The Emerging Profession of Speech Therapy in Vietnam Through Pioneering Eyes

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Abstract

Speech therapy is a new and rapidly growing profession in Vietnam, yet factors shaping its development are not well understood. Previous research in Majority World contexts suggests the emergence of rehabilitation professions may be shaped by a set of shared factors; however, the utility of this information to the Vietnamese context is not known. Further, little is known of the experience of practising a profession embedded with Eurocentric notions of health and disability in different cultural contexts. This doctoral research sought to extend understanding of these issues by exploring how the speech therapy profession is emerging in Vietnam through the experiences of a group of Vietnam’s first speech therapy graduates.

This research reports a longitudinal, qualitative study employing participatory research methods conducted across the different cultural settings of Australia and Vietnam. Phase 1 of the research was conducted between 2013 and 2014. In 2013, interviews with 13 of the Vietnamese graduates one year following their graduation supported the development of a model conceptualising their work. In 2014, eight of the graduates were interviewed about their professional practice at two years post graduation. An advisory group of the graduates was also convened at this time to guide the research over its duration. This research phase confirmed the utility of the conceptual model characterising the graduates’ work and drew focus to the complexities that may arise when conducting participatory research in a cross-cultural setting.

In Phase 2 of the research, creative research methods were introduced to explore the graduates’ work at three years post graduation. This research phase led to refinement and elaboration of the model conceptualising the graduates’ professional practice. In the
final research phase, participants reflected upon their professional journeys in the four years since graduating and upon their participation in the research.

This research identified that a diversity of factors is shaping the emergence of the speech therapy profession in Vietnam. Some factors are shared with other countries of the Majority World where the profession is practised; some are unique to Vietnam. Key themes conceptualising the graduates’ work—scope of practice, developing identity, confidence to practise, progressing the profession, and feelings—provide a rich, nuanced understanding of their experiences. This study revealed that the experience of pioneering a new profession in a Majority World context will be shaped by structural, personal, interpersonal, and cultural factors, and that initiatives to introduce the speech therapy profession into novel contexts will best be informed by local practitioners.

Learnings from doing participatory research in a cross-cultural context relate to the integral role of the interpreter and engaging in research when the researcher and research participants are separated by language, time, and distance. The use of creative research methods supported the research participants’ experiences to be represented in diverse ways and addressed challenges posed by translation and the potential for misrepresentation of their experiences. This research highlighted that the experience of participating in research will be shaped by personal motivations and learnings that arise from research.
Declaration

This declaration is to certify that:

a) the thesis comprises only my original work except where indicated in the Preface;

b) due acknowledgement has been made in the text to all other material used;

c) the thesis is fewer than 100,000 words in length, exclusive of tables, maps, bibliographies and appendices.

Marie Atherton
Preface

This thesis is composed of my original work and contains no material previously published or written by another person except where due reference is made. I have clearly stated the contribution by others to jointly authorised works that I have included in my thesis. A declaration of thesis with publication was submitted with this thesis.

I have clearly stated the contribution of others to my thesis as a whole, including data analysis and other original work used or reported in this thesis.

The content of my thesis is the result of work I have carried out since the commencement of my research higher degree candidature and does not include work that has been submitted to qualify for the award of any other degree or diploma in any university or tertiary institution.

Professional editor Pam Firth provided copyediting and formatting services, according to the guidelines laid out in the university-endorsed national Guidelines for Editing Research Theses (Institute of Professional Editors, 2019).

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I acknowledge that the copyright of all material contained in this thesis resides with the copyright holder(s) of that material.
Statement of Contribution to Jointly Authored Works Contained in
This Thesis

For each publication contained in this thesis, the PhD candidate was primarily responsible for the review of literature, research plan and design, recruitment, data collection, analysis, interpretation of results, and writing.

Associate Professor Bronwyn Davidson and Professor Lindy McAllister contributed to the research plan and design and reviewed the data analysis, interpretation, and writing. All contributions are acknowledged in the publications.

Mr. Lê Khánh Diện, Mr. Hoàng Văn Quyên, Dr. Huỳnh Bích Thảo, Dr. Lê Thị Thanh., Dr. Lê Văn Cường, Dr. Lưu Thị Thanh Loan, and Ms. Trương Thị Minh Hiền contributed to the interpretation in the final paper arising from this research.

The following publications report this doctoral research program and are included in the thesis:


As publisher of this paper, Speech Pathology Australia has given permission for the paper to be translated into Vietnamese (Appendix F):

Atherton, M., Davidson, B., & McAllister, L. (2016). Gây dựng sự hợp tác – Một sáng kiến nghiên cứu tham gia với những chuyên viên Âm ngữ trị liệu đầu tiên của


As publisher of this final paper, the Taylor & Francis Group has given permission for the paper to be translated into Vietnamese (in progress).
Statement of Contribution by Others to This Thesis as a Whole

The PhD candidate was primarily responsible for the concept and design of the studies, gaining ethics approval, participant recruitment, data collection, analysis and interpretation, and manuscript preparation. However, the following people have made significant contributions to the thesis as a whole:

Associate Professor Bronwyn Davidson and Professor Lindy McAllister as supervisors of my doctoral studies had input into each study’s concept and design, the data analysis, and critical appraisal of written work.

To the best of my knowledge and belief, no person who has offered contributions consistent with the above has been excluded as an author.
Published Works by the Author Incorporated Into the Thesis

Five peer-reviewed publications are incorporated in their entirety in the thesis.

1. The following publication constitutes Chapter 4:


2. The following publication constitutes Part B of Chapter 5:


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<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AAC</td>
<td>augmentative and alternate communication</td>
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<tr>
<td>BMF</td>
<td>Biwako Millennium Framework</td>
</tr>
<tr>
<td>BMF Plus 5</td>
<td>Biwako Millennium Plus Five Framework</td>
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<tr>
<td>CBR</td>
<td>community-based rehabilitation</td>
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<tr>
<td>CPD</td>
<td>continuing professional development</td>
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<tr>
<td>CRDP</td>
<td>Convention on the Rights of Persons with Disabilities</td>
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<tr>
<td>EM</td>
<td>emergency medicine</td>
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<tr>
<td>ENT</td>
<td>ear, nose, and throat</td>
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<tr>
<td>ECOSOC</td>
<td>United Nations Economic and Social Council</td>
</tr>
<tr>
<td>HCMC</td>
<td>Ho Chi Minh City</td>
</tr>
<tr>
<td>ICF</td>
<td>International Classification of Function, Disability and Health</td>
</tr>
<tr>
<td>NGO</td>
<td>nongovernment organisation</td>
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<tr>
<td>OT</td>
<td>occupational therapy</td>
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<tr>
<td>PAR</td>
<td>participatory action research</td>
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<tr>
<td>PRG</td>
<td>Participatory Research Group</td>
</tr>
<tr>
<td>PNTU</td>
<td>Pham Ngoc Thach University of Medicine</td>
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<tr>
<td>PWCD</td>
<td>people with communication disabilities</td>
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<tr>
<td>PWD</td>
<td>people with disabilities</td>
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<tr>
<td>RM</td>
<td>rehabilitation medicine</td>
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<tr>
<td>SHI</td>
<td>social health insurance</td>
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<tr>
<td>ST</td>
<td>speech therapy</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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Part A: Setting the Scene
Chapter 1: Introduction

1.1 Introduction

This chapter describes the context in which this research took place. It situates me, a doctoral researcher, and the participants in this study, a group of Vietnam’s first university-qualified speech therapists,¹ as collaborators in the research. It describes my motivations for undertaking the research and the research purposes. The chapter concludes with an overview of the study and the structure of the thesis.

1.2 Orientation to the research

In September 2012, 18 Vietnamese health professionals with primary qualifications in medicine, nursing, physiotherapy, or accounting graduated from the two-year Speech Therapy Training Program at Pham Ngoc Thach University of Medicine (PNTU) in Ho Chi Minh City (HCMC), Vietnam, thereby becoming Vietnam’s first locally trained speech therapists qualified to work with developmental and acquired speech and swallowing disorders across the lifespan. I was the coordinator of this program, living and working in HCMC from 2010 to 2012. On my return to Australia, I sought to remain in contact with the graduates to support their work and to document the development of the speech therapy (ST) profession in Vietnam.

The aim of this research was to explore the emergence of the ST profession in Vietnam through the experiences of a group of Vietnam’s first university-trained speech therapists, using participatory research methods. Against a backdrop of limited

¹ In Vietnam, the profession of speech-language pathology is known as speech therapy; as such, the terms “speech therapy” and “speech therapist” are used throughout this thesis. In publications arising from this research, use of the terms “speech-language pathology” and “speech-language pathologist” reflect individual journal requirements.
understanding of factors shaping the development of rehabilitation professions in different cultural contexts and of the experiences of the professionals who pioneer these professions (see Chapter 2), the purpose of this study was threefold: (1) to follow the professional practice of the Vietnamese graduates as a means of documenting the evolving nature of their work, (2) to identify context-specific challenges to their work and how they might best be supported to progress their practice, and (3) to explore how research underpinned by a participatory ethos might support realisation of the first two research aims.

This research was conducted across Australian and Vietnamese cultures. Culture has been defined by numerous parameters including organisational, religious, socioeconomic, gender, age, sexuality, and education (McNae & Strachan, 2010). Culture is therefore not just about ethnicity. However, within this thesis, unless otherwise stated, culture refers explicitly to “that complex whole which includes knowledge, beliefs, arts, morals, laws, customs and any capabilities and habits acquired as a member of society” (United Nations Educational, Scientific & Cultural Organisation [UNESCO], 2017, para. 2); it is not static but is an entity that changes and evolves (McNae & Strachan, 2010). Belonging to a specific cultural group means reflecting a “certain set of shared values and norms, which are expressed in the way you behave” (Huijser, 2013, p. 137).

Gibbs (2001) defined “cross-cultural” as the relationship between cultures, “the space . . . where cultures meet and interact” (p. 674). In terms of research conducted cross-culturally, this may involve the conduct of research “with people in different social and cultural settings” (Liamputtong, 2008, p. 3) or research “by non-indigenous researchers into the lives of indigenous people” (Gibbs, 2001, p. 674). With these
definitions in mind, then, the research reported in this thesis is research undertaken between co-researchers from the different cultural settings of Australia and Vietnam.

1.3 Why is this research important?

Speech therapy is an emerging profession in Vietnam. Whilst there is some information in the literature describing factors shaping the emergence of new rehabilitation professions in Vietnam and other Majority World countries, little is known of the challenges to introducing a new profession into a cross-cultural setting, nor the impact of context. Further, whilst initiatives to “indigenise” or shape a profession embedded within Western principles of health and disability to meet the needs of local context have been described for the social work profession in Vietnam (T. Nguyen, Hugman, & Briscoe, 2010), there is no information to inform a similar process for the profession of ST in which communication and language are central. This research sought to add to this body of knowledge.

