

SELF-EFFICACY IN ASIAN-PACIFIC ISLANDER STUDENTS IN SPEECH  
THERAPY TRAINING PROGRAMS

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A Thesis submitted to the faculty of  
San Francisco State University  
In partial fulfillment of  
the requirements for  
the Degree

Master of Science

In

Communicative Disorders

by

Jessica Maria Toda

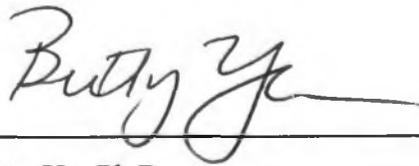
San Francisco, California

August 2019

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CERTIFICATION OF APPROVAL

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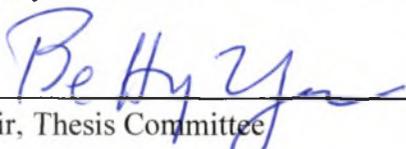
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SELF-EFFICACY IN ASIAN-PACIFIC ISLANDER STUDENTS IN SPEECH  
THERAPY TRAINING PROGRAMS

Jessica Maria Toda  
San Francisco, California  
2019

In 2016, 2.9 percent of ASHA members identified as Asian or Pacific Islander (ASHA, 2017). In order to address the need for improved recruitment and retention rates of practicing Speech-Language Pathologists who self-identify as API, it is crucial to understand the insights of its members at their earliest stages of professionalism, graduate school. This secondary analysis study aimed to identify components of students' educational experiences that contribute to feelings of academic self-efficacy as an avenue for recruitment and retention efforts of API individuals in the field of speech, language, and hearing sciences. When interpreted through the lens of Bandura's four sources of self-efficacy (Bandura, 1997), the findings indicate that there isn't one source of self-efficacy that outweighs the others. Instead, they suggest that, perhaps, all the sources of self-efficacy play an important role in developing self-efficacy beliefs. This stands in contrast to existing research that found that mastery experience is often the most influential source contributing to self-efficacy beliefs (Joët, Usher, and Bressoux, 2011).

I certify that the Abstract is a correct representation of the content of this thesis.

  
\_\_\_\_\_  
Chair, Thesis Committee

  
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Date

## PREFACE AND/OR ACKNOWLEDGEMENTS

The completion of this study would not have been possible without the support of my Thesis Advisory Committee, Dr. Betty Yu and Dr. Laura Epstein, or without the work previously completed by Dr. Betty Yu, Teresa Girolamo, and the American Speech-Language-Hearing Association's Asian Pacific Islander Caucus.

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## **Introduction**

According to the American Speech Language Hearing Association (ASHA), in 2016, 2.7 percent of ASHA members self-identified as Asian and under 0.2 percent self-identified as Pacific Islander (American Speech Language Hearing Association, 2007). The rapid population growth in Asian and Pacific Islanders (API) in the United States between the years of 2000 and 2010, 46 percent and 40 percent increase, respectively (Ramakrishnan & Ahmad, 2014), is not nearly as evident in their participation in the speech language and hearing sciences, which saw a modest increase of one percent and .1 percent, respectively, in API membership between 2006 and 2016.

Furthermore, with the current total US population of roughly 327 million and 6% of the population identifying as either Asian or Native Hawaiian/Pacific Islander, that identifies nearly 19 million Americans as API (U.S. Census Bureau, 2012; U.S. Census Bureau, 2018). And while ASHA asserts that professional competence requires that (SLPs) practice in a manner that considers each client's/patient's/family's cultural and linguistic characteristics and unique values so that the most effective assessment and intervention services can be provided, in the health, education, and medical fields, research has shown that the match between client and therapist race or ethnicity and language have been considered important variables in clients' utilization of services, remaining in therapy, and satisfaction with their therapy and therapist (Cabral & Smith, 2011; Gershenson, et.al., 2016). So, if the prevalence of communication disorders among minority groups is consistent with that for the general population (10%), it is then

estimated that 1.9 million Asian Americans have communication disorders in this country. The stark contrast between America's rapidly growing API population and the modest increase in API professional participation in the speech language and hearing sciences identifies a glaring area of need for recruitment and retention within our field.

Although the API population represents a small percentage of the total membership of ASHA, within this population, much information has yet to be learned. One such area that has yet to be explored is the past and current educational experiences of API persons in the Speech, Language, Hearing Sciences (SLHS). In order to enhance the recruitment and retention rates of practicing speech-language pathologists who self-identify as Asian and Pacific Islander, it is crucial to understand the insights of its members at their earliest stages of professionalism, graduate school.

As Cheng, Battle, Murdoch, and Martin (2001) discuss, when culturally and linguistically diverse students are actively involved and integrated into a graduate program, their voices and the voices of persons from their cultures are heard, understood, valued, and accepted. In an increasingly more diverse country, where the global community is becoming closer, speech-language graduate programs must be relevant not only to its students, but to its future client base. In order to increase recruitment and enhance retention rates of practicing speech-language pathologists who self-identify as Asian/Pacific Islander, it is important that academic training programs identify and focus on the clinical and academic supports that most contribute to students' professional confidence across a spectrum of professional skills critical to becoming competent clinicians.

In considering this, it is then worthwhile to explore students' self-efficacy levels. Past studies have investigated the link between self-efficacy and career development of students from minority populations, with the assumption that beliefs of self-efficacy are central in an individual's development (Betz, Hammond, & Multon, 2005; Grier-Reed & Ganuza, 2011). Identifying components of speech-language-hearing science graduate training programs that contribute to students' feeling of self-efficacy may provide another avenue for recruitment and retention efforts.

Bandura (1997), a leading thinker in the area of self-efficacy, asserts that the most powerful determinant of human agency and action (behavior) is one's system of self-efficacy beliefs. He continues by adding that perceived self-efficacy, or the beliefs in one's capabilities to organize and execute courses of action, influence how much effort they put forth in given endeavors. Studies have examined this correlation, finding that an individual's self-efficacy in the workplace and their motivation to persist in their profession may be linked (Chen & Scannapieco, 2010; Ellet, 2009), suggesting that fostering beliefs of self-efficacy as early as graduate school may increase the retention of future SLHS professionals.

Additionally, Bandura (2001) states that efficacy beliefs play a central role in the self-regulation of motivation through goal challenges and outcome-expectations. Whether people pursue certain outcomes depends on their beliefs about whether or not they can successfully perform the actions leading to those outcomes. In due part to efficacy beliefs, people choose what challenges to undertake, how much effort to expend in the endeavor, how long to persevere in the face of obstacles and failures, and whether

failures are motivating or demoralizing. Again, this demonstrates how efficacy beliefs may play a key role in the retention of professionals in the speech, language, hearing sciences by influencing the types of activities and environments people choose to enter, and how much effort individuals exert in these environments as well as how long they persist.

Finally, Bandura (1997) further asserts that cultural values and practices affect how efficacy beliefs are developed. And while some researchers (Klassen & Chiu, 2010; Usher & Pajares, 2008; Stevens, Olivarez, & Hamman, 2006) have attempted to investigate how sources of self-efficacy differ among learners of various cultural backgrounds, there is little research on the development of self-efficacy beliefs in Asian and Pacific Islander students, and even sparser research on Asian and Pacific Islander students within the speech, language, and hearing sciences field.

