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Speech and Language Therapy/ Pathology: Perspectives on a gendered profession

**Abstract**

*Background*

The Speech and Language Therapy/Pathology (SLT/SLP) profession is characterised by extreme ‘occupational sex segregation’, a term used to refer to persistently male or female-dominated professions. Men make up only 2.5% of all SLTs in the UK, and similar imbalance is found in other countries. Despite calls to increase diversity in the allied health professions more generally, research into the reasons for occupational sex segregation and gender as a potential key factor remains scarce.

*Aims*

This study aims to explore the potential role of gender/ gendered discourses in people’s decision to pursue a career in SLT/SLP. It seeks to illustrate how gendered assumptions/ expectations/ discourses continue to construct SLT as a ‘gendered’ profession, and to make some recommendations in this area for SLT recruitment and practice.

*Methods & Procedure*

The study adopted a qualitative design which elicited research participants’ views, knowledge and experiences (in their own words) in relation to the research questions. Data collection involved two iterative phases: preliminary data phase – which involved semi-structured interviews with newly qualified SLT graduates and practising SLTs, and completion of questionnaires by undergraduate SLTs – and main/ focus group phase. In the focus group phase, reported in this paper, six focus groups in total were held with SLTs, teachers of speech and language therapy, and careers advisors in London, UK. The data were analysed qualitatively using grounded theory principles, thematic analysis, and discourse analysis.

*Outcomes & Results*

The findings extend our knowledge and understanding of gender as a parameter of people’s motivations and perceptions, which can influence their choice of career (e.g. as regards, pay and flexibility). The findings also show that discourses around women as carers, nurturers, and communicators constitute key ways through which the SLT profession continues to be constructed as ‘women’s work’. The topic of structural gender inequalities in the profession was also discussed in the data. Some recommendations for change, with implications for SLT recruitment and practice, were made by the participants themselves.

*Conclusions & Implications*

Gender imbalance in SLT needs to be researched further, in order to help address inequalities, re-evaluate professional practices, and develop service delivery in the profession. This area also needs to be researched via analysis that goes beyond gender distribution in numerical terms, to consider the complex perceptions or discourses around gender and work. Cross-disciplinary and comparative perspectives in future research would also be fruitful.

Key words: speech and language therapy, gendered discourses, focus groups, career choice

### **What this paper adds**

A massive gender imbalance exists in speech and language therapy/ pathology where men make up only 2.5% of all speech and language therapists (SLTs) in the UK. The little research available suggests that, among other factors, gender stereotypes impact upon what is thought of as 'men's work' and 'women's work.' The study reported in this paper aims to investigate the relevance of gender (as an articulated factor) and gendered discourses (as perceptions and interpretations around gender, circulating in society) in contributing to sex segregation in the profession. It also aims to draw out some recommendations for SLT recruitment and practice. Much more research than currently available is needed in this area, not only because of the inequality (in terms of pay, access to opportunities and career progression) that accompanies sex segregated professions, but also because an overwhelmingly female SLT/SLP workforce does not reflect the client population it purports to serve (where the majority of clients are male). A better gender balance is likely to help encourage better engagement with some male client groups such as teenage boys, a rethinking of professional practices and services offered, and an increased awareness of the profile and different aspects of the profession.

## Introduction

In his landmark 1985 study, Farmer suggests that there are three main influences that affect occupational choice including a person's background (i.e. gender, skills), psychological/personal influences (i.e. their attitudes, earlier experiences) and cultural influences (i.e. norms, peer pressure, media). A later study (Francis, 2002) involved interviewing 100 children in the UK aged 14-16 years about their preferred future career. Francis found that gender, rather than ability, is still predominant in career choices (Francis, 2002) and that young people have little knowledge of the adult workplace, current demands for particular professions and the qualifications required for their preferred careers. In short, *gender stereotypes* or "commonly accepted beliefs about the activities, roles, physical attributes, and personality traits that distinguish girls and women from boys and men" (Berndt & Heller, 1986: 889) have the effect of placing socially constructed constraints on what kind of work is deemed appropriate for women and for men (Francis, 2002). Research with primary and secondary school children shows that their aspirations often reflect a gender dichotomy, with girls opting for creative or caring professions, and boys choosing professions involving scientific, technical or business related skills (Francis, 2002). Although the associations of 'male' with 'rationality', 'objectivity', 'sciences' 'hard' and 'the sciences', and of 'female' with 'emotion', 'subjectivity', 'nature', 'soft' and 'the arts' have been widely debated in the social sciences (see Francis, 2002; Litosseliti, 2006), it is clear that such stereotypes persist and continue to impact upon career decision-making. Gottfredson & Lapan (1997) describe this as 'circumspection theory', where young people (and especially boys) judge the desirability of occupations against the concept of gender and are less willing to violate what they perceive as gender appropriateness.

Gender stereotypes simultaneously reflect and contribute to 'occupational sex segregation', which describes the situation whereby some occupations are concentrated by one gender (Anker, 2001). Labour Force Surveys in the UK carried out by the Office for National Statistics show that men and women are concentrated by different industry sectors (ONS, 2009), for example there are more women working in the 'personal service occupations' (for example, nursery nurses, travel agents and hairdressers) and there are more men working in the 'skilled trade occupations' (for example, mechanics, electricians, and plumbers).