There is also a gap in the literature reporting the experiences of workers who pioneer rehabilitation professions in Majority World contexts. Previous literature has been dominated by researchers and authors who are foreigners or “outsiders” (Banks, 1998) to the context about which they write and thus may not reflect the experiences of local workers. What is the experience of practising a profession that is yet to be recognised by government or community, for which there are limited resources? How might those who pioneer these professions be supported so that a profession develops to meet the needs of culture and context? How might the reflections of the Vietnamese ST pioneers

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2 In this research, Majority World and Minority World are preferentially used to refer to countries that have previously been referred to as developing/developed, third world/first world, and global north/south (Marshall, 2003).
inform future initiatives to introduce the ST profession from Minority World to Majority World contexts? Research exploring these aspects of practice has the potential to add to the knowledge base informing future development of the profession in novel contexts (Hartley, 1998; Hartley & Wirz, 2002; Marshall, 1997).

Finally, this research program sought to add to an emerging body of literature exploring the utility of participatory and collaborative research approaches in cross-cultural contexts. Specifically, this research sought to document how engaging in research underpinned by a participatory ethos might support the development of the ST profession in Vietnam.

1.4 Positioning myself

My identity as a doctoral researcher and the choice of research focus and methodology have been shaped by my experiences as a clinical speech therapist working within acute care settings in Australia and by the travel and work I have undertaken in Vietnam. These experiences have informed my understanding of how power and context shape individuals and relationships and their potential to disempower and marginalise. They have also deepened my understanding of the fundamental and explicit utility of personal experience and different ways of knowing to informing perceptions, reflections, and behaviours.

My identity as a ST practitioner and researcher is also shaped by a commitment to social justice, which I associate with the concepts of fairness, reciprocity, and equitable treatment of people (McNae & Strachan, 2010; Ruger, 2004). In the context of health and healthcare, this demands that I engage in action that supports individuals to access the services and resources they need to enhance their lives, participate in decisions that affect their lives, and avoid discrimination. I strive to support others to live full and
valued lives and ensure my own behaviour does not marginalise, discriminate, or misrepresent others. These concepts are explored a little further in the following discussion.

As a clinical speech therapist working in acute care settings for more than 20 years, I have entered the lives of others often during times of distress and upheaval. I recall occasions where the models of service delivery I worked under were unable to accommodate the needs of patients and families, not least due to the inherent power of the medical fraternity and its limited ability to accommodate a diversity of experiences, perspectives, and desires. Whilst this failure was not specific to persons from culturally and linguistically diverse backgrounds, my perception was that culture and context frequently clashed, and the voices of those rendered vulnerable by illness, fear, and cultural and linguistic diversity were often not heard.

Travel to Vietnam as a tourist in 2006 afforded my first opportunity to experience the beauty and complexity of a “developing country” and broaden my thoughts about power and inequality. I loved Vietnam, the uniqueness of its culture and its people, but I was also confronted by stark portrayals of poverty and disability that afforded me a deep sense of personal discomfort and demanded I reflect upon my very privileged position within the global community. This feeling was further heightened during later travels to Laos and Cambodia. On return to Australia, I explored how I might in some way reduce this inequity. To this end, in 2007, I enrolled in a Master of International Development with the ambition of working in a “human development” context, whether at home or abroad. At that time, I envisaged moving away from the ST profession but maintaining a “health” focus, whatever that might be.
In 2009, whilst still completing my studies, an opportunity arose to return to Vietnam. Under the auspices of Trinh Foundation Australia (TFA; Trinh Foundation Australia, n.d.), an Australian-based nongovernment organisation (NGO) supporting the development of the ST profession in Vietnam, I travelled to HCMC, Vietnam for two weeks where I supervised practicum experiences for a small group of Vietnamese professionals who were interested in the profession. The profession was at a nascent stage in Vietnam, and there was a growing enthusiasm and desire for knowledge and clinical skills by professionals who were treating persons with communication and swallowing disabilities as part of their clinical work in other professions such as physiotherapy and nursing. They spoke of a huge unmet need for services, and I recall wondering how this need might be met in a country of just under 90 million people. Not long after this trip, a volunteer coordinator position for a university-based ST training program in HCMC was advertised. This was to be the first university-based training program offered in Vietnam that taught across the full scope of ST practice; that is, in speech, language, voice, fluency, swallowing and augmentative and alternative communication across the lifespan (International Association of Logopedics and Phoniiatrics [IALP], 2010), and was an ideal fit for my ambition of returning to Vietnam. Fortunately, my application for the position was successful, and in May 2010, I again travelled to Vietnam, on this occasion to commence in a new professional role.

From June 2010 to October 2012, I lived with a Vietnamese family in HCMC and worked at PNTU, a small municipal university in District 10, HCMC, as the coordinator of their two-year Speech Therapy Training Program. It was a life-changing experience—an immensely challenging time as I sought to understand, accommodate, and assimilate into a new culture, language, way of living, and working. I had excellent support from the project’s technical partners (TFA, n.d.; Australian Volunteers...
International [AVI, n.d.]; however, my greatest support was to be the 18 ST students who enrolled in the program. Of the many relationships made over the 27 months I was in Vietnam, the relationships with these 18 people stay with me the most. And to a large extent, it is these relationships that motivated me to commence this research to document their journeys as pioneering health professionals and to support to their work. However, it was critical that if the research was to benefit their practice, it had to be guided by their priorities rather than by any preconceived notions I may have had about their work or the delivery of ST services in Vietnam. To this end, it was necessary for me to reflect upon my pre-existing involvement in the Speech Therapy Training Program, upon my relationship with the graduates, and upon my perceptions of their professional practice so as to account for my own subjectivity and personal frames of reference. As described by Narayan (1993),

> To acknowledge particular and personal locations is to admit the limits of one’s purview from these positions. It is also to undermine the notion of objectivity, because from particular locations all understanding becomes subjectively based and forged through interactions with fields of power relations. (p. 679)

The “bracketing” or “putting aside of one’s preoccupations, expectations, or culturally determined interpretations in order to encounter the ‘essence’ of a phenomenon” (Ladkin, 2005, p. 119) requires the researcher to “set aside, as far as humanly possible, all preconceived experiences to best understand the experiences of the participants in the study” (Moustakas, 1994, p. 122). To this end, whilst in Vietnam, I had communicated regularly via email with family and friends about my experiences and had sporadically kept a personal diary—revisiting these provided valuable reminders of my thoughts, perceptions, and plans at that time. From the beginning of this research, I have kept a detailed reflective research diary recording my thoughts, impressions, and
decisions in relation to the research; this has provided a forum through which I have
given voice to and acknowledged my biases and my personal frames of reference, and
explored their potential impact upon the research.

Given my pre-existing relationship with the graduates, it has also been critical for me to
reflect upon my positionality in relation to them. Researcher positionality has attracted
extensive discussion in the literature as it speaks to issues of power, knowledge
construction, and representation in research findings (Berger, 2015; Karnieli-Miller,
Strier, & Pessach, 2009). Banks (1998) conceptualised researcher positionality along a
continuum of closeness to, or distance from, a community. Within this definition, an
“insider” researcher is one that “endorses the values, perspectives . . . and knowledge of
his or her community and culture and is perceived by people within the community as a
legitimate community member who can speak with authority about it” (p. 8). An
“outsider” researcher does not share the knowledge and/or culture of the community
they are researching and thus may not be considered a legitimate source of knowledge
about a community or experience. Yet other authors have argued this binary
classification is too simplistic (Dwyer & Buckle, 2009; Hellawell, 2006; Merriam et al.,
2001), that the boundaries between the two are not clear and that a researcher’s position
may shift during the research process based on factors such as a researcher’s gender,
age, education, the duration of their relationship with research participants, and the
sharing of similar experiences (Hellawell, 2006; Narayan, 1993). This last aspect was
pertinent to the current research—I am a Western woman, I do not speak Vietnamese, I
am older than all but two of the graduates, and was their teacher; in this sense, I am an
outsider. However, I lived in Vietnam for an extended period, I was closely involved in
the Speech Therapy Training Program that the graduates participated in, and I
developed relationships with the graduates; in this sense, I am an insider. Thus, as
described by Dwyer and Buckle (2009) and supported by other authors (Liamputtong, 2008; Narayan, 1993), I may occupy “the space between” (Dwyer & Buckle, 2009, p. 60), moving from the position of outsider to insider as dependent upon the situation, research activities, and the responses of myself and the graduates to the research and its findings.

A further consideration was the conduct of this research in a context that is not my own. Indigenous critique alerts us to the colonising effects of undertaking research in contexts that are foreign to us (Liamputtong, 2010a; Mutua & Swadener, 2004; Stanton, 2014). My white middle-class background is very different to my Vietnamese colleagues, as is my experience and understanding of health and disability. My ST practice is informed by Eurocentric paradigms or “ideologies, concepts and practices that originate(d) in European countries and their colonies, and constitute a dominant and dominating world view” (Nixon et al., 2015, p. 572). Further, cultural practices and norms may shape the findings of research conducted across cultures; for example, in Vietnam, the teaching profession is highly valued (P. Nguyen, Terlouw, & Pilot, 2006), and I am still addressed as “Teacher Marie” by some of my Vietnamese colleagues. It is possible that this may have shaped the type of information the graduates were willing to share with me.

I therefore sought a way in which the graduates’ voices might be present in the research and their priorities guide it. They were best placed to describe their work, the challenges they faced, and the opportunities available to them to progress their practice—the foregrounding of their experiences and voices offered greater potential for research findings to authentically represent their experiences and be beneficial to them.
1.5 Collaborative and participatory research methods

This longitudinal, cross-cultural research program was originally conceived as a phenomenological study of the lived experiences of the graduates as pioneering speech therapists in Vietnam. However, as the research evolved, challenges posed by the cross-cultural nature of the research, including the need to conduct multiple interviews with the support of an interpreter, rendered a true phenomenological study not possible. It was therefore necessary to explore research approaches that would still support the experiences and words of the graduates to be heard and for their priorities to guide the research but with reduced reliance upon interviews. A participatory research approach was considered as it would facilitate the active participation of the graduates in the research and a range of data collection methods.

1.6 Challenges arising in this research

Engaging in a longitudinal, cross-cultural collaborative research project posed several challenges that ran through the research process. These are described in the individual papers arising from the research, and in Chapter 8. Gaillard (1994) noted that “one of the main problems encountered in cross-cultural, collaborative research programs relates to the asymmetry of collaboration and the dominance of the partners in the [global] north” (p. 31). However, Stoecker (1999) suggested that authenticity of participation can be increased if a researcher initially explores whether their topic of interest is in fact of interest to a community, and secondly, facilitates community and group discussion around the topic. In Phase 1 of this research project, I sought to adhere to Stoecker’s guidelines by providing the graduates with detailed information about the proposed research topic; expressions of interest were sought from them to further explore the research topic and their involvement in the research with me, and finally,
through convening both individual and small group meetings in Phase 1, the opportunity was created for the graduates to seek clarification and provide feedback to me regarding the research.