### **Statement of Problem**

In order to fill this literature gap, this thesis utilizes secondary analysis to investigate the relationship between supports and factors that contribute to feelings of academic success and Bandura's four sources of self-efficacy. With the goal of identifying supports within SLHS programs that may impact recruitment and retention within the profession, this study aims to investigate the relationship between self-efficacy and API students' feelings of academic success by answering the following questions.

### **Research Question**

*Do students of Asian descent have unique needs in terms of supports from their education programs that could contribute to their feelings of self-efficacy?*

## **Literature Review**

### **Defining self-efficacy**

The concept of self-efficacy, introduced by Bandura, is defined as “the conviction that one can successfully execute the behavior required to produce certain outcomes” (Bandura, 1977; Kirsch, 1986). Efficacy expectations determine how much effort people will expend and how long they will persist in the face of obstacles and aversive experiences. Similarly, perceived self-efficacy is concerned with people’s beliefs in their capabilities to achieve a given task or goal. The stronger the perceived self-efficacy, the more active the efforts (Bandura, 1977).

Self-efficacy can be further defined by the sources from which self-efficacy is formed. According to Bandura (2001), “...people's beliefs about their efficacy are constructed from four principal sources of information. The first and the most effective way of instilling a strong sense of efficacy is through mastery experiences. Successes build a robust belief in one's personal efficacy. Failures undermine it. Development of resilient self-efficacy requires experiences in overcoming obstacles through perseverant effort. The second method is by social modeling. Models serve as sources of competencies and motivation. Seeing people similar to oneself succeed by perseverant effort raises observers' beliefs in their own capabilities. Social persuasion is the third

mode of influence. The fourth way of altering self-efficacy beliefs is to enhance physical strength and stamina and alter mood states on which people partly judge their capabilities.” These four informational sources, mastery experience, vicarious experience, verbal persuasion, and emotional and psychological states influence an individual’s perception of self-efficacy. Joët, Usher, and Bressoux (2011), assert that while researchers have generally found mastery experiences to be the strongest predictor of self-efficacy across academic domains, the contribution of the other sources may depend on contextual factors such as sex, academic domain, cultural context, age, and learning environment.

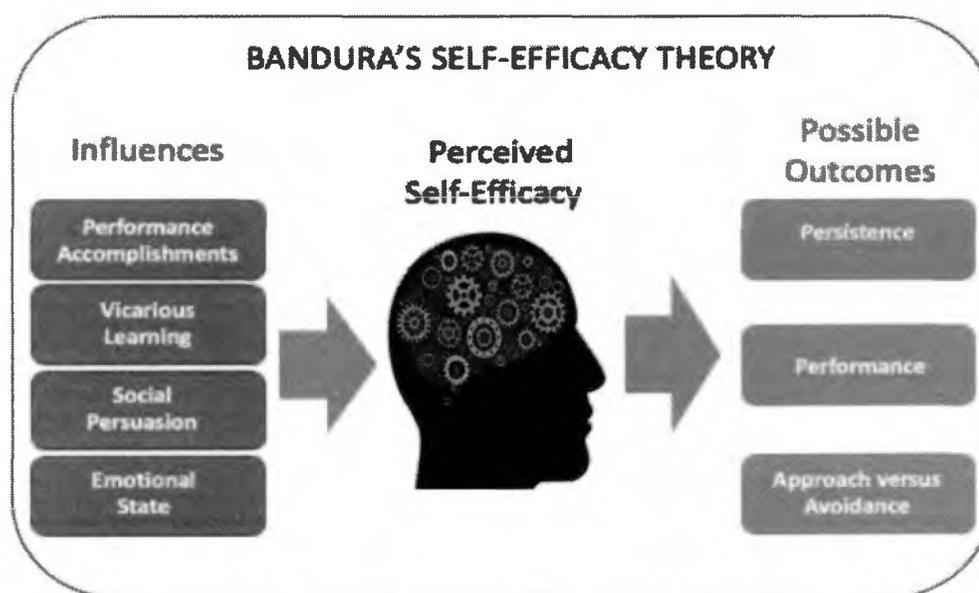


Figure 1: Bandura’s Four Sources of Self-Efficacy

Perceived self-efficacy must be tailored to the particular domain of functioning that is the object of interest (Bandura, 2006). Therefore, it should be noted that for the

purpose of this study, self-efficacy should be distinguished from self-esteem and performance outcome expectations. Self-efficacy is a judgement of capability. Self-esteem is a judgement of self-worth. Outcome expectations are likely judgements about the outcomes from a given performance. (Bandura, 2006). In this case, judgement of capability speaks to a student's belief that they have command of not only the subject matter but also their clinical ability.

### **Self-efficacy and Academic Achievement**

Over the years, many studies have investigated the correlational relationship between self-efficacy in students and corresponding academic achievement, demonstrating the reciprocities between self-efficacy and academic achievement (Caprara et al., 2011; Bjørnebekk, et al., 2013; Pajares, 1996; Usher, 2008). Adding to this literature, Woodrow (2011) found that there was not only a relationship between college students' self-efficacy beliefs and student performance, but she also observed a relationship between self-efficacy beliefs and the amount of energy exerted on an assignment as well as a relationship between anxiety and self-efficacy beliefs. Students with higher self-efficacy beliefs tend to have better performance in their writing assignments and also tended to expend more energy on their assignments. Conversely, students with anxiety had lower self-efficacy beliefs due to thoughts of possible failure, which in turn negatively impacted their desire to exert extra energy on assignments.

In contrast to much of the existing literature demonstrating self-efficacy beliefs' positive effects on academic achievement, Merolla (2017), investigated the impact of

cultural context in disadvantaged neighborhoods and how this impacts students' self-efficacy beliefs and academic achievement. Adding to existing literature indicating that students from disadvantaged neighborhoods show greater variability in cultural outlooks relative to affluent areas (Berg, et al. 2013; Harding 2007, 2011), Merolla found that black and Hispanic students from disadvantaged neighborhoods showed more heterogeneity in self-efficacy. He further suggested that students from impoverished neighborhoods may question their self-efficacy as they are receiving conflicting ideas about success, achievement, and self-efficacy; on one hand, these students are living in difficult structural conditions, and are often entrenched in poor institutional supports and a lack of ample employment and at the same time, they are also aware of mainstream ideas about the centrality of hard work for success, and have also possibly seen examples of individuals overcoming difficult circumstances through individual action. Thusly, Merolla highlighted the intricate play between neighborhood culture and students' experiences. Specifically, in environments where students encounter more self-efficacy heterogeneity, they are less likely to translate their own individual outlooks into better academic achievement because these individual outlooks are undermined by the cultural context of their neighborhood.

A similar examination of the relationship between self-efficacy beliefs and academic achievement as being both positive and negative in nature can be seen in the work completed by Stewart and De George-Walker (2014). Their study of the relationship between self-handicapping behaviors and self-efficacy investigated the experiences of 79 university students in terms of perfectionism, locus of control, general

self-efficacy, and self-handicapping. In this study, perfectionism is defined as either adaptive or maladaptive, with adaptive perfectionism being characterized as a normal, healthy type of perfectionism deriving from satisfaction from achievements made from intense efforts and tolerance of imperfections, whereas maladaptive perfectionism is defined by having high personal performance standards and tendencies to be extremely self-critical in self-evaluations (Rice & Stuart, 2010; Stoltz & Ashby, 2007). Their results found that maladaptive perfectionism and external locus of control predicted self-handicapping but only perfectionism predicted self-efficacy in students. The findings from this study add to the literature around self-efficacy and academic achievement demonstrating that while there is a positive correlation between students' high self-efficacy beliefs and positive academic achievements, it is a converse relationship in that, a students' low self-efficacy beliefs are similarly linked to lower academic achievements.