There are different theories about how occupations become thus divided along gender lines. One explanation is structural forces, such as the impact of industrialization on the workforce. According to this explanation, industrialization set up conditions for women to be paid less, for example by subdividing jobs into tasks that required more technical skill to use new technologies (tasks allocated to men) and more routine and repetitive tasks (tasks allocated to women). A good example of this is provided by Pringle (1993) who describes how secretarial work "was redefined to include a sharp differentiation between secretarial jobs on the one hand and administrative and managerial jobs on the other" (Pringle, 1993: 130). From a different perspective, feminist sociologists have argued that due to male social dominance, tasks allocated to men are typically given higher social importance (Ortner, 1974), and that men strive to maintain dominance by devaluing the work of women. A combination of such structural and social forces can reinforce occupational sex segregation. Indeed, Bradley argues that structural forces (i.e. the capitalist drive for accumulation and hierarchies that perpetuate male social dominance) have "come together with ideologies

and discourses of femininity and masculinity to produce an effect of gendering within the employment sphere” (1993: 14), that is, jobs are seen to be appropriate for a certain sex and governed by traditional views of what it is to be a female or male.

One reason why it is important to research occupational sex segregation is the fact that it is shown to be a contributory factor in inequality between the sexes in the workplace (Bradley, 1993). Women, in particular, often experience different kinds of discrimination at work, such as discrimination during the hiring process and lack of equal pay for the same type/amount of work in the same job. The latter has been documented, for example, by England & Herbert (1993) in their study of the phenomenon of ‘comparable worth’. They have concluded that “the sex composition of jobs affects their wage level, so that jobs filled largely by men pay more than comparable jobs filled largely by women” (England & Herbert, 1993: 28). It has been suggested that for every 10% increase in men in the occupation, wages are 1.3% higher (HOC, 2005). At the same time, many men in so-called female-dominated professions also experience a ‘glass escalator effect’ (Williams, 1992: 256), that is, “they face invisible pressures to move up in their professions. As if on a moving escalator, they must work to stay in place”. However other researchers argue that, similarly to women in male-dominated professions, men in female-dominated professions are subject to the ‘revolving door’ effect, whereby social control pushes them out of the occupation into male-dominated fields (Jacobs, 1993). Put simply, occupational sex segregation creates the conditions for inequalities in the workplace that adversely affect both female and male professionals.

Recently there has been a small increase in the number of men entering professions where there is a high concentration of women (ONS, 2009), such as nursing. In the case of nursing, research suggests that men and women have similar motivations for entering this profession, including a desire to help people or to make a difference, career opportunities and job stability (Duffin, 2009; Meadus & Twomey, 2007). A closer look, however, reveals that, despite similar motivations for entering nursing, men and women are represented in different proportions according to their chosen specialisation within the profession. For example, midwifery, paediatric nursing and care of the elderly are typical ‘female’ specialisations, whereas learning disability and psychiatric or mental health nursing are considered ‘male’ areas (Muldoon & Reilly, 2003). There is some evidence that pursuing work with certain client groups (for example in mental health rather than paediatrics) within a profession may constitute an attempt to navigate potentially dilemmatic situations; in other words, it can be a strategy employed by men who feel under pressure to maintain a ‘masculine’ self-identity within professions perceived as ‘feminine’ (Bradley, 1993).

There has also been a small increase in the number of men entering speech and language therapy/ pathology [NB. We largely use the term ‘speech and language therapy’ (SLT) in this paper, as it is applicable in the UK, where our research was conducted; ‘speech pathology’/ ‘speech and language pathology’ (SLP) are used to refer to the profession in the Australian and USA context). The use of these professional titles can and most likely needs to be a matter of debate, as mentioned in our recommendations at the end of the paper]. In 1999, Sheridan reported a figure of 1.9% of the UK speech and language therapy workforce being male. A more recent study suggests that 2.5% of SLTs in the UK are men (McKinson, 2007). Similar statistics can be found in Australia, where 3% of SLPs are male (Lambier, 2002;

Speech Pathology Australia, 2012), and the USA, where male SLPs account for 4.1% of the workforce (American Speech-Language Hearing Association, 2010).

Many researchers have found that both men and women choose to pursue a career in speech and language therapy because of a desire to help others and because of the perceived job satisfaction (Whitehouse et al, 2007; Boyd & Hewlett, 2001; McAllister & Neve, 2005; Byrne, 2007, 2008). Patterson & Woodward's (1996) study, however, concluded that there can be gender differences in perceived job satisfaction; specifically that men tend to be more motivated by salary and career prospects and that this may be a factor in men's decision not only to enter the profession but also to leave the profession (McAllister & Neve, 2005). In addition, Burne's (2008) research on the role of altruism as a factor for choosing a career in the 'helping' professions has yielded some interesting results. On the one hand, Byrne found no differences in self-reported altruism either between five 'helping' programs (speech pathology, education, occupational therapy, physiotherapy and social work) or between sexes. However, the male interviewees reported different altruistic reasons for entering these professions that focused more on "society," whereas women focused more on the "individual" person (Byrne, 2008). Others (Mosheim, 2005; Byrne, 2008; Patterson & Woodward, 1996; Werven, 1994) have acknowledged the links between stereotypical gender roles in society and occupational stereotyping of a career in SLT. As one of the directors of the American Speech Hearing Association puts it (in Mosheim, 2005), 'because there is a high degree of interpersonal, face-to-face contact, especially in the areas of young children and the elderly, the profession is defined as being "female"'.