Further, the language barrier present between the graduates and me required the assistance of an interpreter at all stages of the research. Temple and Edwards (2002) described knowledge from cross-cultural, cross-language research as bound by the “triple subjectivity” of the researcher, the research participants, and the research interpreter. In this triad, like the researcher and research participants, the interpreter is intimately involved in the generation and interpretation of research data through the assumptions and perceptions they bring to the research. Within this current research program, recognition of the vital role of the interpreter increased as the research progressed and is discussed in detail throughout the thesis and in the final chapter.

1.7 Research overview

This research program comprised three main phases. In Phase 1, the graduates’ professional practice at one and two years post graduation was explored through small group and individual interviews. Analysis of the research data led to the development of a thematic framework representing their professional practice in 2013 and 2014. An advisory group (later named the Participatory Research Group; PRG) comprising eight of the graduates was also formed in this phase to guide the research over its duration. When I was not in Vietnam, meetings between the PRG and I were conducted via Skype. This phase of the research concluded with two meetings of the PRG in HCMC in October/November 2014 where the future areas of research focus were explored.

Phase 2 of the research involved a series of workshops in HCMC in September 2015 in which visual methodologies were introduced to investigate the PRG members’
professional practice at three years post graduation. Strategies to progress their practice were also considered. Findings from this stage of the research further informed the thematic framework characterising the evolving nature of the participants’ work.

Phase 3 of the research comprised two workshops in HCMC in October 2016 where the PRG reflected upon their professional journeys from 2012 to 2016 and upon their participation in the research. In the penultimate workshop of the research program, PRG members visually depicted their professional journeys as a river and used these to describe their experiences. In the final workshop, they interviewed each other about their experiences of participating in the research. In 2018, a member of the PRG and I presented findings from this final workshop at an international ST conference.

1.8 Thesis structure

1.8.1 Part A: Research context

Chapter 1 provides a background to the research and my motivations for undertaking it, and positions me within the research. It specifies the research aims and principles underpinning the research and identifies several complexities that arose during the research.

Chapter 2 is a literature review that provides the context for the research. It offers a snapshot of the status of people with disabilities (PWD) in the Majority World, including data on incidence and prevalence, and factors shaping global understanding and awareness of disability. Literature reporting factors supporting the emergence of rehabilitation professions is then reviewed, as are the challenges to service development in the Majority World. What is known of the experiences of professionals who pioneer rehabilitation professions in the Majority World is also described.
The literature review situates Vietnam, its population, and recent history in this research. Literature pertaining to illness and disability in Vietnam is reviewed—causes, incidence, prevalence, the impact of having a disability, and the Vietnamese government’s response to meeting the needs of its citizens with disabilities, including the development of services and the training of rehabilitation professionals. This chapter concludes by situating the development of the ST profession in Vietnam, of factors supporting and shaping its emergence. Content in this chapter draws on publications I have previously authored that are relevant to this thesis but do not form part of it.

Chapter 3 provides a description of and rationale for the methodological decisions made throughout the research, including my rationale for using an exploratory, qualitative design employing participatory research methodologies. Methods specific to each stage of the research are reported in respective chapters within publications arising from the research. The chapter concludes with a description of the stages of the research and their timelines.

**1.8.2 Part B: Research findings**

Chapter 4 describes the findings from the first stage of Phase 1 of the research where the professional practice of 13 of the 18 ST graduates was explored in 2013, one year following their graduation. Thematic analysis of the qualitative data derived from a series of small group interviews and one individual interview identified overarching themes and subthemes characterising the nature of the graduates’ practice. This study was published in the *International Journal of Speech-Language Pathology*.

Chapter 5 describes the second stage of Phase 1 of the research, which sought to build upon findings from 2013 and identify changes to the graduates’ work over the previous 12 months. Individual interviews were conducted with eight graduates who had
expressed interest in joining the PRG; these interviews explored their professional practice in 2014 and provided opportunity to discuss their participation as members of the PRG. Thematic analysis of the qualitative data from these interviews led to a refinement of the themes and subthemes identified in 2013.

The initial meetings of the PRG were also convened during this phase of the research. The inaugural face-to-face meeting was held in HCMC in July 2014. Meetings with the PRG took place via Skype from July to October 2014 when I was in Australia; in late October/early November 2014, there were two face-to-face meetings in HCMC where the concepts of collaboration and participation in research were revisited. This component of the research was published in the *Journal of Clinical Practice in Speech-Language Pathology*.

Chapter 6 describes Phase 2 of the research where visual research methods were introduced to explore the work of PRG members at three years following their graduation (2015). This component of the research involved a series of workshops conducted in HCMC in which the professional challenges the PRG members were facing and context-specific strategies to support their work were identified. This component of the research was published in the *International Journal of Speech-Language Pathology*.

Chapter 7 describes Phase 3 of the research where the PRG members reflected upon their professional journeys over the previous four years (2012–2016). Visual methodologies were again used in this research phase. This phase concluded with the PRG reflecting upon their experiences of participating in the research. Findings from this research phase were published in two articles in *Speech, Language and Hearing*, the final paper having been co-authored with the PRG.
1.8.3 Part C: Synthesis of findings and conclusions

Chapter 8 provides a synthesis of the results and findings of the research. Implications for the progression of the ST profession in Vietnam are explored and considered in relation to the emergence of new professions in cross-cultural contexts. The utility of participatory research methods within this longitudinal, cross-cultural research project are discussed, as is the role of the interpreter and my positionality within the research. This chapter integrates the strengths and limitations of this research and identifies areas for future research.

A visual representation of the structure of this thesis is provided in Figure 1.1

**Figure 1.1.** Thesis structure.
1.9 Summary

This chapter has introduced my motivations for undertaking the research and for committing to a participatory research ethos. The aims of the research have been stated. I have positioned myself within the research and drawn focus to several complexities that arose during its conduct. The following chapter expands upon the context of the research, situating it within factors that may shape the development of rehabilitation services in Majority World contexts and the development of ST services for persons with communication and swallowing disabilities in Vietnam.
Chapter 2: Literature Review

2.1 Introduction

The purpose of this chapter is to present a review of the literature relevant to the research topic: “What are the experiences of pioneering the ST profession in Vietnam?” Literature reporting the development of rehabilitation services for PWD, including communication and swallowing disabilities in Majority World contexts, and the experiences of the professionals who pioneer these professions is reviewed. As a means of positioning the research in Vietnam, this chapter also reviews literature relevant to the country and culture of Vietnam, and to people with communication and swallowing disabilities living in Vietnam. An understanding of past and present economic, health, and social factors that have shaped and continue to shape the development and delivery of rehabilitation services, including ST services for PWD in Vietnam, provides an important rationale for the focus of my research.

The papers reviewed in this chapter are from multiple sources and are methodologically diverse. They include policy papers released by government and NGOs, conceptual and opinion papers, and peer-reviewed research. As such, the following narrative review reports factual and descriptive data, commentary, and research data and findings, and provides a critique of this information where possible. Narrative reviews of literature are considered appropriate where topics or domains are underdeveloped and where there is no specific intervention being investigated (Baumeister & Leary, 1997; Petticrew & Roberts, 2006). A narrative approach to the literature informing the current research supported juxtaposition and synthesis of findings from multiple sources and highlighted key themes, rather than providing a reinterpretation of the different sources of evidence and information. This review aims to contextualise the current study about the
emergence of the ST profession in Vietnam and to highlight the strengths and limitations of existing information.

2.2 Disability and the need for rehabilitation services: A global picture

It is estimated that over one billion people, or more than 15% of the world’s population, experience some form of disability at any one time for which they require rehabilitation (World Health Organization [WHO] & World Bank, 2011). Approximately 2% to 4% of people have significant disabilities, defined as disabilities that have a “major impact on a person’s life” (WHO & World Bank, 2011, p. 22). PWD are at greater risk of poverty, illness, unemployment, and social marginalisation and discrimination. Further, due to global health and demographic trends that include improved life expectancy, a rapidly ageing population, increased prevalence of chronic diseases, and longer survival of persons with severe disabilities, the global prevalence of disability and the need for rehabilitation services are expected to increase into the future (WHO, 2017b).

Available data regarding the prevalence of disabilities in different regions of the world vary in quality and currency and are generally lacking or nonexistent in many low and middle income countries that include those of the Majority World (WHO & World Bank, 2011). The reasons for this are complex and reflect the capacity of different regions to collect data, differences in the way disability is measured, and the various definitions and perceptions of disability. This is an important point because the aims of rehabilitation and the focus given to developing rehabilitation services, including the role of rehabilitation practitioners, are shaped by how disability is conceptualised and measured (Mpofu, 2001). The World Report on Disability (WHO & World Bank, 2011) was the first document to provide a global perspective of the situation of PWD, estimating that 80% of PWD live in countries of the Majority World. This is somewhat
expected given most of the world’s population live in these countries. However, contextual factors also shape and increase the vulnerability of people living in these regions to disability. Disability and poverty are inherently linked, with the health and well-being of persons in low and middle income countries shaped by malnutrition and lack of access to health and social care infrastructure (Palmer, Groce, Mont, Nguyen, & Mitra, 2015; Parnes et al., 2009; WHO & World Bank, 2011). Further, civil unrest, natural disasters, and accidents and pollution associated with industrialisation are expected to increase the number of people living with disabilities in these regions. An increase in the demand for rehabilitation services is likely to follow.

The rehabilitation workforce consists of a range of professionals that include physiotherapists, occupational therapists (OTs), speech therapists, orthotists and prosthetists, physicians specialised in rehabilitation medicine (RM), and personnel who support these professions, such as rehabilitation technicians (RTs) and community health workers (Jesus, Landry, Dussault, & Fronteira, 2017). Whilst there is a shortage of trained rehabilitation personnel worldwide, there are large differences across countries and regions, with the most significant shortages being in low and middle income countries. Persons living in rural and remote regions, indigenous persons, and people of ethnic minorities in these countries have even less access to services (Jesus et al., 2017; WHO, 2016b).

2.3 International policies and charters

Awareness of the need for greater numbers of rehabilitation professionals and a “scaling up” (WHO, 2017a, p. 1) of rehabilitation services globally has been informed by a range

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3 Rehabilitation medicine is the diagnosis, assessment, and management of an individual with a disability due to illness or injury (Royal Australasian College Of Physicians, 2019).
of international charters and protocols. It is relevant to describe these briefly here as they reflect changing global attitudes to PWD; further, the adoption of policies and ratification of international charters by governments is one means by which the commitment of countries and regions to the recognition and inclusion of PWD can be measured (WHO & World Bank, 2011). Within the current research, these charters and protocols provide important background to the development of rehabilitation services for people with communication disabilities (PWCD) in Majority World contexts that include Vietnam.

One of the first international protocols to draw focus to the impact of living with a disability was the *Millennium Development Goals* (United Nations, 2000), a set of eight development goals seeking to address the needs of the global poor through eradication of extreme poverty, increased gender equality, access to education, and improved child and maternal health. The goals were agreed upon by the international community in 2000 and endorsed by 189 countries, including Vietnam (C. Nguyen, 2011). Although disability was not specifically mentioned as a development objective, in the 2010 *Millennium Development Goals Report* (United Nations, 2010), the impact of childhood disabilities and their link to marginalisation in education was recognised and later promoted as a development priority.