### **Self-efficacy and SLPs**

Bandura (2006) further defined self-efficacy as domain specific, meaning that beliefs of capability are linked to specific areas of functioning. In the field of speech language pathology, this could mean that a clinician experiences differing levels of self-efficacy related to therapy as compared to assessment, or they could feel more self-efficacious when consulting with a related professional, as compared to when implementing an intervention on their own. Self-efficacy across domains within a profession can then be predictors of whether that individual will persist in professional adversary, maintain professional satisfaction through the duration of their career, and ultimately, choose to stay within the profession.

Directly correlating with this concept, the ASHA Code of Ethics, Principle of Ethics II states that “[members] shall honor their responsibility to achieve and maintain the highest level of professional performance. In considering the “highest level of professional performance” the Code of Ethics further explains the importance of lifelong learning, refinement of skill, and ethical practice (American Speech-Language-Hearing Association, 2016). The professional implications described by Bandura and ASHA showcase the importance of an individual’s self-perceived levels of self-efficacy in considering longevity in the field of speech, language, hearing sciences.

While limited literature exists on the self-efficacy beliefs in the field of Speech-Language Pathology, those that do exist focus on the clinical or research self-efficacy of students and clinicians. Pasupathy and Bogschutz (2013) define SLP clinical self-efficacy as the confidence that an individual has in successfully performing tasks related to speech and language assessment and intervention. SLP clinical self-efficacy is an individual’s belief about his or her clinical capabilities that is generated through interaction of the social cognitive factors of cognition, emotion, behavior, and environment. In their self-reporting survey study, Pasupathy and Bogschutz investigated the clinical self-efficacy beliefs of speech, language, hearing science graduate students by comparing their clinical self-efficacy beliefs to their clinical performance and clinical experience. They found a strong positive relationship between both clinical self-efficacy beliefs and clinical performance, as well as between clinical self-efficacy beliefs and clinical experience, demonstrating the relationship between high levels of self-efficacy with confidence in ability to conduct clinical tasks. The strong positive relationship between clinical self-

efficacy beliefs and clinical experience was also observed in a study conducted by Rudolf, Manning, and Sewell (1983). In this study, student clinicians' self-efficacy was measured throughout their clinical experiences working with individuals who stutter. The self-efficacy scores of clinicians conducting treatment significantly increased while the scores of clinicians without treatment experience showed no significant change. Additionally, it was observed that clinician fear and avoidance reduced as the student clinician gained more clinical experience with the stuttering population.

In a similar study, Lee and Schmaman (1987) examined levels of confidence and clinical skills among undergraduate speech pathology students as a predictor of clinical skills. In their first year of clinic experience, 44 second-year undergraduate students were asked to rate their clinical self-efficacy beliefs at the beginning and end of the academic year, which were then compared to the assessments of their clinical supervisors. Additionally, the students were grouped or paired based on their initial self-efficacy ratings for training purposes. Although self-efficacy levels strengthened over the year, students' actual self-efficacy levels were only moderately effected. Although the results show self-efficacy to be only moderately related to clinic performance, findings from this study suggest that relatively high baselines may have attenuated the strength of the obtained relationship.

Unrau and Beck (2004) aimed to examine the effect of increasing research experience on research self-efficacy in Social Work and Speech-Language Pathology students, hypothesizing whether enrollment in additional research and practice courses would increase research self-efficacy over a semester, as compared to students enrolled

only in practice courses. They found that in providing students with research courses, augmented with opportunities to apply the research learning outside of class, greater gains in student confidence were achieved.

### **Self-efficacy and Minority Students**

While some research exists on student self-efficacy in the speech, language, hearing sciences field (Lee & Schmaman, 1987; Pasupathy & Bogschutz, 2013; Unrau & Beck, 2004; Rudolf, Manning, & Sewell, 1983), there is a dearth of literature that focuses on minority students and even less on self-efficacy of SLP students of Asian descent. Therefore, the following studies investigate a broader area to look at the relationship between self-efficacy and minority students, in all areas of study.

Mejia-Smith and Gushue (2017) explore Latina/o college students' perceptions of career barriers as they relate to ethnic identity, acculturation, career decision-making self-efficacy (CDSE), coping efficacy, and perceived career barriers, in their path analysis study of 357 college students. In agreement with the existing literature, findings indicated that higher acculturation level (acculturation to Anglo culture) predicted Latina/o students' CDSE, suggesting that adopting Anglo culture behaviors may contribute to a greater belief in the capacity to complete tasks related to making career decisions. However, when comparing the effects of acculturation versus ethnic identity on CDSE, findings showed that ethnic identity showed a stronger correlation to, and possibly a greater effect on CDSE. In addition, findings from their study also found that self-efficacy beliefs about his/her ability to complete specific tasks and ability to cope with

career-related barriers contributed to perceiving fewer barriers to achieving their career goals.

In a similar survey study investigating career or job search self-efficacy, Lin and Flores (2013) explored the experiences of 86 East Asian (Chinese, Taiwanese, Korean, Japanese, and Hong Kong) international graduate students who were approaching graduation and indicated interests and goals in seeking employment in the United States. Findings indicate a strong correlation between job search self-efficacy and job search behaviors, with self-efficacy sources of mastery experience or performance accomplishments and verbal persuasion as the strongest predictors of job search self-efficacy. In other words, participants who had more job-search experiences and received more verbal encouragement from family, faculty, and colleagues/friends regarding their capability to find a job in the U.S. were more likely to report higher confidence in their capabilities to perform job search-related activities.

In a phenomenological study examining academic self-efficacy of African American women in doctoral studies, Dortch (2016) found that two African-American women obtaining doctorate degrees attributed success to supportive peers, family, faculty and engaging in welcoming communities. Challenges to success included feelings of isolation while developing an academic trajectory, compounded by uninvolved or ambivalent faculty, difficult dissertation committee dynamics, and not asking for help. This study demonstrated the interconnected play of multiple variables impacting academic success, while highlighting the unique experience of minorities within higher education.

Within minority populations Gloria and Hird (1999) found that in ethnic and racial minority undergraduate students, students' self-efficacy was directly related to academic stress and to persisting in school. In their study that examined the difference in career decision-making self-efficacy, Gloria and Hird found significant differences not only between race, but also by major (whether they were declared or not). White students and students with declared majors were found to have higher career decision-making efficacy compared to their ethnically diverse peers. In addition, the most career decision-making efficacy variance was found in ethnically diverse students. Gloria and Hird suggest that their findings may be explained by the sociopolitical context of the working world; professional occupations are predominately occupied and dominated by whites, leaving ethnically diverse students to have lowered expectation that their decision making will result in placement in their chosen occupation.

### **Methodology**

#### **Data Collection**

This secondary analysis was conducted using data collected from an online information study, "A survey of Asian Pacific-Islanders in the speech-language-hearing sciences" conducted jointly through San Francisco State University, Department of Special Education & Speech, Language, Hearing Sciences and University of Kansas, Child Language Doctoral Program on behalf of the Asian Pacific Islander (API) Caucus of the American Speech-Hearing Association (ASHA) by Dr. Betty Yu and Teresa

Girolamo. The primary aim of the study was to gain a better understanding of who the current members of the API Caucus are. In greater detail, the study aimed to contribute to a better understanding of a) the diversity among current API members, b) their unique as well as the shared concerns/needs, c) patterns of representation across API communities, particularly over- and/or under-representation, and d) strategies for recruitment and retention that address the diverse needs of the API community.