With the exception of the above studies, research into the reasons why *men* in particular become/ do not become SLTs is scarce. The existing research, however, does provide evidence that boys and men have limited awareness of the profession (Byrne, 2010; McKinson, 2007; Blows, 2006; Mosheim, 2005)) and that little or incorrect information is offered to students by careers advisors (McAllister & Neve, 2005; Boyd & Hewlett, 2001; Byrne 2007, 2008). Moreover, there is some evidence that, similarly to male nurses, male SLTs are correlated with certain client groups, particularly adults with neurological difficulties.

Against this theoretical backdrop, and given the lack of extensive research in this important area, the study reported in this paper is an attempt to explore the role of gender (and gendered discourses) in pursuing and experiencing a career in speech and language therapy. The research aimed to address the following research questions:

Is gender one of the relevant factors in the research participants' decision to pursue a career in speech and language therapy?

If yes, in what ways does this consideration (gender as a factor, or the typically assumed rather than straightforwardly articulated gender discourses) facilitate or hinder their career choice in this field?

The research also aimed to formulate some recommendations in this area for speech and language therapy recruitment and practice.

Addressing the issue of the huge gender discrepancy in the SLT/SLP profession (a discrepancy more significant than in any other health-related profession (Mosheim, 2005)) is imperative, and not only because of the aforementioned equity in terms of pay and access to the profession that this discussion may encourage. The majority of SLT/SLP clients, both in paediatric and adult settings, are male; there is, in other words, a stark contrast between the diversity – not only in terms of gender, but also culture, race, ethnicity -- in client populations and the lack of such diversity in the SLT/SLP workforce. Can a predominantly female workforce always relate to the concerns of aphasic male clients? Can such a workforce adequately motivate and relate to teenage boys, who are often embarrassed to admit to having difficulties or to do exercises, and who arguably would also benefit from male role models? Is a female workforce best placed to pursue SLT work with young offenders? A better gender balance in the profession is also likely to encourage a rethinking of both professional practices (for example, examining how our social assumptions may impact on identifying cases) and services offered (such as being able to give more choice to clients, and develop new approaches to service delivery). A better gender balance would also inadvertently help raise awareness of the profile of the profession, particularly of the apparently less known scientific, analytical, evidence-based nature of the work – which is identified as one area responsible for keeping males away from the profession (Boyd and Hewlett, 2001; Greenwood et al., 2006; McAllister and Neve, 2005, McKinson, 2007). Increased awareness of the profession could lead to increased status of the profession more generally and to developing or opening up the profession, to include a better balance of the clinical and the academic aspects of the work.

## **Method**

### *Research design*

The study adopted a qualitative design which was most appropriate for eliciting views and experiences from a sample of key individuals (SLT graduates/ students, SLTs, teachers of speech and language therapy, and careers advisors) in order to address the above research questions. Similarly to the few other qualitative studies that have investigated this topic (such as Byrne, 2007), this study was designed to obtain a range of views and variation of views from a diverse sample of participants who were expected to have direct knowledge and/or experience of the SLT profession, rather than aiming to be quantitatively representative (see Edley & Litosseliti, 2010, for a discussion). Qualitative research focuses on allowing research participants to explore, in their own words, issues, beliefs, values and experiences in relation to the research questions posed.

The data collection involved two iterative phases: preliminary data phase and focus group phase. There were two stages in the preliminary data phase. Stage 1 involved face to face semi-structured interviews with nine newly qualified graduates in speech and language therapy and nine face to face interviews with practising SLTs. Stage 2 involved the completion of questionnaires by a sample of undergraduate speech and language therapy students (number = 32). In the focus group phase, six focus groups in total were held with SLTs, teachers of speech and language therapy, and careers advisors (details below). A focus group is “a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment” (Krueger, 1994: 6). Focus groups

are appropriate for being used alongside other methods, such as interviews and questionnaires, to fulfil different research aims -- to brainstorm, understand, identify, assess, obtain and consolidate knowledge/ perspectives (Litosseliti, 2003). They are highly interactive in nature, that is, participants are influenced by others in the group in exploring their understanding and views of a topic and the moderator has a participative role (see Edley & Litosseliti, 2010 for a critical discussion of what focus groups can and cannot do). In this study, the mix of methods during the two phases allowed for obtaining a range of perspectives on the same topic, in participants' own words (via their responses in interviews and questionnaires), but also in a focused group situation (focus group interviews), where group dynamics are paramount and participants can engage in detailed accounts. In addition, having two iterative phases of data collection allowed, first, the identification of key issues in participants' individual responses, and subsequently, the design of a questioning route for the focus groups, where participants had the opportunity to explore key topics in depth.

The interviews had a semi-structured format whereby the interviewer (research assistant on the project) asked specific questions but invited further comments and perspectives. Interview participants were asked a range of general questions about the factors involved in their decision to pursue a career in speech and language therapy (for example, 'Were there any circumstances in your life (e.g. origin, age, gender, membership of a group) which contributed to your decision to become a speech and language therapist? In what ways?'). Other questions were asked to elicit views on any influence of gender (for example, 'Do you feel that your gender has been a facilitator/an advantage in any way during your training/profession? Can you think of any examples?'). A transcript of interview questions, which were identical to those used in the questionnaires, can be found in Appendix A. All interviews were tape recorded and transcribed verbatim onto Word documents for analysis.