In 2001, the WHO released the *International Classification of Functioning, Disability and Health (ICF)* that positioned disability as “an outcome of the interaction between a person with an impairment and the environmental and attitudinal barriers that he/she faces” (WHO, 2001, p. 1). This biopsychosocial model of disability challenged the traditional medical or impairment-based model that positioned disability as something that required fixing (Nixon et al., 2015). Rather, the ICF represented disability as arising
from an interplay of factors that include barriers and discrimination at social and institutional levels; these might include government policies and regulations (or lack thereof), physical obstacles, lack of infrastructure, and societal attitudes such as underestimations of the abilities and potential of PWD (Nixon et al., 2015). Importantly, this model acknowledged that, whilst disability arises from societal and environmental factors, there is still a place for medical intervention, practical aids, and professional support and services that include rehabilitation (Wickenden, 2013).

In January 2003, the *Biwako Millennium Framework* (BMF) (United Nations Economic and Social Council [ECOSOC], 2003) was released, which proposed a series of targets and action plans to support a barrier-free society for PWD living in the Asia–Pacific region. Seven priority areas for action were identified, including early detection of PWD, women with disabilities, accessible environments, access to information and communications, including assistive technologies, and the promotion of self-help organisations. In 2007, the *Biwako Plus Five Framework* (BMF Plus Five) (ECOSOC, 2007) identified additional actions and priorities in response to challenges facing governments in the Asia–Pacific region to meet the BMF (ECOSOC, 2003) action plan. Vietnam is a signatory to both these frameworks (Global Disability Rights Now, 2017).

The United Nations’ *Convention on the Rights of Persons with Disabilities* (CRPD) (United Nations, 2006) reflects a further paradigm shift in attitudes and approaches to disability (Parnes et al., 2009). The CRPD promoted a rights-based approach that positioned PWD as autonomous beings who had the right to make decisions about their lives and to be active members of society. Disability was conceived as “result[ing] from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with
others” (United Nations, 2006, p. 1). The CRPD acknowledged the existing rights of PWD and clarified how and where these rights were violated. The convention also described how individual rights could be protected. There are currently 161 signatories to the convention and 92 signatories to the Optional Protocol, of which Vietnam is one (Global Disability Rights Now, 2017).

The *World Report on Disability* (WHO & World Bank, 2011) highlighted the barriers that PWD faced in relation to health care, rehabilitation, education, and employment and how these could be addressed. The report promoted implementation of the CRPD (United Nations, 2006) and recommended reform of laws and delivery systems for rehabilitation, removal of financial barriers to the development of and access to services, and expansion of human resource training and retention in health (WHO & World Bank, 2011).

The *Sustainable Development Goals* (SDGs), also known as the Global Goals (United Nations, 2015), built upon the Millennium Development Goals with a series of 17 goals to reduce poverty, alleviate the effects of climate change, and provide equity in access to education, good health, and safe settlement by 2030. The goals have been endorsed by 193 countries (United Nations, 2015), including Vietnam. Disability and PWD are explicitly referred to in the SDGs in relation to education, employment, and accessibility to safe shelter. The collection of timely and reliable data and monitoring achievement of the SDGs in relation to PWD are key aspects of the goals.

### 2.4 Rehabilitation services for people with disabilities in Majority World contexts

Despite the increasing global focus on factors shaping and defining disability and of the rights of PWD, access to rehabilitation services remains limited globally. Using the
number of rehabilitation professionals as a measure of level of service provision (Gupta, Castillo-Laborde, & Landry, 2011), the density of trained rehabilitation practitioners that include medical rehabilitation specialists, physiotherapists, and speech therapists in countries of the Majority World is below 10 per 1 million population, and the number of ancillary personnel such as physiotherapy assistants is similar. In the West Pacific region, which includes the countries of Cambodia, Cook Islands, Fiji, and Vietnam, the ratio of rehabilitation practitioners per 10,000 population is 0.2 (WHO, 2017b). This contrasts with the high-income countries of Australia and the United States where the ratio is 11.3 per 10,000 population. Specifically in relation to the ST profession, the ratio of qualified speech therapists ranges from one speech therapist for 2 to 4 million people in Sub-Saharan Africa to 2,500 to 4,700 speech therapists for 1 million people in Australia, the United Kingdom, and the United States (Wylie, McAllister, Marshall, Wickenden, & Davidson, 2012).

Community-based rehabilitation (CBR) was introduced to low and middle income countries as a strategy to provide rehabilitation services for PWD living in these regions (Lang, 2011). The notion of CBR first emerged in 1978 through the WHO in response to recognition that institution-based models of rehabilitation as utilised in the Minority World did not reflect the social, economic, or demographic profiles of countries where services were lacking (Iemmi et al., 2015). Its explicit focus on local strengths and resources to support access to services close to home has led to the introduction of CBR in more than 90 countries worldwide, including Vietnam (WHO, 2010).

In a systematic review of evidence for the impact of CBR, Iemmi et al. (2015) noted that CBR afforded greater access to services for PWD and enhanced community awareness of disability issues. However, the utility of CBR as a rehabilitation strategy
has been questioned. Community and user involvement has been difficult to achieve in some contexts, for example, in regions or countries where an impairment-based approach to disability dominates (Thomas, 2011). Programs initially established with financial and other resources from international partners and funding agencies have become unsustainable with local resources alone (Bongo, Dziruni, & Muzenda-Mudavanhu, 2018). Western notions of disability and rehabilitation that underpin CBR may be at odds with the cultural beliefs and the socioeconomic and political systems of countries; an example is provided by Ingstad (1995), who described attempts to implement CBR models developed in Norway as unsuccessful in Botswana due to differences in societal notions of the role community should play in supporting PWD. CBR may also place an added burden on already limited human and other resources in community settings, for example, when health workers are required to undertake training in CBR and must incorporate new roles into already busy workloads (Mijnarends, Pham, Swaans, Van Brakel, & Wright, 2011). Despite these reservations, however, CBR remains the dominant approach by which rehabilitation and related services are made available to persons living in regions of the Majority World, including in Vietnam.

2.5 Conceptualising the development of rehabilitation services in the Majority World

Given the limited availability of rehabilitation services in the Majority World, it is not surprising that there is little information about what services are provided or factors shaping and supporting their development. The heterogeneity of contexts and the need for professions and training to reflect local context do not allow for a set of generic influences nor factors shaping practice in individual contexts to be identified (WHO &
World Bank, 2011). However, as a means of conceptualising how services might emerge and progress, it is useful to consider previous frameworks that have been used to describe the development of rehabilitation services in the Majority World. In a commentary exploring the development of ST for PWCD in countries of the Majority World, Wylie, McAllister, Davidson, and Marshall (2013) proposed organisational change theory (Lewin, 1951) and the concept of “drivers of change” (Burnes, 2009; McNamara, 2005) as an approach by which to consider how services might emerge. Drivers of change are factors (or persons) that promote or create opportunity for change in organisations and drive the introduction of new or different processes or services. They have varying degrees of proximity to an organisation: external or distant (macro level) such as international policies, external but close (meso level) such as community organisations and professional associations, or internal and within an organisation (micro level) such as consumer representatives or a board of directors. Wylie et al. (2013) further described a series of barriers or factors that may oppose or limit change: structural, such as lack of infrastructure to support access to services; geographical, such as distance to travel for a service; linguistic and cultural barriers that may arise when services do not reflect local culture and needs; and financial, which include service costs and limited money for resources. In the following section of this thesis, drivers of change and barriers to service development frame a discussion of the literature reporting the emergence of rehabilitation services, including ST, in Majority World contexts. Whilst not all countries or professions are the same, a review of literature from different contexts may provide insights into shared facilitators and barriers to the development of rehabilitation services globally, including in Vietnam. As stated by Bigbee & Amidi-Nouri (2000), “The historical trends of ‘the older siblings’ can certainly provide
guidance and support in terms of current and future strategies [for service
development]” (p. 29).

2.5.1 Literature search

To answer the question “What factors support or shape the emergence of rehabilitation
professions in the Majority World”, a full-text search was conducted as presented in
Table 2.1.
### Table 2.1. Literature Search Strategy: Rehabilitation Professions

<table>
<thead>
<tr>
<th>Search terms</th>
<th>“Majority World” OR “Majority World countr*”; “developing countr*”; “developing world” “low income countr*”; “third world” “third world countr*” “middle income countr*”; “emerging econom*”; international*; underserved</th>
<th>AND</th>
<th>profession* OR “new professions”; pioneer*; “pioneer* profession*”; “allied health”; rehabilitation; “rehabilitati* service*”; “rehabilitati* profession*”; “rehabiliati* medicine”; “physical therap*”; physiotherap*; “occupational therap*”; “social work”; psychology; prosthetic*; dietetic*; “speech therap*”; “speech-language patholog*”; “speech patholog*”; logopedic*; “community?based rehabilitation”; CBR; “community worker*”.</th>
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<tr>
<td><strong>Databases</strong></td>
<td>CINAHL PLUS</td>
<td>Wiley Online</td>
<td>ProQuest Central</td>
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<td>SCOPUS</td>
<td>PsychINFO</td>
<td>Web of Science</td>
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<td>Scopus</td>
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<td><strong>Other sources</strong></td>
<td>Journal of Development Studies</td>
<td>International Development</td>
<td>Journal of Speech, Language and Hearing</td>
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<td>Oxford Bibliographies Online</td>
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<td></td>
<td>Disability, CBR &amp; Inclusive Development [formerly Asia Pacific Disability Rehabilitation Journal]</td>
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<td></td>
<td>Grey literature: government and international NGO documents; policy documents</td>
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<td>NGO websites</td>
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A range of strategies was employed to expand the initial electronic search: hand searching of key journals, searching for and following up references identified in relevant papers, appraisal of other literature by relevant authors, and review of the grey literature. Literature that reported the development of rehabilitation services in low and middle income countries not considered part of the Majority World, for example, Fiji, was also included as these countries may share similar economic profiles and development challenges to countries of the Majority World (World Bank, n.d.). Papers referring to factors supporting the education and training of rehabilitation workers in these contexts were also scanned and included as relevant.