For this study, Dr. Yu, Ms. Girolamo and their colleagues disseminated an online survey, via Qualtrics, to the members of the API Caucus, the members of the Asian Indian Caucus, individuals in their professional networks, as well as through the online community forums of ASHA Special Interest Groups (SIGs) 14, 17, and 10. A snowball strategy was also utilized as recipients were encouraged to forward the e-mails to anyone they knew that might be eligible to participate.

The study design method here was a questionnaire-based survey research study. According to Prasad, Davenport, Woolen, Carlos, and Maturen (2018), a survey, in its pure sense, is a sampling of any value from a larger population, whereas a questionnaire is a tool often used in survey research that consists of a series of written or verbal questions. As this survey aimed to collect both qualitative and quantitative data through a variety of questions, it can therefore be thought of as a questionnaire-based survey study.

The questionnaire utilized for this study included 56 questions asking participants to provide information regarding their past and present educational experiences, work experiences, educational and work experiences related to being of API descent or

working with individuals of API descent, language background, and basic logistical information such as current location, contact information, etc. A copy of the survey questions can be found in Appendix A.

The online survey was disseminated over a six-week period, with 444 total participants completing the 56-item survey within that time period. Inclusion criteria for participants were as follows:

- ★ Over the age of 18
- ★ Identify as being Asian, Asian Indian, or Pacific-Islander in descent
- ★ Identify as a licensed SLP/AUD, graduate/ undergraduate/post-bac student in an SLHS program, or a faculty member/researcher in the SLHS field

Once the time period for the survey was completed, all data was compiled through Qualtrics, later transferred to a secure file in Excel, and finally into the data analysis program, Dedoose, for the analysis portion of this project.

### **Data Analysis**

During the descriptive analysis phase, data was categorized as either descriptor information or qualitative information. In this case, descriptor information included basic contact information, general personal information (age, gender, etc.), as well as more specific information related to the goals of the survey (languages spoken, populations

worked with, educational background, place of birth, etc.). Once completed, the qualitative data was thematically analyzed using a modified version of the six-phase framework identified by Braun & Clarke (2006) for conducting thematic analysis. A thematic analysis is the process of identifying patterns or themes within qualitative data, with the goal of identifying patterns in the data that are important, or interesting, in order to address the research goal or say something about the issue at hand.

Step 1: Familiarizing yourself with the data	Reading and re-reading data; making notes on initial ideas
Step 2: Generating initial codes	Coding data in a systematic fashion across entire data set
Step 3: Searching for themes	Collating codes into potential themes
Step 4: Reviewing themes	Checking if themes work in relation coded extracts and entire data set
Step 5: Defining themes	Ongoing analysis to refine specifics of each theme, and the story analysis tells
Step 6: Writing up the report	Selection of vivid, compelling extract examples, final analysis of extracts, relating back to analysis of research question and literature

Table 1: Braun & Clarke's six-phase framework for doing a thematic analysis

In this modified version of the six-phase framework, in Step 5: Defining themes, an additional component of comparing the themes to existing themes, in this case, Bandura's four sources of self-efficacy, was utilized.

Braun & Clarke (2006) further describe two levels of themes: semantic and latent. While a semantic theme takes a response at its literal or surface meaning, a latent analysis looks beyond what is said in order to identify or examine underlying ideas, assumptions, and conceptualizations. This study explored both levels of thematic analysis, utilizing semantic thematic analysis for the initial coding process and later utilizing a more in-depth latent analysis to examine the identified themes beyond their surface level.

## **Results**

### **Sample Characteristics**

The sample for this analysis consisted of 444 participants, which represents the population of participants who completed the original online survey. This analysis specifically looks at the experiences of current and past students in the speech, language, hearing sciences, which is distributed below in Table 2.

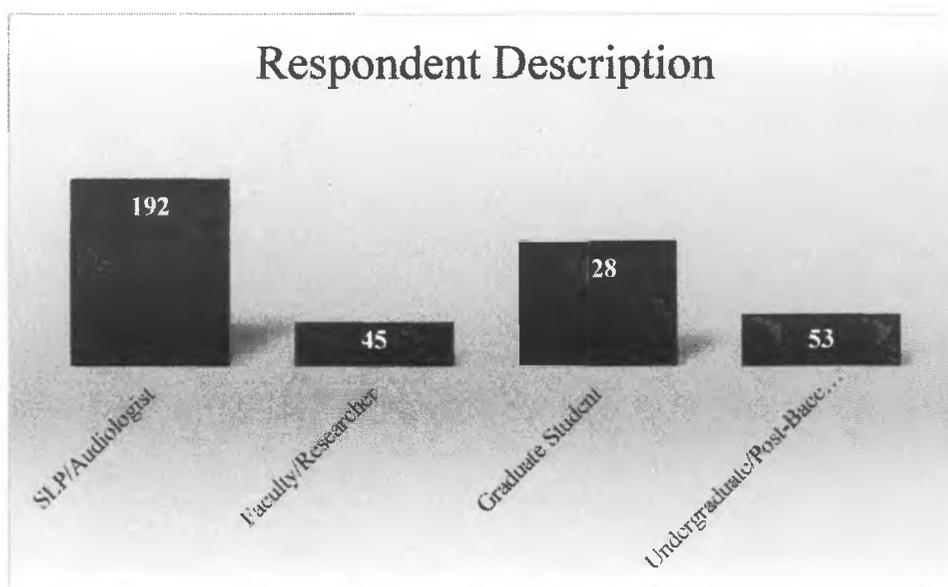


Table 2: Description of respondents' current profession.

Of the 444 participants, 192 (43%) identify as a current Speech Language Pathologist (SLP) or Audiologist, 128 (29%) identify as a current graduate student, 53 (12%) identify as a current undergraduate or post-baccalaureate student, and 45 (10%) identify as a faculty member at a university or researcher in the field. 179 (40%) participants attended or currently attend school in the United States, whereas only 17 (3.8%) participants attended or attend school outside of the United States.

In the participant pool, 57 (15%) participants were between the ages 18-22, 172 (41.6%) between the ages of 23-30; 95 (23%) between the ages of 31-40, 57 (13.8%) between the ages of 41-50, 20 (4.8%) between the ages 51-60, and 5 (1.2%) over the age of 60.

Of the participants who chose to answer, 387 (93.7%) of participants identified as female and 24 (5.8%) identified as male and 283 (70.2%) speak at least one other language in addition to English.

In addition, 239 (57.9%) participants were born within the United States and 170 (41.2%) were born outside of the US. And of the 239 participants who reported that they were born within the U.S., 147 (61.5%) shared that neither parent was born in the U.S., 56 (23.4%) reported that both parents were born in the U.S., and 36 (15.1%) reported that only one parent was born in the U.S.

### **Analysis of Top Factors Contributing to Educational Success**

The first question analyzed in this study asked participants to identify the top 3 factors that contributed to their educational success. For the purposes of this analysis, the data was analyzed thematically to identify the top 5 factors that participants felt impacted their educational experience. In the area of educational success, the most noted factors that participants felt contributed to their educational success included personal characteristics (106; 23%), personal efforts (81; 18.2%), family support (95; 21.4%), faculty support (53; 11.9%), and the support of friends and peer groups (43; 9.6%). These top findings can be seen in Table 3 below.