A 'questioning route', which included all the key topics raised in the preliminary data phase, was then developed for the three sets of focus groups. A 'questioning route' is a carefully planned sequence of questions used to ensure that all topics and issues of interest are discussed in the focus group discussion (Krueger & Casey, 2000). A number of considerations, other than topic-related (as suggested by Litosseliti, 2003), were taken into account in developing the questioning route: general, simple, factual and important questions preceded complex, controversial, specific, cued and less significant ones; open-ended rather than closed questions were used; a range of introductory, key, transition and ending questions -- as well as probes -- were used; approximate timings were used for each key question to ensure that all key issues were covered. For example, each focus group discussion started with a general question on the possible factors involved in people's decision to pursue a career in speech and language therapy. Key questions such as 'What would you say to someone who says that a career in SLT is for women only?' followed later in the questioning route. A transcript of the questions used in the focus groups can be found in Appendix B. Focus groups were recorded using audio equipment onto an MP3 format. Adobe Audacity software was used to support the transcription into a Microsoft Word document, in preparation for coding.

### *Participants, recruitment and settings*

In the preliminary data phase, nine newly qualified SLT graduates (4 male, 5 female) and nine practising SLTs (4 male, 5 female) took part in an interview, and thirty two undergraduate speech and language therapy students (all female) completed a questionnaire. In the focus group phase, a total of 33 participants were involved in six focus groups. Two focus groups were held with SLTs (no.= 11; 8 female and 3 male), two focus groups were held with teachers of speech and language therapy (no.= 10; 9 female and 1 male), and two focus groups were held with careers advisors (no.= 12; 9 female and 3 male).

The sample in the preliminary phase was purposeful, in the sense of including individuals who could begin to shed some light on the research questions. The sample in the focus groups is both purposeful and theoretical, in that it allows for investigation of views by groups of practising individuals with direct knowledge about the SLT profession, and for the building of theory which is 'grounded' in the data as regards the gendered discourses around the profession. The sampling method used in the main/focus group phase followed general qualitative research principles (Curtis et al., 2000; Miles & Huberman, 1994): samples are small and intensively studied; sample selection is driven by the conceptual framework (i.e. grounded theory – see below) and the research questions, rather than statistical probability; samples generate rich descriptions/ explanations of the phenomena studied; samples allow for observation of cases against wider theoretical constructs (thus theory drives the selection of cases *and* analysis of cases may lead to the building of theory).

SLTs and teachers of speech and language therapy were recruited by invitation through the authors' contacts, while the careers advisors were approached by contacting the services directly to enlist their support. The SLTs were practising in different NHS trusts, Local Education Authorities and private schools in London; SLT teachers were employed in two London universities; careers advisors were based in two local Connexions branches in different parts of London. There was a range of ages across the groups and differing levels of experience (from 2 to 35 years). All groups consisted of practising professionals of both sexes, but with smaller representation of men overall (which is reflective of representation in the profession). In each phase, participants were invited to take part in the research and all those who expressed an interest were distributed information sheets (describing the research project in general terms) and consent forms. They were then invited to an interview or focus group at a central work setting for their service or organisation, with the exception of the undergraduate SLT students, all of who responded by completing questionnaires in their place of study. All participants who responded provided written consent for participating, and where appropriate, for being recorded. There was one absence among those who had agreed to take part in the research. All interviews and focus groups were carried out and facilitated by a research assistant and qualified SLT.

Ethical approval for the research was obtained from Senate Research Ethics Committee, City University London, UK.

#### *Data analysis*

The data were analysed qualitatively using grounded theory principles (Glaser & Strauss, 1967), where key themes emerged from the coding of the data and were refined from each stage to the next. Grounded theory is extensively used in the social sciences, and often

described as a research method which operates in a reverse fashion from traditional research: beginning with data collection rather than a formulated hypothesis. Once the data are collected and transcribed, the text is coded, and the codes are grouped into similar concepts that form analytical categories. Grounded theory principles were very appropriate and useful for this study, given both the research questions – which *do not presuppose* the role/ workings of gender in the participants' choice of or knowledge about a career in SLT – and the emphasis on eliciting participants' views and experiences in their own words on this topic.

There were three key stages in the analysis:

1) *Data reduction.*

To reduce the volume of the data, categories and connections between a category and its sub-categories were developed, by filtering information relevant to the research topic and discarding extraneous information.

2) *Data organization*

The data were then organised into themes and each theme was coded. "Open coding" (Glaser & Strauss, 1967) was used in order to identify, describe and categorise concepts found in participants' responses and discussions. In addition, the data were compared and contrasted in order to identify some subcategories. Comments that were repeatedly made in the transcripts were coded and numerous illustrative quotes were identified in order to "saturate" the above mentioned themes.

3) *Data explanation*

Finally, different ways in which categories fitted together were identified and evident explanations and conclusions were drawn.

The Grounded Theory's basic principle of iteration underpinned both data collection and data analysis. In terms of data collection, as mentioned earlier in this section, the key themes or categories identified in the preliminary datasets (interviews and questionnaires) were incorporated in the questioning route (as topics or prompts) of the main focus group dataset. In terms of data analysis, the three key stages described above entailed a process whereby the data were constantly reviewed, coded, re-organised, and also thematised through descriptive and explanatory accounts that relate to the research questions. As Markham et al. (2009: 751-2) put it, in their similar qualitative design for a study on another topic, these stages '...involve the development of a thematic framework, which is used to classify and organize the data according to key emergent concepts and themes. Finally, a process of charting is used to inspect every piece of data and subsequent placement of it within the thematic framework and as such retains the original terms, concepts and language used by the study participants'. Also, in terms of both data collection and analysis, each focus group was analysed before a subsequent one, allowing the researchers to identify the most productive as well as potentially problematic elements of the questioning route, consistent themes and possible contradictions in participants' accounts.