A total of 49 documents were identified in the available English language literature. Twenty reported the practice of professions other than ST; these are listed in Table 2.2 and grouped by global region. The methodology employed in each paper is summarised and, where possible, findings are conceptualised using the framework proposed by Wylie and colleagues (2013). The professions of social work, psychology, OT, physiotherapy, dental hygiene, RM, and audiology are reported in the regions of Asia, South America, and Sub-Saharan Africa, including South Africa. Much of the identified literature described factors shaping the early development of a profession within the context of a larger study, for example, as background to the commencement of university training programs. As such, detail informing the research question was generally brief and limited in scope. One paper proposed a series of “systematic” factors shaping the psychology profession in “developing countries” without reference to a specific country (Leung & Zhang, 1995).
Table 2.2. *Summary of Included Papers: Rehabilitation Professions*

<table>
<thead>
<tr>
<th>Authors</th>
<th>Focus of Study</th>
<th>Methodology</th>
<th>Drivers of Change</th>
<th>Barriers to Service Development</th>
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<tbody>
<tr>
<td>Asia</td>
<td>Rehabilitation medicine (RM) in <strong>16 Asian countries:</strong> Bangladesh, People’s Republic of China, Hong Kong, Taiwan, India, Indonesia, Japan, Korea, Lao People’s Democratic Republic, Malaysia, Mongolia, Federal Democratic Republic of Nepal, Republic of the Philippines, Singapore, Thailand, Socialist Republic of Vietnam</td>
<td>Questionnaire to RM practitioners regarding demographics and training</td>
<td><strong>Meso</strong>&lt;br&gt;Improved economic status $\rightarrow$ improved health care systems&lt;br&gt;Industrialisation, economic growth, “political maturity” $\rightarrow$ growth of services&lt;br&gt;Adoption of disability charters and policies&lt;br&gt;International ties $\rightarrow$ collaboration between countries $\rightarrow$ development of services</td>
<td><strong>Structural and financial</strong>&lt;br&gt;Some countries do not have an officially recognised RM system or offer only limited services&lt;br&gt;Variable degrees of service development: economic position a determinant</td>
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<tr>
<td>Han and Bang (2007)</td>
<td></td>
<td></td>
<td><strong>Micro</strong>&lt;br&gt;CBR programs in many countries</td>
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<td>Authors</td>
<td>Focus of Study</td>
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<tr>
<td>Armstrong and Ager (2006)</td>
<td>Physiotherapy practice in the Islamic Republic of Afghanistan (Afghanistan)</td>
<td>Research paper: Interviews and clinical accompaniment of 15 local physiotherapists/assistants</td>
<td><strong>Meso</strong>&lt;br&gt;Government recognition of need for services after long period of war and conflict&lt;br&gt;Disability services identified as national priority in key government policy documents&lt;br&gt;<strong>Micro</strong>&lt;br&gt;NGOs and expatriates practising physiotherapy</td>
<td><strong>Structural</strong>&lt;br&gt;Lack of understanding and awareness of profession; no formal government recognition&lt;br&gt;Small number of trained local physiotherapists; limited access to new knowledge and professional development&lt;br&gt;<strong>Financial</strong>&lt;br&gt;Low salary; no career progression → movement to other professions&lt;br&gt;<strong>Geographical</strong>&lt;br&gt;Unequal distribution of and access to services due to geography and civil conflict → services mainly provided in urban regions&lt;br&gt;<strong>Cultural</strong>&lt;br&gt;Women unable to work in profession due to cultural practices</td>
</tr>
<tr>
<td>Sacra and Nichols (2018)</td>
<td>Mental health services in the Kingdom of Bhutan (Bhutan)</td>
<td>Commentary</td>
<td><strong>Macro</strong>&lt;br&gt;Globalisation and internationalisation → increasing interactions between nations and cultures; diffusion of knowledge → social problems&lt;br&gt;Increased awareness and knowledge of global standards of human rights</td>
<td><strong>Structural</strong>&lt;br&gt;Limited training opportunities&lt;br&gt;<strong>Geographical</strong>&lt;br&gt;Largely rural population; few services for people with mental health issues, all located in capital city</td>
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<td>Authors</td>
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<td>Knevel and Luciak-Donsberger (2009)</td>
<td>Dental hygiene education in the Democratic Republic of Nepal (Nepal)</td>
<td>Commentary</td>
<td>Local agent of change</td>
<td>Research &lt;br&gt;Lacking in research to inform local practice</td>
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<td></td>
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<td></td>
<td>Profession pioneered by local practitioner</td>
<td>Structural &lt;br&gt;Lack of data regarding workforce numbers, community treatment needs, cost of services; all services provided in the private sector; no system in place to support subsidised dental care</td>
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<td></td>
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<td></td>
<td>Meso &lt;br&gt;Supported by international NGO</td>
<td>Financial &lt;br&gt;Poverty and limited economic development; limited access to technology; limited trained personal</td>
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<td>Government legislation → flexibility in role to meet workforce shortages and requirements → more willing to locate to rural regions</td>
<td>Geographical &lt;br&gt;Himalayan mountains and rivers → restricted infrastructure and access to services in rural regions &lt;br&gt;Workforce mostly in urban regions but &gt;50% of population live rurally</td>
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<td>Cultural &lt;br&gt;Lack of awareness of benefit of profession</td>
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<tr>
<td>Rathore, New, and Iftikhar (2011)</td>
<td>Rehabilitation medicine in the Islamic Republic of Pakistan (Pakistan)</td>
<td>Research paper: Individual interviews with “pioneers” of profession</td>
<td>Meso</td>
<td>Structural &lt;br&gt;Population size; lack of suitable transport and infrastructure</td>
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<td>Authors</td>
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<td>Electronic literature search</td>
<td><strong>Micro</strong></td>
<td><strong>Financial</strong></td>
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<td>Natural disaster 2005 → greater awareness of need for rehabilitation services</td>
<td>Poverty; limited economic development; poor literacy and educational levels</td>
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<td><strong>Geographical</strong></td>
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<td>Population density; rural–urban divide; location of services in city</td>
<td>Population density; rural–urban divide; location of services in city</td>
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<td><strong>Cultural</strong></td>
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<td>Lack of understanding of the needs of PWD; no professional association; no formal teaching at medical undergraduate level</td>
<td>Lack of understanding of the needs of PWD; no professional association; no formal teaching at medical undergraduate level</td>
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<tr>
<td>Hayashi (2010)</td>
<td>Development of OT within a social support program for PWD in the Socialist Republic of Vietnam (Vietnam)</td>
<td>Commentary</td>
<td><strong>Meso</strong></td>
<td><strong>Structural</strong></td>
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<td>Improved economic status of country; reduction in poverty</td>
<td>Practised under the auspices of physiotherapy; no education programs</td>
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<td>Plan to join WHO in 2007 → government initiatives to improve social and economic factors</td>
<td>Plan to join WHO in 2007 → government initiatives to improve social and economic factors</td>
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<td>Political goal to become industrialised nation by 2020</td>
<td>Political goal to become industrialised nation by 2020</td>
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<td>Signatory to BMF; emphasised responsibilities of government to address specific causes of disability</td>
<td>Signatory to BMF; emphasised responsibilities of government to address specific causes of disability</td>
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<td>Authors</td>
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Expatriates and NGOs promoting OT in Vietnam; universities already offering education in physiotherapy, prosthetics and orthotics, social work  
**Meso**  
Rapid social change associated with economic development; rapid urbanisation → growth of social problems; ageing population  
**Micro**  
International collaboration → resources, transfer of experience and information, consultation on the development of social work programs and CBR | **Structural**  
Workforce shortage  
**Cultural**  
Largely viewed as charitable work; lack of formal recognition by government (but training programs in national curricula) |
| Hugman, Durst, Le, Nguyen, and Nguyen (2009) | Psychology profession in Vietnam | Commentary  | **Macro**  
United Nations Rights of Persons with Disabilities → endorsement of international policy; enactment of national policies and law  
**Meso**  
Political stability; increasing economic and financial security  
Social change associated with economic development: urbanisation, industrialisation, and modernisation | **Structural**  
Large population size; lack of job code  
**Financial**  
Poverty of country, citizens  
**Geographical**  
Rural–urban divide  
**Cultural**  
Underpinned by Western paradigms of social work |
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<th>Authors</th>
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<td>Economic growth → social problems: high poverty rate, widening gap between rich and poor, between urban and rural areas, and between different parts of the country; decline in traditional family patterns</td>
<td>Limited formal training of service providers; education programs required that train new social workers and update skills of current workforce</td>
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<td>Government: decision to implement professional development of social work 2011–2020</td>
<td>Large number of training programs of variable quality</td>
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<td>Education courses conducted by international experts and sponsored by NGOs, not-for-profit organisations</td>
<td>No professional practice in the context of education and training</td>
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<td>Civil war; humanitarian work; strongly influenced by foreign models, e.g., French, U.S.; social problems associated with U.S. presence</td>
<td>Small social policy budget</td>
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<td>Training of local professionals overseas during period of U.S. occupation</td>
<td>Geographical</td>
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<td></td>
<td></td>
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<td>Urban–rural divide</td>
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<tr>
<td>South America</td>
<td>Occupational therapy education in Brazil</td>
<td>Historical overview: Commentary</td>
<td>Meso</td>
<td>Structural</td>
</tr>
<tr>
<td>Emmel, da Cruz, and Figueiredo (2015)</td>
<td></td>
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<td>Social policies supporting the needs of disadvantaged persons in Brazil → service development</td>
<td>Early lack of training programs; lack of research knowledge</td>
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<td>Changes in public health policies → increasing need for personal and comprehensive training</td>
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<td>Authors</td>
<td>Focus of Study</td>
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<tr>
<td>Oliveira and Nunes</td>
<td>Professionalisation of physiotherapy in Brazil</td>
<td>Qualitative analysis of historical documents</td>
<td><strong>Industrialisation</strong>&lt;br&gt;Changes to how people worked → new injuries&lt;br&gt;Government encouraged expansion of higher education&lt;br&gt;Brazilian universities changed from institutions of knowledge transmission to those of production → postgraduate and research programs</td>
<td><strong>Macro</strong>&lt;br&gt;World events: world wars, polio epidemic, occupational accidents&lt;br&gt;International migrations from Europe to Brazil → stimulation and modernisation of country and science agenda&lt;br&gt;Expatriates practising the profession&lt;br&gt;Urbanisation and industrialisation → social demand for services&lt;br&gt;<strong>Meso</strong>&lt;br&gt;Political influences: the state professionalised certain professional practices&lt;br&gt;<strong>Structural</strong>&lt;br&gt;Relationship with other professions: under the jurisdiction of nursing and medicine&lt;br&gt;Lack of formal government recognition of the profession&lt;br&gt;No professional association&lt;br&gt;No professional accreditation</td>
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<td>Authors</td>
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<td>Mpofu et al. (2007)</td>
<td>Rehabilitation in seven Sub-Saharan African countries: Botswana, Cameroon, Rwanda, South Africa, Tanzania, Zambia, and Zimbabwe</td>
<td>Commentary on policies regarding rehabilitation, education, and trainings</td>
<td><strong>Macro</strong>&lt;br&gt;Historical factors: culture, political conflicts (colonialism/foreign occupation, wars), international conventions</td>
<td><strong>Cultural</strong>&lt;br&gt;Foreign-educated professions bring Anglophone perception of health, disability, and rehabilitation</td>
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<td><strong>Meso</strong>&lt;br&gt;</td>
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<td>Growth of local disability and human rights advocacy movements</td>
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<td>Rapid socioeconomic growth, modernisation → social problems; civil unrest; epidemics</td>
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<td>Increased development of health, education, and other social programs</td>
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<td>Development of rehabilitation followed more widely available social services such as healthcare and education</td>
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<td>Not-for-profit organisations: influenced national policies and the training and education of personnel—driven by international aid organisations, Western donor organisations, international religious groups, local government</td>
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<td><strong>Micro</strong>&lt;br&gt;</td>
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<td>Different types of rehabilitation practitioners shaping delivery of services—professional therapists, RTs, community-based health workers</td>
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</tr>
<tr>
<td>Authors</td>
<td>Focus of Study</td>
<td>Methodology</td>
<td>Drivers of Change</td>
<td>Barriers to Service Development</td>
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</tbody>
</table>
| Tinney, Chiodo, Haig, and Wiredu (2007) | Medical rehabilitation in the **Republic of Ghana** (Ghana) | Literature review; interviews with stakeholders | CBR → services in rural, underserved regions | **Structural**  
Limited government support; limited use of existing resources  
**Financial**  
Lack of funding → lack of services  
**Cultural**  
Stigma associated with disability |
| Eleyinde, Amu, and Eleyinde (2018) | Occupational therapy in **Nigeria** | Descriptive case study                 | **Meso**  
Natural disasters, political unrest → need for services  
**Micro**  
Profession introduced in limited way 1950s, 1960s by expatriates | **Structural**  
No formal government recognition; lack of uniform standards of practice; inadequate requisite skills  
**Geographical**  
Concentration of population in south-west geographical region (85%)  
Limited numbers of professionals; few trained in Nigeria  
**Cultural**  
Ethnic and cultural diversity of the region; lack of understanding and awareness of profession |
| Eleweke, Agboola, and Guteng (2015) | Deaf education and services in **Nigeria** | Commentary                             | **Agents of change**  
Foreign educators and missionaries; religious groups and NGOs | **Structural**  
Absence of civil rights legislation to support rights of PWD; ineffective disability legislation, mandatory laws; |
<table>
<thead>
<tr>
<th>Authors</th>
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</thead>
<tbody>
<tr>
<td>Meso</td>
<td>Government survey identified large need</td>
<td></td>
<td></td>
<td>lack of inclusive education programs; absence of early identification and intervention programs; inadequate training programs</td>
</tr>
<tr>
<td>Micro</td>
<td>Civil society raising awareness, advocating for services: “Friends of the Deaf”; association with ENT profession → raised profile of profession</td>
<td></td>
<td></td>
<td><strong>Financial</strong></td>
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<td></td>
<td>Lack of funding structure: unable to provide education and related services; lack of facilities</td>
</tr>
</tbody>
</table>
| Futter (2003) | Curriculum development for physiotherapy CBR in South Africa | Commentary as background to larger study | Meso
Civil unrest, violence → increasing number of PWD and HIV; an increasing budget for health | Structural                                                                                                               |
|             |                                   |                       |                                                                                   | Majority of services are institution based; small number in the community |                                                                 |
|             |                                   |                       |                                                                                   |                                                                         |                                                                 |
| Micro       | Local professionals trained internationally—now working in public hospital and private practice |                       |                                                                                   |                                                                         |                                                                 |
|             | Greater number of health centres in urban and rural regions; partnerships with local NGOs supporting PWD |                       |                                                                                   |                                                                         |                                                                 |
| Smyth (1996) | OT in Uganda                       | Report                | Meso
Government recognised unmet need; government and NGO cooperation → foreign experts to establish three-year course | Structural                                                                                                               |
<p>|             |                                   |                       |                                                                                   | No role models; little or no access to supervision; limited number of professionals, with limited training | <strong>Financial</strong>                                                                                                               |
|             |                                   |                       |                                                                                   | Lack of financial and other resources                                  | <strong>Structural</strong>                                                                                                               |</p>
<table>
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</thead>
<tbody>
<tr>
<td>Mpofu (2001)</td>
<td>Rehabilitation in Zimbabwe</td>
<td>Commentary</td>
<td><strong>Macro</strong>&lt;br&gt;Modernisation and industrialisation; British colonial heritage; globalisation → adoption of Western notions of rehabilitation</td>
<td>Cultural&lt;br&gt;Lack of knowledge about OT</td>
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<tr>
<td></td>
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<td></td>
<td><strong>Structural</strong>&lt;br&gt;Lack of data regarding number of professionals in informal sector</td>
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<td><strong>Financial</strong>&lt;br&gt;Competition with neighbouring countries and private and public sector → staff vacancies in public sector</td>
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<td><strong>Geographical</strong>&lt;br&gt;Largely rural population (80%); services predominantly in urban regions</td>
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<td><strong>Cultural</strong>&lt;br&gt;Habilitation and rehabilitation services but no established referral system; education shaped by colonial influences; limited contextually relevant resources for training professionals</td>
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<td>Authors</td>
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<td>Drivers of Change</td>
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<tr>
<td>Leung and Zhang</td>
<td>“Systemic” factors influencing the emergence of the psychology profession in developing countries</td>
<td>Commentary</td>
<td>1. Sociopolitical considerations</td>
<td></td>
</tr>
<tr>
<td>(1995)</td>
<td></td>
<td></td>
<td>2. Influences from other countries</td>
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<td>3. Public perceptions of the profession</td>
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<td>4. Relationships with other disciplines</td>
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<td>5. Training of psychologists</td>
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<td>6. Economic constraints</td>
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<td>7. Research orientations</td>
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</table>