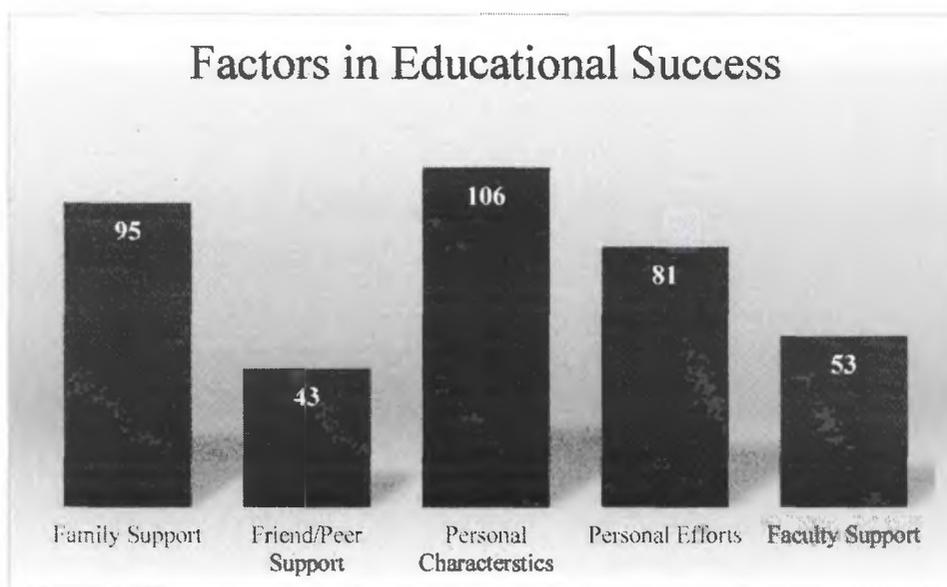


Table 3: Factors in Educational Success

Personal characteristics are described as traits that participants identify within themselves that they felt contributed to their ability to succeed in their academic program. Examples of personal characteristics reported include, *perseverance, determination, goal-oriented, driven, motivated, and curiosity*. Personal efforts describe the participants perceived amount of energy and work dedicated to educational success. Examples of personal efforts included, *study habits, work ethic, time management, and responsibility*. As it pertains to Bandura's four sources of self-efficacy, personal characteristics and personal efforts fall into the category of internal state, or one's emotional and physiological state. Moods, emotions, reactions, and stress levels can influence how individuals perceive their own ability levels; if you are nervous or anxious, you may doubt your ability to perform a given task, thus weakening your sense of self-efficacy.

Alternatively, an individual who is confident in their abilities will have a greater sense of self-efficacy.

In agreeance with Bandura's source of self-efficacy, the support of an individual's community, also emerged as a central theme for factors in educational success. Labeled as verbal persuasion, Bandura (1977) describes this source of self-efficacy as the verbal encouragement, support, and feedback an individual receives from those around them. During the thematic analysis of the data, it was found that family, faculty, and friend/peer support, respectively, were contributing factors to an individual's educational successes. In the area of family support, 10 respondents specifically noted a family emphasis on education, whereas in the area of faculty support, respondents primarily reported supportive mentorships as a leading factor to their educational successes.

### **Analysis of Top Factors Contributing to Educational Challenges**

The second question analyzed in this study asked participants to identify the top 3 factors that contributed to any educational challenges. For the purposes of this analysis, the data was analyzed thematically to identify the top 5 factors that participants felt impacted their educational experience, which can be seen in Table 4 below. In the area of educational challenges, participants reported that the top factors that contributed to challenges in their academic experience included personal issues (108; 24.3%), financial issues (87; 19.6%), issues with the academic program attended (90; 20.3%), cultural issues (63; 14.2%), and issues relating to race and equity (52; 11.7%).

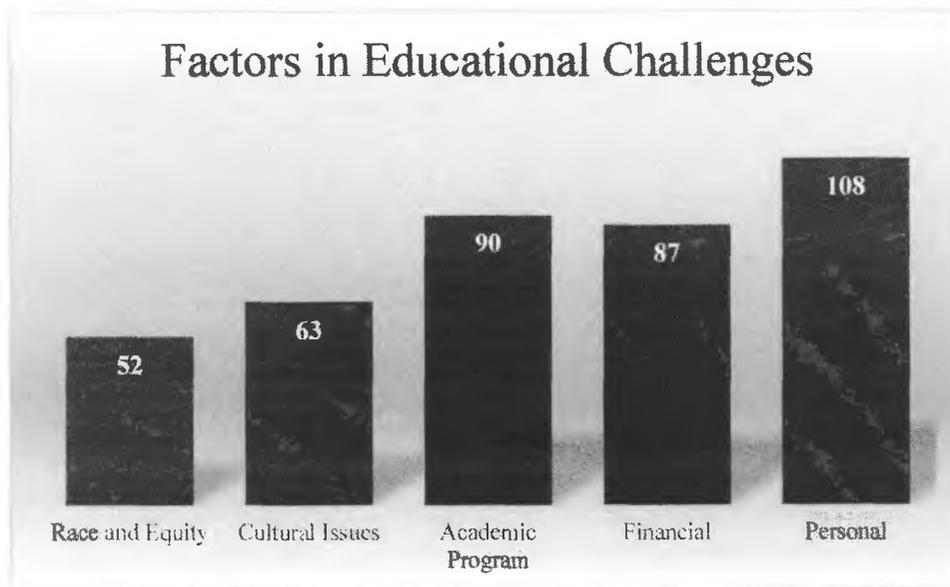


Table 4: Factors contributing to educational challenges

In the area of personal issues, participants responses fell into one of two categories, personal stressors such as stress, workload, and balancing life-school or work-school, or personal issues, which included, family responsibilities, mental and physical medical issues, and general well-being. Here we see the theme of emotional and physiological state emerging not only as a factor that contributes to a student's educational successes, but to their challenges as well.

The second most prevalent theme that emerged was around overall academic programming. This area included responses around curriculum, clinical experience, faculty quality, and overall quality of the academic program attended. Examples of specific factors that individuals felt impacted their educational experience included, *lack of mentorship, lack of clinical experience, outdated material, inadequate curriculum, and unprofessional environment*. In relating this to Bandura's sources of self-efficacy, this

theme most closely aligns with vicarious and mastery experiences, two of the most powerful sources of self-efficacy. Access to opportunities where one can have first-hand experience with a task or observe a task are both influential in the development of self-efficacy. Successful experiences lead to greater feelings of self-efficacy, whereas failing can weaken self-efficacy. Similarly, observing someone perform a task provides the individual with examples from which to model their own behaviors. Lack of access to opportunities to perform tasks or to observe masters performing tasks withholds experiences from individuals that may be beneficial in helping strengthen beliefs of self-efficacy.

In addition to these two themes, the themes of financial issues, cultural issues, and issues of race and equity were similarly identified as contributing factors to educational challenges. Participants identified finances, including poor salary outlook, high tuition costs, student loans, and a lack of grants and scholarships as factors contributing to their educational challenges. These financial burdens add stress to student's lives, adding an additional stressor that can impact their development of academic self-efficacy, through Bandura's emotional state source of self-efficacy.