Alongside the iterative thematic analysis described above, this study also drew on discourse analysis -- analysis which explicitly goes beyond the text, in the tradition of Fairclough, 1992; van Dijk, 1998 -- to relate the themes to broader social (gendered) practices. More

specifically, discourse analysis was appropriate for exploring the gendered discourses participants drew on in their interview and focus group talk, for example, reinforcing or contesting the idea of women as 'natural communicators' or as 'superior carers'.

Finally, the data analysis has also included identifying a number of participants' recommendations for speech and language therapy recruitment and practice (another consideration of this study).

## **Results**

In this section, results of the analysis of the main/ focus group data are presented. The topics and corresponding themes that emerged from data analysis of the focus groups overall are summarised below:

### **A**

#### Topic (based on research questions)

Factors involved in people's decision making in pursuing a career in speech and language therapy; the relevance of gender as a factor

#### Themes (based on coding)

Exposure to SLT/ influence of relatives  
Perceived prestige, status and salary of the profession  
Personal motivation and interests

### **B**

#### Topic (based on research questions)

Perception/ Discourses of SLT as 'female profession'

#### Themes (based on coding)

Female dominated profession  
Female oriented profession  
Women as carers/ nurturers  
Women as communicators

### **C**

#### Topic (based on research questions)

Gender inequality and career progression

#### Themes (based on coding)

Men at the top of the profession  
Gender difference in career progression

### **D**

#### Topic (based on research questions)

Recommendations for SLT recruitment and practice

In the following paragraphs, selected quotes from participants are used to illustrate each theme.

#### A. Factors involved in people's decision making in pursuing a career in speech and language therapy; the relevance of gender as a factor

##### *Exposure to speech and language therapy/ influence of relatives*

A key factor discussed by all participants was the importance of a person's exposure to speech and language therapy, in the form of personal experience of accessing speech and language therapy or a family member who has received speech and language therapy, or experience of working alongside SLTs. A female careers advisor (CA8) summarises this point in the following comment:

*"They've come across it, maybe they've had some speech and language therapy themselves or family member or friend who, who's doing it. They talk to them about it."*

SLTs also describe the influence of direct contact with an SLT in their career choice, for example:

*"My aunt's a speech therapist so I vaguely know what it was about and had an opportunity to do an observation with her"* (SLT9).

Given the degree to which SLT is a sex segregated profession, such direct contact with an SLT (who is sometimes a relative) is likely to further reinforce the idea (more on this below) that speech and language therapy is a 'female' profession.

In fact, the influence of relatives is seen as a factor in young people's decision to follow the profession, according to the SLTs and careers advisors in this study. As one careers advisor (CA6) explains:

*"I've had lots of young people where they've been 'oh, my mum wants me to do this' or 'dad said this' and I think that's a big influence on them."*

##### *Perceived prestige, status and salary of the profession*

Another important factor in young people's career choice is their perception of the status of the profession and their knowledge of the salary it attracts. Interestingly, the research participants themselves treat these aspects as gender relevant. The careers advisors make a distinction about the importance of salary to boys in particular, as seen in this example (CA3):

*"A lot of my boys to be honest, they want to be engineers or they want to earn lots of money in the city."*

Similarly, teachers of speech and language therapy believe that, for men in particular, the career prospects and salary are an important consideration. One teacher of speech and language therapy (TSLT7) describes:

*"I think, you know, that one of the contributing factors when men look at this as a profession could be the erm...although it's much better, is the career progress, the career structure and the pay-scales."*

Such comments indirectly point to a general perception that NHS (National Health Service in the UK) professions – with the exception of doctors -- are not very well paid.

### *Personal motivation and interests*

The careers advisors in this sample did not have experience of young people approaching them to express an active interest in a career in speech and language therapy; rather, their practice would be to discuss SLT as an option, based on the young person's interests. One careers advisor (CA3) explains this:

*"I would usually discuss it as part of job families so, if there's interest in languages, there's interest in science and so on, I then look at the job family of healthcare and it would be one of the various career paths."*

The results show that individuals have different personal motivations and interests that they consider in their decision to pursue a career in speech and language therapy: an interest in languages and sciences; a motivation to make a change in career direction following another career or raising a family; and a concern with opting for a career that is flexible enough to allow for a career break to have a family. Female SLTs and SLT teachers in particular discussed the issue of having a family as a factor in decision making; their comments included:

*"I think it's just seen as a nice, threat-free profession that one can have, and one can still have when one has babies" (TSLT5)*

*"child friendly and a kind of vocational career that I could do once I'd come back off maternity leave" (SLT1)*

It is noteworthy that neither the careers advisors nor the male SLTs discussed this as a relevant or influencing factor.