"Developing Countries"
Twenty papers detailing the development of ST in Majority World contexts (excluding Vietnam) and in low and middle income countries where the profession is emerging are reported in Table 2.3. The regions of Asia–Pacific, Sub-Saharan Africa, and South America are represented in this literature. As for the papers in Table 2.2, information was generally provided within the context of a larger study.
<table>
<thead>
<tr>
<th>Authors and Region</th>
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<th>Methodology</th>
<th>Drivers of Change</th>
<th>Barriers to Service Development</th>
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<tbody>
<tr>
<td><strong>Asia–Pacific</strong></td>
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<tr>
<td>Cheng (2010)</td>
<td>ST service development in the Asia–Pacific region</td>
<td>Commentary</td>
<td>Kingdom of Cambodia Cambodia)</td>
<td>Cambodia</td>
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<td></td>
<td></td>
<td></td>
<td>Meso</td>
<td>Financial</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Recognition of need for disability services</td>
<td>Poverty; limited economic development</td>
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<td><strong>People’s Republic of China</strong></td>
<td>People's Republic of China</td>
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<td><strong>China</strong></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Macro</td>
<td>Structural</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Emerging economic power → industrialisation</td>
<td>Population size and diversity</td>
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<tr>
<td></td>
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<td></td>
<td><strong>Taiwan</strong></td>
<td>Geographical</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Meso</td>
<td>Large land mass</td>
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<td></td>
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<td>Professional association and issuing of licence to practise ST in 2008</td>
<td>Cultural</td>
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<tr>
<td></td>
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<td><strong>Republic of India (India)</strong></td>
<td>Relationship to other professions; ST subsumed under rehabilitation</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Micro</td>
<td>Taiwan</td>
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<td></td>
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<td></td>
<td>Demographic of population: genetic hearing loss → introduction of cochlear implant; development of professional association</td>
<td>Cultural</td>
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<td>Ethnic diversity</td>
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<td><strong>India</strong></td>
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<td></td>
<td>Structural</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>Population size; no services in rural regions</td>
</tr>
<tr>
<td>Authors and Region</td>
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<tr>
<td>Republic of Indonesia (Indonesia)</td>
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<td>Financial</td>
</tr>
<tr>
<td>Micro</td>
<td>Population size; cultural diversity</td>
<td></td>
<td>Brain drain of professionals</td>
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<tr>
<td>Vietnam</td>
<td>Government policy</td>
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<td>Indonesia</td>
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<tr>
<td>Meso</td>
<td></td>
<td></td>
<td>Structural</td>
<td></td>
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<tr>
<td>All regions</td>
<td>Expatriates, local professionals providing services</td>
<td></td>
<td>Population</td>
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<tr>
<td>Micro</td>
<td></td>
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<td>Linguistic</td>
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<td>Vietnam</td>
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<td>Structural</td>
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<td></td>
<td></td>
<td></td>
<td>Population size</td>
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<tr>
<td>Salter and Yeoh (2017)</td>
<td>Cambodia</td>
<td>Commentary</td>
<td></td>
<td>Financial</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Economic constraints; resource poor; limited human development; aid dependency; limited allied health service development generally</td>
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<td></td>
<td>Cultural</td>
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<td>No services planned with locals: at odds with culture, language, learning styles</td>
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<td>Training</td>
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<td>No university ST programs</td>
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<td>International ties</td>
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<td></td>
<td>Poor collaboration between large numbers of international donors and local NGOs</td>
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<td>Authors and Region</td>
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<tr>
<td>Hopf and McLeod (2015)</td>
<td>Republic of Fiji (Fiji)</td>
<td>Commentary</td>
<td><strong>Macro</strong> Improving economy due to political stability; awareness of international policies; increased globalisation</td>
<td><strong>Structural</strong> Small population size limiting development of infrastructure, including professional programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Meso</strong> Development of disability-inclusive local legislation and policy; foreign aid and support from international NGOs; strengthening of government policy to support local disability groups</td>
<td><strong>Financial</strong> Low domestic product and financial security; low HDI</td>
</tr>
<tr>
<td></td>
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<td></td>
<td><strong>Micro</strong> Local disability groups; adoption of disability policy and procedures by service providers; changes in local perceptions of disability</td>
<td><strong>Geographical</strong> Dispersed geography; low population density, rural–urban divide; natural disasters</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td><strong>Cultural and linguistic</strong> Diversity</td>
</tr>
<tr>
<td>Goldbart and Sen (2013)</td>
<td>India</td>
<td>Commentary</td>
<td><strong>Macro</strong> Industrialisation → economic development</td>
<td><strong>Structural</strong> Large population size; variable data collection methods and types of data collected regarding disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Meso</strong> Development of national policies for PWD; international NGOs supporting service development</td>
<td><strong>Geographical</strong> Diverse country and population → difficult to evaluate need for and scale of services; uneven geographical distribution of services: urban–rural divide</td>
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<tr>
<td></td>
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<td></td>
<td><strong>Micro</strong> Services provided by NGOs, including those for PWD</td>
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<tr>
<td>Authors and Region</td>
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<tr>
<td>Karanth (2002)</td>
<td>India</td>
<td>Commentary</td>
<td>Meso</td>
<td>Cultural</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>National disability policies; CBR</td>
<td>Inequitable access to healthcare: gender, socioeconomic, current service delivery models do not meet needs</td>
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<td></td>
<td></td>
<td></td>
<td>Micro</td>
<td>Education and training</td>
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<tr>
<td></td>
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<td></td>
<td>Increased public awareness and demand for services → greater number of training programs; relationships with other professions: speech and hearing clinics established—ST tied to ENT → expanded services; partnering with development NGOs</td>
<td>Limited numbers of ST</td>
</tr>
<tr>
<td>Ahmad, Ibrahim, Othman, and Vong (2013)</td>
<td>Education of STs in Malaysia</td>
<td>Commentary</td>
<td>Meso</td>
<td>Structural</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>International NGOs; collaboration with colleagues in other countries</td>
<td>Limited training programs; early courses not specialised in SLP; large population</td>
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<td></td>
<td>Micro</td>
<td>Cultural</td>
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<td></td>
<td></td>
<td></td>
<td>Relationship to other professions: ENT/ST collaboration</td>
<td>Lack of contextually relevant tools and resources; lack of awareness of profession, lack of instant results, long-term nature of treatment → reduced impact of profession</td>
</tr>
<tr>
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<td></td>
<td>Increasing employment opportunities; CBR established in country</td>
<td>Geographical</td>
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<td>Majority of population live rurally; urban–rural divide regarding workers, majority in urban regions, no incentive to move rurally</td>
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<td>Cultural</td>
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<td>Multiethnic and multilingual</td>
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<tr>
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<td>Drivers of Change</td>
<td>Barriers to Service Development</td>
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<tr>
<td>Bondoc, Mabag, Dacanay, and Macapagal (2017)</td>
<td>ST research in the Republic of the Philippines (Philippines)</td>
<td>Commentary</td>
<td>Micro</td>
<td>Structural</td>
</tr>
<tr>
<td>Cheng, Olea and Marzan (2002)</td>
<td>Overview of the ST profession in the Philippines</td>
<td>Commentary</td>
<td>Micro</td>
<td>Structural</td>
</tr>
</tbody>
</table>

Change agent
ENT studied profession of ST in the United Kingdom.