In contrast, the themes identified through issues in cultural differences, race, and equity more closely relate to Bandura's verbal persuasion source of self-efficacy. Here participants identified aspects of their educational experiences that negatively impacted their perception of self-efficacy through experiences that left them feeling isolated, discriminated against, or without support. Examples include, *culturally incompetent*

*professors, adjustment to American culture, issues with immigration, judged for my accent, culture shock, and low expectations for minorities.*

### **Analysis of Professional and Student Supports**

The final question analyzed in this study asked participants to identify any supports they had or wish they had either academically or professionally. For the purposes of this analysis, the data was analyzed thematically to identify the top 5 supports that participants felt were most important to them. Here, participants reported that top supports that they had or wished they had included community (22; 4.9%), family/friend support (29; 6.5%), professional networking (9.2%), professional development (23; 5.2%), and mentorship (6.5%). These results can be seen in Table 5, below.



Table 5: Top supports that participants had or wish they had.

The results of the thematic analysis for this question indicate that both professionals and students feel that the support of their communities, including family, friends, peers, colleagues, mentors, etc., are more important than other, more tangible supports such as financial, resources, educational, etc. Here, Bandura's self-efficacy source, verbal persuasion, emerges as the stand out theme of this portion of the analysis, with access to mastery or vicarious experiences presenting as a secondary theme.

In addition to the reported findings above, it should also be noted that while not as prevalent, responses did emerge that indicated supports that were specific to API populations, as well. For example, participants noted greater diversity within the student population, more discussion of API populations in graduate school, more API research, more opportunities to work with API populations, and more language courses.

## **Discussion**

### **Findings**

The goal of this secondary analysis project was to explore the experiences of API students within the speech, language, and hearing sciences and investigate how their experiences contribute to self-efficacy as it relates to recruitment and retention in the field. This expands off of previous research that links self-efficacy beliefs with greater output of energy, greater persistence within the workplace, and improved career development (Chen & Scannapieco, 2010; Ellet, 2009).

Overall, the findings here demonstrate that there isn't one source of self-efficacy that outweighs the others. Instead, they suggest that, perhaps, all the sources of self-efficacy play an important role in developing self-efficacy beliefs. This stands in contrast to existing research that proports that mastery experience is often the most influential source contributing to self-efficacy beliefs (Joët, Usher, and Bressoux, 2011).

When interpreted through the lens of Bandura's four sources of self-efficacy, the findings indicate that all four sources are represented in the data, however, the most represented source differed among the analyzed questions.

In considering factors that students' felt contributed to their educational success, respondents most indicated personal characteristics and efforts and the support of family, friends, and faculty as top contributing factors to their educational success. These two categories are most closely linked to Bandura's emotional/physiological state and verbal persuasion sources. In the emotional/physiological state, Bandura asserts that an individual's internal state can influence their beliefs of self-efficacy. In this case, respondents who indicated a personal characteristic or effort such as personal drive, personal dedication, or strong study habits display highly positive emotional states which contribute to their overall increased feelings of self-efficacy. What is left to be understood is where these beliefs ultimately originate for the individual. The present survey did not provide respondents with an opportunity to further explain why or how they developed a sense of "drive" or "dedication, which would provide greater insight to how their positive emotional states were formed. In addition to internal state, respondents also noted the support of family, friends, and faculty as important factors contributing to

their academic success. Here, support from an individual's community is considered as Bandura's verbal persuasion source of self-efficacy. In fact, when combined, verbal persuasion presented as the most significant factor in academic success for individuals. This finding showcases the importance of an individual's communities and how the emotional and verbal support of those communities can influence an individual's ability to persist in hardship, assert more energy into tasks, and curate an overall greater belief in one's abilities.

When asked about factors that contributed to any academic challenges they faced, respondents provided a much different array of factors. Again, personal factors stood out as the most noted factor, as was seen in academic successes; however, in regards to academic challenges, the data analyzed for personal factors was more multi-faceted than what was seen in the other analyzed questions. Here, personal factors included stressors such as overall stress level, life-school-work balance, family responsibilities, but also included factors such as health (mental, physical, age and/or disabilities), perceived learning ability and self-doubt. While many of these factors fall within Bandura's self-efficacy source of internal state, others fall within both internal state and verbal persuasion. For example, for individuals who indicated family responsibilities or balance between school and work/life, these factors may originate both from the individual's general emotional state, but also from a lack of support from some other arena of their life. Individuals with family responsibilities may not have the financial support or community support, such as access to childcare, to help alleviate some of the responsibility, leading to a greater sense of stress for the individual who is splitting time,

energy, and emotional effort between school and home responsibilities. As seen with the personal factors indicated in contributing factors for educational success, those indicated here require deeper investigation to allow better understanding about the root cause of the factors provided in this survey. In addition to personal factors influencing the academic experiences of API students in the speech, language, and hearing sciences, respondents also indicated academic programming and quality as the second most important factor that contributed to their academic challenges. Here, respondents discussed issues related to curriculum and clinical experiences, correlating to access and quality of mastery and vicarious experiences. Most notably, participants reported outdated or missing curriculum that was not reflective of all populations, lack of access to a variety of clinical and research experiences, intense course load, and quality of teaching from professors. Quality mastery and vicarious learning experiences that allow students to gain skills in multiple ways increases their self-efficacy beliefs by providing them opportunities to have successful interactions with target tasks; in this question, participants highlighted how the lack of these experiences negatively impacted their educational experiences and thusly, their overall feelings of academic self-efficacy.

Finally, while it was not the top factor, it is worth noting that in considering the experiences of students of Asian descent, the issues of culture, race, and equity were present in the data collected for factors contributing to academic challenges. While some participants mentioned culture shock, inequities, cultural incompetence, or issues with immigration, others noted racism, discrimination, microaggressions, and misconceptions

about students born outside of the US. Below are excerpts from two participants describing their experiences attending school in the US as a non-US born student,

*Participant 1: "Initially, I felt like an outsider. It was hard to adapt to a new culture and to new people all of a sudden in a new country."*

*Participant 2: "[An] extreme lack of cultural responsiveness and understanding of second language acquisition in higher education institutions; racist professors who target minority students."*

While these experiences do not directly correlate to a single source of self-efficacy, issues related to race, equity, and culture play a role in the development of self-efficacy as they influence how an individual experiences and interprets the sources of self-efficacy. Thusly, viewing the sources of self-efficacy through the lens of cultural experience can provide a deeper understanding of the experiences of API students.

The final question analyzed in this project asked participants to discuss any supports that helped them that they had or wish they had as students or professionals. While the question allowed respondents to answer very broadly, the responses collected were overwhelmingly correlated to just one of Bandura's sources of self-efficacy—verbal persuasion. Above any other supports, API students and professionals felt that support from family, friends, and faculty as well as opportunities for professional networking and communities were the most important supports they had or wish they had.

In summation, the data showcased that when considering the development of academic self-efficacy in API students in the speech, language, and hearing sciences,

there is not one source of self-efficacy that is more influential than the others. They are equally represented and in fact, often intertwined and ultimately, all important to the development of an individual's beliefs in their ability to complete, pursue and persist in their academic endeavors.