### B. Perception/ Discourses of SLT as 'female profession'

The careers advisors who participated in the study argue that the predominance of women in speech and language therapy effectively means it is perceived as 'women's work.' One careers advisor (CA8) illustrates this view by commenting:

*"I think certain kind of healthcare professions are very, they are female dominated and that message filters down through"*

*resulting in young people having a*

*"perception of what are males jobs and what are female jobs"*

Despite this, the male SLTs who took part in the focus groups appeared unaware of the predominance of women in the profession, at least during the stage when they were considering SLT as a potential career. One male SLT (SLT11) states:

*"I'd never considered that it would just be a female dominated profession."*

At a different – metalinguistic or discourse – level, however, participants in each of the focus groups in this study have suggested that the words 'speech' and 'therapist' connote 'female' and therefore SLT connotes a 'female profession'. As one SLT (SLT8) explains:

*"I think the word therapist is generally quite a female orientated on its own, just always seems to be there."*

A teacher of speech and language therapy (TSLT6) elaborates:

*"You know, you think of the word therapies, you tend to think of a woman."*

The results of the analysis further highlight this important dimension – i.e. that gender operates at a discursive level, that typically goes beyond the words participants use or refer to. In other words, participants draw upon gendered discourses (commonly accepted perceptions, assumptions or stereotypes about so called 'female' and 'male' activities, roles, personality traits etc. – see earlier) to explain why speech and language therapy is perceived as 'women's work'. One of the discourses on which careers advisors and SLTs in the study draw is a 'women as carers/nurturers' discourse, which is based on the assumption that caring for people is a 'natural' skill that women possess (arising from their role as mothers). For example, one SLT (SLT7) describes it in these words:

*"'cos you're a girl you're supposed to like working with children, I think that's a classic one as so you don't mind if you have to take them out to the park or take them to the toilet or whatever, it is 'cos that's a mum thing to do."*

Although participants draw on this discourse, they also sometimes do this in order to contest it, as can be seen by the following comment from a careers advisor (CA1):

*"I don't know how caring you have to be to be a speech and language therapist anyway to be honest...I question the caring approach."*

Nevertheless, even the comments that contest this view, effectively acknowledge that this discourse exists and is widely held in society.

A 'women as communicators' discourse was also used to explain why speech and language therapy is perceived as 'women's work'. Participants, both male and female, drew upon commonly held beliefs that boys and girls differ in their skills in early childhood, i.e. girls excel in communication skills and boys excel in manual skills (in the example below, repairing toys) suggesting innate abilities. One female career advisor (CA11) describes this as the

*"...perception of little boys and girls, when they're toddlers that girls are better at communicating and interacting with people and boys are better at dealing with their toys and fixing."*

A female SLT (SLT8) also comments:

*"I think there's the perception that women are more communicative than men whether it turns out to be more realistic [...] communication and talking is always just thought of as a female thing."*

Participants do not necessarily or uniformly support this perception, and in fact, analysis also highlighted examples where SLT teachers draw upon a 'women as communicators' discourse to report their awareness of possible discrimination against men in the recruitment process. One female teacher of speech and language therapy (TSLT8) explains:

*"we are all women I think we may be looking at applicants expecting certain more female characteristics in their interaction, in their interpersonal skills and we have discussed that, whether there's an in-built bias into the way that we interview people. We expect them to engage in group discussions, expect them to be quite reflective and I wonder if some of those qualities are more culturally expected of women."*

### C. Gender inequality and career progression

The issue of inequality of women and men in the SLT profession, particularly in terms of career progression and promotion opportunities, was a common theme across the focus group datasets with SLTs and SLT teachers. Alluding to the 'glass escalator effect' (Williams, 1992 – see earlier), for example, one female SLT (SLT7) states:

*"I think if you look at the evidence, the male trajectory through the layers, through the ranks [...] I think men tend to rise up through the ranks quite quickly. I don't think it's a male-female thing necessarily, maybe it is. I was going to say that I think that men tend to identify managerial leadership skills that they have earlier actually because they see a career progression. I don't think that this is because they're more ambitious. I think that it's just that success is measured more in male psyche by the status that you have through the profession."*

Another participant, a female teacher of speech and language therapy (TSLT2), similarly draws upon a 'gender differences' discourse – a perceived distinction between women as 'emotional' and men as 'rational' – to explain why there are more men in SLT management positions. She says:

*"They're less pulled by the emotional aspects which means that management is more attractive or research for that matter."*

However, one of the male SLTs (SLT10) focuses on the possibility of a structural barrier of discrimination against women within the profession, of men promoting other men. He explains:

*"I think it's harder for women to go through the ranks [...] People making the decisions currently who are right up there are men."*

The limited data by male SLTs in this study also suggests that the men in the profession are expected – or may even experience some pressure – to take a different, perceived to be more 'male-appropriate' direction, within the profession. For example, one male SLT (SLT6) describes how

*"my manager.... he actually said to me 'oh you don't want to carry on working with teddies and dollies!'"*

implying that it is not seen as appropriate or desirable or valuable for men to be working with children as it may be for women. Similarly, male participants in the study mention an expectation of them to work in certain specialities within the profession, such as adult neurology, and in certain settings, especially hospitals. One female SLT (SLT8) explains how her husband (also on speech and language therapy training at the time) was given placements in hospitals:

*"he had I think 3 or 4 hospital placements and I had none [...] and he always said 'oh, I think it's because I'm a man they just assume I'm gonna go and work in hospital'. I think that was a factor for him, an expectation of him"*

### D. Recommendations for speech and language therapy recruitment and practice

The final question in the focus group questioning route (Q8, Appendix b) asked participants to respond to and discuss the following statement: *'Speech and language therapy is still a*

*predominantly female profession*'. In particular, participants were asked 'Do you think that this is a state of affairs that you would like to see changed? If yes, could you suggest some ways of doing this?'. The participants' recommendations for speech and language therapy recruitment and practice are summarised below.

