Voice as a Priority for Teachers: The Implications for Voice Education

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Background

Teachers account for approximately 25% of professional voice users and are the most common occupation to experience voice disorders. While many studies have considered the prevalence and impact of voice disorders, very few have considered the prevention of voice disorders through voice education. This longitudinal study used a qualitative analysis of interviews with teachers to develop a grounded theory regarding the effectiveness of a voice education program provided to them as students. The aim was to develop a ‘grounded theory’ regarding the effectiveness of a voice education program that could be used to guide future voice education programs for teachers.

The Voice Demands Model provides an explanation for this increase in vocal symptoms. This model suggests that the factors that affect the teachers' voices as health professionals are the high level of voice use, 24 hours a day, and the poor working conditions associated with their work. This finding has significant implications for minimising the barriers to vocal health that exist within the teachers' workplace. This is an important health promotion concept which needs to be addressed to enable teachers to adopt healthy vocal behaviours.

Method

Participants

Six female teachers eighteen months post graduation, who had attended the Health Initiatives in Pre-Service Teacher Education voice care education program as undergraduates, agreed to participate in the study. They were aged between 24 and 35 years and were teaching in independent and government schools with two teaching in Junior Primary, two in Middle Primary, one in Upper Primary and one in a Secondaire School.

Data Collection and Analysis

Grounded theory methodology incorporates simultaneous data collection and analysis to identify emerging explanatory models or theories to be tested in subsequent interviews until saturation of the data occurs, that is, no new themes emerge (Silverman, 2000).

Data for analysis were collected by recording a semi-structured interview, either in person or by teleconference phone with each of the participants. The interviews were transcribed verbatim and analysed line by line by key words or phrases to produce a coding system that was expanded with each new interview. At the end of each interview the themes were further analysed to detect any relationships between them, and a theory well grounded in the data emerged. Finally, asking the participants how well the theory reflected their experiences tested the theory itself. This process of triangulation (the use of different approaches to address the same question) was used to increase the rigour of this study. All six participants endorsed the theory as truly explanatory of their experience.

Results

Four distinct themes emerged from analysis of the interview data, which are represented in the Vocal Demands Model. The teachers described the demands of teaching as the long working hours, and the vocal demands of the teaching environment, the different curriculum areas, and managing children's behaviours.

The workplace practices they employed to meet the demands reflected the practicalities of their teaching situation, and their beliefs about being a teacher and about voice care. This meant that while voice care was important, teaching and managing their students were higher priorities. They described how the training, development and support they received were not always effective in preparing and supporting them in their workplaces, or reflective of the demands of teaching.

The outcomes the teachers described were general fatigue; less satisfaction with their voice; frequent, intermittent voice symptoms; and the need for more support for vocal health in the workplace. The outcomes they experienced added to the ongoing demands and so the model is cyclical.

Discussion

The teachers' vocal experiences in the workplace and factors affecting their vocal health are:

"I come home some days with voice fatigue not so much it's wearing me out but it's hard to speak another word to anyone..."

All six teachers reported intermittent moderate voice symptoms especially in their first year of teaching, with these reporting occasional voice loss. A finding consistent with previous studies.

The Vocal Demands Model provides an explanation for this increase in vocal symptoms. This model suggests that the factors that affect the teachers' voices as health professionals are the high level of voice use, 24 hours a day, and the poor working conditions associated with their work. This finding has significant implications for minimising the barriers to vocal health that exist within the teachers' workplace. This is an important health promotion concept which needs to be addressed to enable teachers to adopt healthy vocal behaviours.

Proposing future directions for voice care programs for teachers.

The voice in the workplace as an occupational health and safety issue has been discussed in previous studies by Villanen (2000) and Yui (2002). The Vocal Demands Model provides evidence for further exploration of the role of the teachers' workplace in the adoption of safe vocal workplace practices by teachers. It appears that it is not enough to provide voice education alone to teachers without exploring the ability of teachers to implement the strategies learned.

Further scrutiny of the model identifies the link missing between the demands of teaching and the training and development and support needs of student teachers and teachers in the workplace. The comparison of the Vocal Demands Model with a health-promoting model such as the Ottawa Charter (World Health Organisation) which emphasises the necessity of supportive environments in promoting health, may provide further direction.

Conclusion

The Vocal Demands Model illustrates two things: the need for training and development to better support teachers in their adoption of workplace practices that are safe for their voice, and the inappropriateness of vocal health being constructed as the sole responsibility of the teacher. While there is a role for voice care information in the undergraduate curricula for teachers in order to raise their awareness, it is clear that this is not sufficient on its own. It is imperative that employers recognise the need to provide ongoing voice education in addition to support for the protection of the teacher's general health and their most valuable tool: their voice. There is no doubt that voice injury is an important occupational health and safety issue for teachers which should be a priority for employers.

References


