possible. Other factors might impact such as time/resource/staffing issues/WG priorities/Estyn...these are all other pressures</td>
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<tr>
<td>P4: No. There is flexibility to do this, and students were offered a course in this until recently</td>
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<td>P5: No</td>
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<td>P6: No</td>
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<td>P7: Yes</td>
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<td>P8: Yes - we have to satisfy mandatory issues first</td>
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<td>23) Regardless of whether your course does/does not include voice care training within the programme, do you provide any leaflets or extra information for your students about the prevention of voice problems?</td>
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<tr>
<th>Personal anecdote- heightened awareness of the impacts that a voice disorder can have on an individual</th>
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<td>Despite presence of guidelines, participant feels as though they are able to be flexible with course content, more influenced by internal challenges</td>
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<tr>
<td>Feels they are governed, have to prioritise based on guidelines set by Welsh Government</td>
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<tr>
<td>Majority of the participants do not include voice care, hence links to voice care leaflets provided to participants on the participant information sheet.</td>
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Constraints: time, staff, Welsh Government priorities
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<td>P1: Yes</td>
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<td>P7: No</td>
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<td>P8: No</td>
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Appendix X: Word count

Introduction: 374

Literature Review: 3,022

Method: 1683

Results: 2781

Discussion and conclusion: 2099

Total word count: 9,959