- Improve public education about the profession via the use of modern technology (e.g. TV campaigns, information available on social networking sites such as Facebook) and direct contact between existing and aspiring SLTs
- Public education to include more information about the salary and career prospects within the profession
- Broadening of the role of an SLT and therefore the variety of the work and settings in which SLTs work. This would then enable the discipline to diversify and may, as a result, attract more men into the profession.
- Change the title of the profession to remove the 'female' connotations of the word 'therapist'
- Use male SLTs as role models to other men and involve men in the recruitment process

## **Discussion**

The findings suggest that there are a number of factors that influence a decision to pursue a career in speech and language therapy including exposure to speech and language therapy; the influence of parents and relatives; the perceived prestige and status of the profession and the salary it attracts; and people's personal motivation and interests. Exposure to speech and language therapy was a common influencing factor across the three groups of participants. This finding is consistent with Patterson & Woodward's (1996) evidence that the single most influential factor in choosing SLT as a career was a visit to an SLT; and with Byrne's (2010) findings that, to develop a desire to pursue a career in SLT, one needs to have had some contact with a therapist and know what they do. As long as SLT continues to be a female-dominated profession with very small numbers of male professionals, it is likely that any exposure to/contact with existing SLTs for aspiring new members may help perpetuate, or at least reinforce the perception of the profession as a profession 'for women'. Having said that, the data across all groups in this study attests to the fact that there is generally a lack of awareness of and knowledge about the profession amongst young people – an issue that has been discussed also by other studies (Byrne, 2010; McKinson, 2007; Blows, 2006).

Having different groups of participants in this study has allowed for some insight into different emphases as regards what some groups of participants see as key influencing factors in people's decision to become SLTs. For example, careers advisors discuss the importance of status and money as key factors in young people's decision making, while particularly echoing Patterson & Woodward's (1996) finding that young male adults see salary and career advancement as the most important factors in choosing a career. There is an assumption in these comments that allied health professions such as speech and language therapy do not come with high status and high salaries, and that this may deter young males from considering it as a career. In fact, status and money were less likely to be

mentioned as key factors by the practising SLTs and by SLT teachers in this study, who tend to emphasise the importance of other factors, for example an interest in the subject and pursuing a career that accommodates having a family. Also as regards the relevance of gender as a factor in pursuing an SLT career, the results show that at least the female SLTs and female SLT teachers in this small sample see the profession as child-friendly and flexible enough to allow for a career break to have a family, and that this represents a very real consideration for them. The fact that the male SLTs in this study did not discuss this as a relevant or influencing factor could well reflect the broader social expectation of women in particular, rather than men, to manage the juggling of career and family.

In addition to pointers to some of the ways in which the decision to pursue a career in speech and language therapy may be gendered, the results also highlight the perception of SLT as a gendered, or more specifically, as a 'female' profession. The most obvious way in which this perception is discussed in the data is in relation to the proportion of female SLTs, that is, in being a female dominated profession in terms of numbers. The majority of careers advisors, female SLTs and SLT teachers expected the profession to be female-dominated, while the male SLTs in the study seemed unaware of this (similarly to results by Faraday, 2011). However, all three groups of participants emphasised the related but different aspect of the profession being female oriented, which refers to SLT being perceived to be 'women's work' even when male SLTs are part of it. This understanding goes beyond occupational sex segregation, and into the complex ways in which gendered discourses (perceptions, assumptions or stereotypes about so called 'female' and 'male' activities, roles, personality traits) are used by speakers to both explain and construct speech and language therapy as 'women's work'.

The careers advisors in this study certainly report that the young people they advise are well aware of what are perceived to be 'male jobs' and 'female jobs' – a finding discussed, among others, in Gottfredson & Lapan's (1997) 'circumspection theory', whereby young people judge the desirability of occupations against the concept of gender, and become less willing to violate what they perceive as gender appropriateness. It is clear from the all three groups of participants in this study that social assumptions about women as 'natural' carers/nurturers and 'superior' communicators continue to structure what are seen as gender appropriate behaviours – and gender appropriate professions -- for women. A 'women as carers/nurturers discourse' assumes that women have an innate ability to care for people, while a 'women as communicators discourse' assumes that women have an innate and superior ability to communicate with people. These essentially 'gender difference discourses' (Litosseliti, 2006) are thereby reinforcing a perception that speech and language therapy is by extension suitable 'women's work', even if some of the participants in this particular study may disagree with or contest this perception.

Finally, the results suggest that the gender imbalance in the constitution of the profession may be linked to gender inequality in some aspects of the profession, particularly a tendency for men to progress quicker (the 'glass escalator effect', Williams, 1992) and to be promoted into management positions. Some research participants also described their experience of being guided into more 'male-appropriate' specialties within the profession, namely those that do not involve working with children. This supports other research findings that identify the larger numbers of male SLTs working with adults rather than

children (McAllister & Neve, 2005; Boyd & Hewlett, 2001). More research is certainly needed to help identify the extent to which male SLTs may actively seek specific career routes or specialisations and also how men and women approach promotion/ career progression more generally. It is also likely, as Bradley (1993) argues, that men may be attempting to maintain a masculine self-identity within the perceived female image of a profession like SLT by pursuing certain specialisations -- a pattern similar to men's preference for certain specialisations in nursing (Muldoon & Reilly, 2003).

## **Implications and conclusion**

The aim of the qualitative study described in this paper was to explore the views of key groups of participants (speech and language therapists, teachers of speech and language therapy, and careers advisors) about pursuing a career in speech and language therapy. In particular, it aimed to examine the role of gender (and gendered discourses) in pursuing and experiencing a career in this extremely sex segregated profession. The research also aimed to make some early recommendations for speech and language therapy recruitment and practice.