Education and training
Shortage of teaching staff; implementation of training program using medical model (a pragmatic response due to dominance of medical model/medical profession); shortage of qualified teaching staff

Professional recognition; national research agenda; university training programs

Focus upon clinical work with children; little engagement in academia, research, administration work

Multiple islands; predominance of practitioners in urban regions

Inadequate information regarding speech and language development norms; limited cross-linguistic data; limited context-specific assessment tools; limited research competence

Time constraints for research; fear of research

Imbalance between supply and demand—waiting lists

Limited socioeconomic development; limited government assistance for health
<table>
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<th>Barriers to Service Development</th>
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</thead>
<tbody>
<tr>
<td>Wirz and Thomas (2002)</td>
<td>Training local professionals in the Democratic Republic of Sri Lanka (Sri Lanka) in cleft palate ST</td>
<td>Commentary</td>
<td>Micro</td>
<td>services; limited regulation of practice as no association; services provided by people with limited training in ST</td>
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<td></td>
<td></td>
<td></td>
<td><strong>Geographical</strong></td>
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<td>Urban/rural divide; large distances to travel for services</td>
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<td><strong>Cultural</strong></td>
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<td>Linguistic diversity; lack of awareness of profession; lack of normative data; limited resources</td>
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<td><strong>Financial</strong></td>
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<td>Limited access to educational materials due to cost; brain drain to other countries</td>
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<td><strong>Education and training</strong></td>
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<td>Limited training in ST; most practice with preschool children; few ST services in disability</td>
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<td>Limited continuing education or professional development</td>
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<td><strong>Structural</strong></td>
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<td>Escalating political unrest</td>
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<td><strong>Cultural</strong></td>
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<td>Different understandings of the anticipated outcomes from training</td>
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<tr>
<td>Authors and Region</td>
<td>Focus of Study</td>
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<td>Drivers of Change</td>
<td>Barriers to Service Development</td>
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<tr>
<td>Wickenden et al. (2001)</td>
<td>Development of ST training course in Sri Lanka</td>
<td>Commentary</td>
<td>Meso International ties: collaboration between academics and practitioners; financial donation; commitment to funding by government</td>
<td>Education and training Difficulty recruiting people to train due to limited education; different educational backgrounds of trainees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Micro Professional ties: training programs for other allied health professions already established; no existing ST service → opportunities for innovative work</td>
<td>Geographical Predominantly rural country → difficulties accessing urban services</td>
</tr>
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<td></td>
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<td></td>
<td>Good community health facilities and structures; community workers and parents expressed need for services; predominantly rural → CBR</td>
<td>Cultural Clash between medical model approach vs. community focused → social models of disability more appropriate than highly specialised medical model that was in existence</td>
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<tr>
<td></td>
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<td>International lecturer responsible for first program</td>
<td>Limited demand for or involvement in service development from PWD; lack of teaching materials in local languages</td>
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**South Africa**

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<thead>
<tr>
<th>Authors and Region</th>
<th>Focus of Study</th>
<th>Methodology</th>
<th>Drivers of Change</th>
<th>Barriers to Service Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aron, Bauman, and Whiting (1967)</td>
<td>Commentary</td>
<td>Agent of change</td>
<td>Individual introduced profession after seeing rehabilitation specialties developing in phonetics and voice science in Europe → ST and audiology established together</td>
<td></td>
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</tbody>
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49
<table>
<thead>
<tr>
<th>Authors and Region</th>
<th>Focus of Study</th>
<th>Methodology</th>
<th>Drivers of Change</th>
<th>Barriers to Service Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathard and Pillay (2013)</td>
<td>Commentary: Promotion of change though political consciousness, adopting a population-based approach to service delivery</td>
<td>Macro</td>
<td>Global push to end apartheid</td>
<td>All factors</td>
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<tr>
<td></td>
<td></td>
<td>Meso</td>
<td>Public policy initiatives such as National Health Insurance; Education Action Plan → encouraged private practitioners to offer services in public sector; shift away from individualistic service models to contextually sensitive population-based approaches, i.e., care of the population; policies and practices targeting universal screening; models and actions to address communication development in learners; teacher-based intervention strategies</td>
<td>Predominance of private services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Micro</td>
<td>End of apartheid → adoption of primary health care approach → delivery of services to rural and remote areas; on-site language learning and working with interpreters → service development; access to telehealth → distance interventions</td>
<td>structural; colonialism</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>financial</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>cultural</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>diversity; no black African STs; history of English/Afrikaans dominance</td>
</tr>
<tr>
<td>Weddington (2002)</td>
<td>Commentary</td>
<td>Micro</td>
<td>Request for training program by bilingual black STs employed as health workers in rural areas</td>
<td>Cultural</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>multicultural population; no services for black South Africans in rural areas; predominance of white STs</td>
</tr>
<tr>
<td>Authors and Region</td>
<td>Focus of Study</td>
<td>Methodology</td>
<td>Drivers of Change</td>
<td>Barriers to Service Development</td>
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<td><strong>Sub-Saharan Africa</strong></td>
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<tr>
<td>Bright and Selemani (2017)</td>
<td>Development of ST in Zambia: two training models</td>
<td>Descriptive report</td>
<td><strong>Macro</strong>&lt;br&gt; Ratification of CRPD</td>
<td>Structural&lt;br&gt; Lack of disability data</td>
</tr>
<tr>
<td></td>
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<td></td>
<td><strong>Meso</strong>&lt;br&gt; Increasing political stability; changes in government policy towards PWD</td>
<td>Financial&lt;br&gt; High poverty levels → difficulty accessing services</td>
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<td></td>
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<td></td>
<td><strong>Micro</strong>&lt;br&gt; Grassroots involvement in training and education; international ties: significant role of external agencies in training</td>
<td>Geographical&lt;br&gt; Majority of population live in rural areas</td>
</tr>
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<td></td>
<td></td>
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<td></td>
<td>Cultural&lt;br&gt; Social stigma associated with disabilities</td>
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<td></td>
<td>International ties&lt;br&gt; Lack of coordination between international partners</td>
</tr>
<tr>
<td><strong>Robinson, Afako, Wickenden, and Hartley (2003)</strong></td>
<td>Planning the training of STs in Uganda</td>
<td>Descriptive report</td>
<td><strong>Meso</strong>&lt;br&gt; Government disability policy promotes societal inclusion of PWD, including inclusive education</td>
<td>Structural&lt;br&gt; No national STs; services provided by expatriates supported by international NGO—not culturally relevant; government policy favours services for physical disabilities</td>
</tr>
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<td></td>
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<td><strong>Micro</strong>&lt;br&gt; CBR services established in 28/57 districts; expat in ENT Department—providing informal training to nurse and clinical officer</td>
<td>Geographical&lt;br&gt; Small, urban/centrally located, accessible by a minority, people have to travel</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Relationship to other professions: other professions emerging—physiotherapy and OT; potential for cross-sector</td>
<td>Cultural</td>
</tr>
<tr>
<td>Authors and Region</td>
<td>Focus of Study</td>
<td>Methodology</td>
<td>Drivers of Change</td>
<td>Barriers to Service Development</td>
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<tr>
<td>Wylie, McAllister, Davidson, and Marshall (2016)</td>
<td>Workforce profile of STs in Sub-Saharan Africa</td>
<td>Oral surveys with service providers</td>
<td><strong>Micro</strong>&lt;br.Range of rehabilitation services: specialist services, to CBR and community driven; international ties—expatriates providing services → knowledge transfer, service development, capacity building, and resources</td>
<td><strong>Culture</strong>&lt;br&gt;Medical model has dominated services, imported as part of colonial legacy&lt;br&gt;Eurocentric models do not reflect local culture; biomedical origins; underpinned by Eurocentric philosophies; neocolonialism; international ties → limited cultural awareness, language skills; imposition of ideas; creating dependency&lt;br&gt;<strong>Training</strong>&lt;br&gt;Limited training, limited access to professional development, supervision</td>
</tr>
<tr>
<td>Wylie et al. (2017)</td>
<td>Self-help and help-seeking behaviours for communication disabilities in the Ghana</td>
<td>Commentary as background to research study</td>
<td><strong>Meso</strong>&lt;br&gt;Economic development; free speech; universal education policy&lt;br&gt;Improving health care; signatory to the CRPD (United Nations, 2006)</td>
<td><strong>Structural</strong>&lt;br&gt;Health-related services and CBR but other services are under developed; poor uptake of services by PWD&lt;br&gt;<strong>Cultural</strong>&lt;br&gt;Eurocentric models do not reflect local culture; biomedical origins; underpinned by Eurocentric philosophies; neocolonialism&lt;br&gt;<strong>Education and training</strong>&lt;br&gt;Inadequate rehabilitation workforce in general; limited training, limited access</td>
</tr>
<tr>
<td>Authors and Region</td>
<td>Focus of Study</td>
<td>Methodology</td>
<td>Drivers of Change</td>
<td>Barriers to Service Development</td>
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<tr>
<td>South America</td>
<td>Brazil and South America</td>
<td>Commentary</td>
<td>South America Country differences in educational policy and population size → variability in emergence of profession</td>
<td>Cultural and linguistic Diversity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Brazil Tied to audiology</td>
<td>Geographical Large land mass</td>
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<td></td>
<td></td>
<td></td>
<td>Chile Emerging</td>
<td>Brazil Structural</td>
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<td></td>
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<td>Peru No profession</td>
<td>Lack of public health policies → people cannot access services; lack of ST jobs; ST jobs and services not prioritised</td>
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<td></td>
<td></td>
<td>Cultural and linguistic Limited culturally relevant resources; different contexts → different service needs</td>
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<td>Limited research: lack of developmental norms; nonprioritisation of research</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Training Limited access to professional development</td>
</tr>
<tr>
<td>Ferreira (2002)</td>
<td>Brazil</td>
<td>Commentary</td>
<td>Macro International migration in 1930 → changes in language → development of</td>
<td>Structural</td>
</tr>
<tr>
<td>Authors and Region</td>
<td>Focus of Study</td>
<td>Methodology</td>
<td>Drivers of Change</td>
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<tr>
<td>Payne et al (2003)</td>
<td>Brazil</td>
<td>Audit: prevalence of speech, hearing, and language disorders</td>
<td><strong>Micro</strong>&lt;br&gt;Large % of people living in poverty → need for services; gender aspects of health—males susceptible to speech, language, and hearing problems; adverse perinatal conditions</td>
<td><strong>Financial</strong>&lt;br&gt;Poverty&lt;br&gt;<strong>Geographical</strong>&lt;br&gt;Limited access to services</td>
</tr>
<tr>
<td></td>
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<td></td>
<td><strong>Meso</strong>&lt;br&gt;Expatriates providing services; teacher education incorporating education regarding speech problems; official recognition of profession; wage lobbying by unions</td>
<td><strong>Geographical</strong>&lt;br&gt;Regional differences and diversity of needs</td>
</tr>
</tbody>
</table>
Eight papers reporting the development of the ST profession in Vietnam were identified. To position this literature within the thesis, it is reported in Section 2.7.4 where the emergence of services for PWCD in Vietnam is described.