### **Clinical Implications**

Clinical implications include the need to design speech, language, and hearing science programs that address students' needs holistically, including emotional well-being and cultural experience, in addition to the academic focus of the program. Participants reported that in addition to the support of family, friends, and mentors/colleagues, having access to quality first-hand and experiential learning opportunities, as well as a strong and positive self-belief system can positively impact their educational experiences, whereas lack of balance in life (e.g. stress, heavy coursework), lack of community support (e.g. faculty, family, societal), and lack of access to meaningful learning experiences (e.g. outdated curriculum, hands-on learning) can negatively impact their educational experiences. Miller, Irwin, and Nigh (2014) describe holistic education as first, focusing on growth of the whole person (body, mind, and soul) and second, as the concept of interconnectedness between the experience and the surrounding environment, focusing on the relationship between the whole and the part. The findings presented in this study indicate that respondents felt that their internal state, whether positive or negative, greatly impacted their educational experience, and thusly their feelings of self-efficacy. Traditionally, higher education systems place priority on the core academic curriculum often times not providing, or providing limited

opportunities, for personal growth and well-being. Holistic education sets personal growth and well-being as one of the highest priorities of the educational experience, integrating it into the core academic curriculum. Addressing students' emotional needs through more holistic approaches such as relationship building (e.g. mentorship, clinical experience, peer relationships), balance, and inclusion (e.g. increasing cultural awareness, addressing inequities, creating inclusive environments) will in turn affect the development of their self-efficacy beliefs, by addressing the quality and quantity of the four sources of self-efficacy students are exposed to in their academic programs.

### **Limitations**

Although reflective of the unique experiences of the respondents in this study, the findings presented are not conclusively unique to students of Asian descent. To gain a better understanding of needs specific to this population, a control study would need to be completed to compare populations. Additionally, a limitation of survey research is its ability to obtain more general information from respondents rather than an in-depth investigation into personal experiences, which would help better explain the findings within this study. Finally, the data presented here is reflective of only those individuals who volunteered for the study, therefore it is not a wholly reflective representation of all Asian Pacific-Islander students within the Speech, Language, and Hearing Sciences.

### **Future Directions**

Continuing with the present study, follow up interviews with respondents would provide a deeper understanding of the unique experiences of API students in the SLH

sciences. In addition, further research around academic self-efficacy in students in the speech, language, and hearing sciences is needed. This includes all populations, including but not limited to minority populations as well as gender populations.

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## Appendix A: Survey Questions

# API Caucus Survey

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### Start of Block: Introduction

Q22 The Asian Pacific Islander Speech-Language-Hearing Caucus (API Caucus) is conducting this survey study in partnership with the Asian Indian Caucus (AIC) to better understand Asian and Pacific Islander (API) professionals and students in the field of communication science and disorders (CSD). The recruitment and retention of Asian Pacific Islanders and other racial/ethnic minorities has long been a goal for the American Speech-Language-Hearing Association (ASHA). Currently, 2.7% of ASHA members identify as Asian and under 0.2% identify as Pacific Islander, adding up to a total of approximately 5,000 API members. We currently know very little, however, about the diversity within the group, such as what languages are spoken, national origins, ethnic/cultural identification, and professional needs. Without an understanding of who current API members are, we are also limited in our ability to support the work of API members, to address their concerns, to acknowledge their contributions, and to create strategies for continued recruitment.

This study involves the completion of an anonymous survey. Your participation is voluntary. The survey takes approximately 15 minutes. You may answer only the questions you feel comfortable answering and stop at anytime.

Completion of the survey indicates your consent to take part in this study, and that you are at least 18 years old. If you have any additional questions about your rights as a research participant, you may call (415) 338-1093 the Human Subjects Committee at San Francisco State University, or contact the principal investigator, Betty Yu at (415) 338-1001 or [bettyvu@sfsu.edu](mailto:bettyvu@sfsu.edu). Thank you.

### End of Block: Introduction

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**Start of Block: Comments and questions**

Q43 Thank you for your time and effort. In collecting this information, the Asian Pacific Islander Caucus and the Asian Indian Caucus hope to better serve you and other students, clinicians, and researchers in the field of CSD. If you wish to share any feedback or questions us, please write them below.

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Q44 If you are willing to do a follow-up interview with us, please write your name and email below. We would love to hear your perspectives in more depth. If you would like your responses to remain anonymous, but would like to receive updates from the Asian Pacific Islander Caucus and/or the Asian Indian Caucus, you can also email [asha.api.caucus@gmail.com](mailto:asha.api.caucus@gmail.com) or [asianindiancaucus@gmail.com](mailto:asianindiancaucus@gmail.com) separately.

Your Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

**End of Block: Comments and questions****Start of Block: Eligibility**

Q46 Please answer the following questions to see if you are eligible to participate in this survey. Completion of this survey is anonymous.

You can complete the survey over multiple sessions. The survey should take approximately 15 minutes total.

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Q2 Which of the following apply to you? *Please select all that apply.*

- I am a graduate student enrolled in an ASHA-accredited graduate program
  - I am a undergraduate or post-baccalaureate student enrolled in a Speech, Language, and Hearing Sciences program
  - I am a licensed speech-language pathologist and/or audiologist
  - I am a faculty member and/or researcher in an ASHA-accredited academic program
  - None of these
- 

Q4 Do you identify as being of Asian, Asian Indian, or Pacific Islander descent?

- Yes
  - No
- 

Q3 You are not eligible to take the current survey. If you have a question about this survey or would like to participate in other activities sponsored by the Asian Pacific

Islander Speech-Language-Hearing Caucus, please contact  
ASHA.api.caucus@gmail.com

End of Block: Eligibility

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Start of Block: Ineligible block

Q56 You are not eligible to take the current survey. If you have a question about this survey or would like to participate in other activities sponsored by the Asian Pacific Islander Speech-Language-Hearing Caucus, please contact  
ASHA.api.caucus@gmail.com

End of Block: Ineligible block

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Start of Block: Demographics

Q5 Please select the race/ethnicity affiliation(s) that best describe(s) yourself. *Please select all that apply. Hold down Ctrl on a PC or Cmd on a Mac to select multiple options.*

- Asian Indian
- Bangladeshi
- Cambodian
- Chinese (not Taiwanese)
- Chinese (Taiwanese)
- Fijian
- Filipino
- Guamanian/Chamorro
- Guyanese
- Hmong
- Indonesian
- Japanese
- Korean
- Laotian

- Malaysian
- Native Hawaiian
- Pakistani
- Samoan
- Sri Lankan
- Thai
- Tongan
- Vietnamese
- West Indian
- Other \_\_\_\_\_

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Q59 Please write what race/ethnic affiliation(s) you most identify with:

---

Q6 Select the gender that best describes yourself.

- Female
  - Male
  - Non-binary
  - Prefer not to answer
- 

Q7 Select the age range that best describes yourself.

- 18 - 22
  - 23 - 30
  - 31 - 40
  - 41 - 50
  - 51 - 60
  - 60+
  - Prefer not to answer
- 



Q9 What is your zip code?

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Q10 Were you born in the United States?

- No
  - Yes
  - Prefer not to answer
- 

Q11 Please choose the family history that best describes you.

- Both parents were U.S. born
  - Neither parent was U.S. born
  - One parent was U.S. born
  - One parent was U.S. born, other unknown
  - Unknown
  - Prefer not to answer
- 

Q12 Where was your parent or where were your parents born?

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Q13 What age did you arrive to the U.S.?

0 10 20 30 40 50 60 70 80 90 100



Q14 What was your birth place?

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Q15 Was English your first language? Or was English *one of your first languages* if you learned multiple languages concurrently?

No

Yes

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Q16 What was/were your first language(s)?

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Q17 Do you currently speak any language(s) in addition to English?

No

Yes



Q57 How many languages do you speak besides English (note: you will have to answer the next few questions for each language that you indicate)?

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End of Block: Demographics

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Start of Block: Additional languages

Q48 Please indicate one of the languages you currently speak in addition to English.