The findings are consistent with the literature as regards the factors that are influential in deciding to pursue a career in SLT, such as exposure to the profession, individuals' personal motivations and interests, as well as their perceptions around the profession's prestige, status and salary. At the same time, the findings extend our knowledge and understanding of gender as a parameter of people's motivations and perceptions, which can play a role in their decision making; for example, the importance of a flexible and child-friendly career for many women, and of a high-status high salary job for many men, should not be underestimated and needs to be considered further through research in this area. Further, this study illustrates that any consideration of gender imbalance in professions such as SLT needs to go beyond analysis of gender distribution in numerical terms, and consider the deep-seated, historical and context-situated gendered discourses around perceptions of 'women's work' and 'men's work'. Discourses around women as carers, nurturers, and communicators constitute some important ways in which the SLT profession is represented, constructed and reinforced as a 'female profession'. These and other discourses should be explored and problematised further. But discourse analysis in itself is not sufficient for exploring the relationship between such discourses and the structural gender inequalities of the workplace (e.g. discrimination, opportunities for career progression. Indeed, interdisciplinary work – in linguistics, sociology, health studies, organisation studies – is necessary, in order to explore, for instance, whether men in female-dominated professions are expected or pressured to move up in the profession or move out into male-dominated fields, and whether women are expected or pressured to stay in flexible, albeit underpaid and less valued jobs. This kind of investigation would benefit both female and male SLTs, and the profession as a whole.

This relatively small scale study has had some obvious limitations: the sample of participants represented small groups of key individuals, was limited by the small number of male participants in particular, and did not include SLTs at different levels in their career (for example, lower grades and more senior posts). The findings are not generalisable or applicable to other similar groups of people – although qualitative data/findings are not

*intended* to be (see Method section) – and focus group methodology is open to the criticism of response bias (participants telling the researcher what they think the researcher wants to hear; see Edley & Litosseliti, 2010). The study, however, does present a credible exploration of key issues and questions around an under-researched area, and adds to our understanding of them as suggested above, from a fresh, discursive, perspective. In terms of future research, it would be fruitful to investigate therapists' actual experiences in the profession (from recruitment, through training/ practising/ specialising, to reasons for perhaps leaving the career), including the ways in which male SLTs manage their masculinity within the profession. It will also be interesting to look at gender imbalance in SLT and nursing comparatively (a project currently in progress by one of the authors of this paper). Cross comparison studies across different locations and specialisations within the profession would also be valuable in producing additional insights in this topic.

Finally, this study has produced some early recommendations for speech and language therapy recruitment and practice, and it would be useful to see whether and how they may be taken up in this and other sex segregated professions. These recommendations included using new technologies to raise the profile of the profession and provide more information about salary and career prospects within it; broadening the role of an SLT and therefore the variety of the work and settings in which SLTs work; changing the title of the profession to remove the female connotations of the word 'therapist'; using male SLTs as role models to other men; and involving men in the recruitment process.

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## **Appendix A Preliminary data phase (questions)**

- 1) When and how did you decide to become a speech and language therapist?
- 2) Which factors influenced your decision?
- 3) Which of these factors were the most influential/most important for you?
- 4) Where there any circumstances in your life (e.g. origin, age, gender, membership of a group) which contributed to your decision to become a speech and language therapist? In what ways?

- 5) Before you embarked on this career, did you have any expectations about the gender of speech and language therapists? Were you aware of any specific expectations of you as a male/female speech and language therapist?
- 6) 'A career in SLT: for white women only?' (RCSLT Bulletin, 1999). Please comment on this quote.
- 7) Speech and language therapy is more suited to females 'because women are naturally more able to communicate than men.' (from Greenwood et al, 2006). Please comment on this quote.
- 8) Do you feel that your gender has been a facilitator/an advantage in any way during your training/profession? Can you think of any examples?
- 9) Do you feel that your gender has been a barrier/a disadvantage in any way during your training/profession? Can you think of any examples?
- 10) Speech and language therapy is still a predominantly female profession, with men accounting for between 1-2% of speech and language therapists (RCSLT Bulletin, April 2007). Is this a state of affairs that you would like to see changed? If yes, could you suggest some ways of doing this?

## **Appendix B Focus Group questions**

*[NB. Some of these questions were worded slightly differently according to each group (e.g. careers advisors would not base their answers to Q6/Q7 on direct personal experience).*

Main Q1. What factors do you think are involved in a young person's decision to become a speech and language therapist?

Which of these are most important to a young person?

Main Q2. Do you think circumstances in a young person's life (e.g. origin, age, gender, culture or membership of another group) contribute to a decision to become a speech and language therapist? In what ways?

Main Q3. Do you have any expectations about the gender of speech and language therapists?

Main Q4. What would you say to someone who says that a career in SLT is for women only?

Main Q5. What skills or qualities do you think are needed in the profession?

Are there any particular skills or qualities that women/men bring to the profession of speech and language therapy?

Main Q6. Do you feel that gender is an advantage in training to become a speech and language therapist? Can you think of any examples?

Main Q7. Do you feel that your gender is a disadvantage in training to become a speech and language therapist? Can you think of any examples?

Main Q8. Speech and language therapy is still a predominantly female profession. Are there advantages to this situation?

Are there disadvantages to this situation?

Do you think that this is a state of affairs that you would like to see changed? If yes, could you suggest some ways of doing this?