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Page Break

Q18 Please indicate your proficiency in  $\{Q2/ChoiceTextEntryValue\}$ .

	Emergent proficiency	Basic proficiency	Intermediate proficiency	Highly proficient	Native speaker- like proficient
Comprehension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking/Signing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Additional languages

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Start of Block: Bilingual Service Provider

Q19 Please read ASHA's definition of a Bilingual Service Provider below and indicate at the end whether you feel that you meet the definition.

“Audiologists or SLPs who present themselves as bilingual for the purpose of providing clinical services must be able to speak their primary language and to speak (or sign) at least one other language with native or near-native proficiency in lexicon (vocabulary), semantics (meaning), phonology (pronunciation), morphology/syntax (grammar), and pragmatics (uses) during clinical management. In addition to linguistic proficiency, the audiologist or SLP must have the specific knowledge and skill sets necessary for the services to be delivered.

Bilingual audiologists must be able to independently provide comprehensive diagnostic and treatment/rehabilitative services for auditory, vestibular, and related impairments using the client's/patient's language and preferred mode of communication. They must also have the linguistic proficiency to: a) select and interpret culturally and linguistically

appropriate assessment materials, tools, and methods; b) instruct and assess the client/patient in direct clinical techniques using behavioral, physiologic, and developmental measures; and c) administer and interpret standardized self-report measures of communication difficulties and psychosocial and behavioral adjustment to auditory dysfunction.

Bilingual SLPs must be able to independently provide comprehensive diagnostic and treatment services for speech, language, cognitive, voice, and swallowing disorders using the client's/patient's language and preferred mode of communication. They must also have the linguistic proficiency to: a) describe the process of normal speech and language acquisition for both bilingual and monolingual speakers of that language, including how those processes are manifested in oral and written language (or manual when applicable); b) select, administer, and interpret formal and informal assessment procedures to distinguish between communication differences and communication disorders; c) apply intervention strategies for treatment of communication disorders in the language or mode of communication most appropriate for the needs of the individual.

Do you feel you meet ASHA's definition of a Bilingual Service Provider, as described above?

- No
- Yes
- Don't know

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Q20 Why do you feel you don't meet (or don't know if you meet) ASHA's definition of a Bilingual Service Provider?

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End of Block: Bilingual Service Provider

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Start of Block: Work setting

Q21 What is your current position? *Please select all that apply.*

Student

Clinician/practitioner

Academic/researcher

Other: \_\_\_\_\_

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Q23 Please select your area(s) of focus. *Please select all that apply.*

Speech/language pathology

Audiology

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Q49 Do you hold ASHA certification?

Yes

No

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Q47 Why don't you hold certification?

I am a student.

I am completing my clinical fellowship.

I don't need to hold certification for my work.

I am having difficulty passing the Praxis exam.

Other: \_\_\_\_\_

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Q48 Do you currently work in the United States?

Yes

No

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Q49 Which state(s) do you work in?

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawai'i
- Idaho
- Illinois

- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada

- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas

- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming



Q50 What country do you work in?

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Q36 How did you hear of the field of CSD? What were your motivations for entering the field of CSD?

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Q24 Where do you work? *Please select all that apply.*

- Hospital
  - Clinic
  - College/university
  - Private practice
  - School
  - Other: \_\_\_\_\_
-

Q25 What are your area(s) of expertise? *Please select all that apply.*

- AAC/AT
- Accent modification
- Aphasia
- Apraxia - adult
- Apraxia - childhood
- Auditory training
- Auditory Processing Disorders
- Aural rehabilitation
- Articulation/speech sound
- Neurogenic disorders
- Central auditory processing disorders
- Childhood language disorders
- Cleft lip & palate
- Cochlear implants

- Cognitive-communication disorders
- Communication enhancement/corporate speech-language
- Dementia
- Demonstration/orientation of hearing technology
- Developmental disabilities
- Early hearing detection/intervention
- Fitting/dispensing of hearing aids/assistive devices
- Fluency Disorders
- Literacy
- Oral myofunctional disorders
- Phonology
- Resonance
- Social communication
- Speech Motor Control and Disorders
- Speech Sciences/Speech Acoustics

- Swallowing - adult
  - Swallowing - child
  - Tinnitus
  - Transgender voice
  - Traumatic brain injury
  - Vestibular/balance disorders
  - Voice
  - Other
-

Q26 What age group(s) do you work with the most? *Please select all that apply.*

- 0 - 6 months
  - 7 months - 2 years
  - 3 - 5 years
  - 6 - 11 years
  - 12 - 17 years
  - 18 - 64 years
  - 65 - 74 years
  - 75 years or older
- 

Q27 Please **list** the top 3 factors that contribute to your overall work satisfaction.

- 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
-

Q51 Do you feel your experiences as an Asian Pacific Islander has contributed to your overall sense of work satisfaction?

	Definitely not	Probably not	Might or might not	Probably yes	Definitely yes
Have API experiences contributed to work satisfaction?	<input type="radio"/>				

Q53 If you answered yes, please explain how your experiences as an Asian Pacific Islander has contributed to your work satisfaction.

\_\_\_\_\_

Q52 Please **list** the top 3 factors that contribute to difficulties in your work life.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Q53 Do you feel your experiences as an Asian Pacific Islander have contributed to these difficulties?

	Definitely not	Probably not	Might or might not	Probably yes	Definitely yes
Have API experiences contributed to work difficulties?	<input type="radio"/>				

Q54 If you answered yes, please explain how your experiences as an Asian Pacific Islander has contributed to difficulties in your work life.

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Q54 Do you work with any clients or patients from the Asian Pacific Islander communities?

Yes

No

Q55 What percentage of your caseload consists of clients/patients from the API communities?

0 10 20 30 40 50 60 70 80 90 100

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% of caseload from API communities

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Q29 Do you bring any unique knowledge and/or skills to working with API clients/patients (e.g., linguistic skills or cultural knowledge?)

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Q30 Please **list** the top 3 challenges you face in working with API clients/patients.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

End of Block: Work setting

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Start of Block: Educational experience

Q31 What is the highest degree you have completed?

- High school or equivalent
  - Bachelor's or equivalent
  - Master's or equivalent
  - Clinical doctorate
  - Doctoral degree or equivalent
  - Professional degree (e.g., LLM/J.D., M.D.)
- 

Q32 What educational institution(s) have you attended?

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Q33 Did/do you hold a F-1 or J-1 visa at the start of your current program or the program you attended to become a professional in communication science and disorders?

- No
  - Yes
-

Q34 Please **list** the top 3 factors that have contributed to your educational success.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

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Q35 Please **list** the top 3 factors that have contributed to educational challenges.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

End of Block: Educational experience

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Start of Block: Support for API students and professionals

Q38 What support(s) have helped you, or do you wish to have, as an API professional or student?

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Q40 What supports would help you better serve clients/patients from Asian or Pacific Islander communities?

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Q41 What would you be the most interested in seeing ASHA, the API Caucus, or the AI Caucus do/provide for you?

- Mentoring
- Networking (e.g., regional or ASHA Convention meet-ups)
- Community-building activities
- Professional development
- Service (e.g., volunteering or service initiative)
- Other: \_\_\_\_\_

Q42 Please indicate if you are willing to do the following with the API Caucus or the AI Caucus. *Please select all that apply.*

- I am willing to donate money.
- I am willing to donate skills.
- I am willing to donate time.
- Other: \_\_\_\_\_
- None of the above.

**End of Block: Support for API students and professionals**

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