2.5.2 Drivers of change to the development of rehabilitation services in Majority World contexts

As described earlier, macro, meso, and micro drivers of change may influence the development of services in new contexts. For the development of rehabilitation services in the Majority World, macro drivers have included engagement with international disability policies and protocols. Three papers in Table 2.2 explicitly cited international policy as relevant to service development. In a commentary reporting the introduction of OT to Vietnam, Hayashi (2010) identified Vietnam becoming a signatory of the BMF and BMF Plus Five (ECOSOC, 2003, 2007) as driving its national policies and legislation for a range of disability services that included physiotherapy, OT, psychology, and social work. Heightened awareness of international conventions was also cited as supporting the emergence of rehabilitation professions in several countries of Sub-Saharan Africa (Mpofu, 2001; Mpofu et al., 2007) and mental health services in Bhutan (Sacra & Nichols, 2018).

Political stability and a country or region’s economic growth further supported engagement with international disability policies and agendas. Bright and Selemani (2017) noted that the stability of the Zambian government after years of civil unrest and its re-engagement with the global community raised community and government awareness of disability rights; this later translated into national policy and drove the introduction of a range of rehabilitation professions that included ST. In Fiji, the country’s improving economic status led to its “active involvement in international
policy development” (Hopf & McLeod, 2015, p. 4), including ratification of the Millennium Development Goals (United Nations, 2000) and endorsement of the BMF and the BMF Plus Five (ECOSOC, 2003, 2007). Similar influences were reported for professions in Malaysia, India, Sri Lanka, Ghana, and Zambia (Ahmad et al., 2013; Bright & Selemani, 2017; Karanth, 2002). In Cambodia, a country emerging from a recent history of war and genocide, services for PWD are starting to emerge as political stability, economic development, and engagement with international policy increases (Salter & Yeoh, 2017).

World events also acted as macro drivers of change. Historical documents recording the professionalisation of physiotherapy in Brazil identified international migration from Europe to Brazil after World War II as stimulating the country’s modernisation and the emergence of professions underpinned by “science” that included physiotherapy and OT; a rise in work-related and other injuries as a consequence of industrialisation further drove the need for these services (Emmel et al., 2015; Oliveira & Nunes, 2015). International migration also introduced new languages and cultures to Brazil and created a demand for ST services to address the communication disabilities of diverse populations (Ferreira, 2002).

Meso-level drivers of change or those external to but close to a country may include foreign aid and the support of international NGOs. None of the papers in Table 2.2 explicitly referred to foreign aid as a key driver of change, although in all countries, and particularly where there had been periods of conflict and civil unrest, this may have been relevant. The literature also did not refer specifically to financial aid from international NGOs but rather their role was described as providing education and training to local practitioners and technical advice for curriculum development in new
university programs (Armstrong & Ager, 2006; Oliveira & Nunes, 2015; Rathore et al., 2011; Smyth, 1996).

International ties were, however, an important meso driver of change for the ST profession. Visiting expatriates created a demand for training from local professionals, including special education teachers and medical staff who were already providing limited ST services in Fiji, India, Malaysia, and Sri Lanka (Goldbart & Sen, 2013; Hopf, 2015; Lian & Abdullah, 2001; Robinson et al., 2003). Curriculum development and ST university-based training courses were also supported by the international ST community in Sri Lanka, Malaysia, and in India (Lian & Abdullah, 2001; Robinson et al., 2003; Wickenden, 2001). Karanth (2002) and Lian and Abdullah (2001) described local professionals undertaking training in ST abroad, later returning to practise locally and to teach in the profession in Malaysia and India. Of note, in a commentary on factors shaping ST service development in the Majority World, Wylie et al. (2016) contended that the presence of expatriates and foreign volunteers may help develop the profession through knowledge transfer and access to resources, but with concurrent concerns about the cultural appropriateness of these initiatives.

Finally, social change accompanying urbanisation and modernisation acted as a meso driver of change. Reporting the emergence of social work in Vietnam, Hugman et al., (2009) described an increasing demand for services in response to new social problems as Vietnam modernised and its economy improved. This is confirmed by other studies of the social work profession in Vietnam, where a shift away from social work as “charity work” to a profession requiring a strong knowledge base occurred in response to societal change (Hayashi, 2010; Hines et al., 2010; Oanh, 2002). The development of
mental health services in Bhutan has also been described in this way (Sacra & Nichols, 2018).

Micro drivers of change are internal to an organisation (or country), and in the context of the development of rehabilitation services may include perceptions of disability within a community and the presence of local disability advocacy groups. In a report on the expansion of services for people with hearing loss in Nigeria, Eleweke et al. (2015) attributed the development of “hearing clinics” throughout the country to the campaigning of grassroots organisations. Lobbying by local NGOs and not-for-profit organisations was also central to the commencement of OT training programs in Uganda and to expansion of medical rehabilitation training programs in Pakistan (Rathore et al., 2011; Smyth, 1996). The role of grassroots organisations in raising community awareness of the need for services for PWD, including access to training for health professionals, has also been described in Vietnam, Ghana, and Sri Lanka (Hugman et al., 2007; Wickenden, 2001; Wylie et al., 2017).

Micro-level drivers of change include the adoption of disability policies and procedures by local service providers. In the identified literature, CBR was established in East Asia, in Sub-Saharan Africa, including South Africa, and in India and Vietnam (Futter, 2003; Han & Bang, 2007; Hines et al., 2010; Wylie et al., 2016); however, detail regarding the extent of these services was not provided. In Sri Lanka, community health workers and parents contributed to the content of new ST training programs (Robinson et al., 2003; Wickenden, 2001), whilst in Ghana, speech therapists and CBR workers worked collaboratively to provide screening assessments and community-based intervention for PWCD (Wylie et al., 2016). Mpofu (2001) described CBR as part of the “formal” rehabilitation network in rural Zimbabwe, that is, rehabilitation provided by foreigners
or “expert outsiders” (p. 486) and accessed by persons treated in hospitals, in contrast to
the “informal” sector where faith healers and spiritual leaders were consulted. It is
noteworthy that concerns previously raised about the utility of CBR in cross-cultural
contexts were described by Mpofu (2001)—dependency upon foreign “experts” and a
failure to incorporate local knowledge into service development.

The relationship of one rehabilitation profession to another acted as a micro driver of
change by drawing attention to the cross-utility of services. Emergence of the ST
profession in India, South-East Asia, South Africa, and Uganda has been tied to its
association with the profession of otolaryngology, and ear, nose, and throat (ENT)
surgery (Ahmad et al., 2013; Aron et al., 1967; Cheng, 2010; Karanth, 2002; Robinson
et al., 2003). Karanth (2002) reported that the first speech and hearing clinics to open in
India were staffed by ENT surgeons, and thus, the focus of the ST profession was upon
services for people with hearing loss. Over time, the profession extended its scope of
practice by establishing ties with neurology, paediatrics, and special education. Visiting
international surgical teams such as Operation Smile (Operation Smile, n.d.), who
provided surgical repair for children with cleft lip and palate throughout Asia, required
the support of speech therapists, thereby raising awareness of the profession in these
regions (Cheng, 2010). However, for the psychology profession, its relationship to
previously established professions was described as both a facilitator and a potential
barrier—a facilitator in that the profession could harness the profile of established
professions to promote its value, but a barrier in that there was risk of it being
overshadowed by or subsumed under an existing profession such as social work or
nursing (Leung & Zhang, 1995).
Finally, the development of the dental hygiene profession in Nepal affords a novel insight into an agent of change at a micro level. Although dental hygiene is not a rehabilitation profession as per the definition provided in Section 2.2 of this thesis, its focus upon the delivery of health services and community education reflects that of rehabilitation services generally. As part of a larger study reporting the history and status of dental hygiene education in Nepal, Knevel and Luciak-Donsberger (2009) provided a chronological history of the development of the profession as informed by interviews with a Nepalese citizen who was described as the “pioneer” of the dental hygiene profession in Nepal. Findings were that personal interest and recognition of the link between oral hygiene and health acted as motivation for pursuing recognition of the profession. In this sense, this individual might be considered as both a “change initiator” and “change agent” (Burnes, 2009), that is, heightening awareness of the value of a profession and leading its introduction. The emergence of services for people with hearing loss in Nigeria and of the ST profession in Vietnam have also been described in this way (Atherton, Nguyen, & Vo, 2013; Eleweke et al., 2015; McAllister et al., 2010) and in doing so draw attention to the role individuals may play in driving change and innovation.

To summarise this body of literature, whilst limited in scope and specific detail, a range of drivers shaping the introduction and development of rehabilitation professions, including ST in the Asia–Pacific region, South America, Eastern Europe and Sub-Saharan Africa, have been described. Common facilitators were identified: improving sociopolitical and economic environments, industrialisation, increasing awareness of disability rights, and the role of other professions, NGOs, international volunteers, and expatriates. A role for local individuals was also identified. In the following discussion,
barriers to service development as proposed by Wylie et al. (2013) are discussed in relation to this same body of literature.

2.5.3 Barriers to the development of rehabilitation services in the Majority World

Five barriers to the development of rehabilitation services were described by Wylie et al. (2013): structural, geographical, linguistic, cultural, and financial. In the identified literature, structural barriers posed by large population size and concentration in rural and remote regions limited the development and delivery of rehabilitation services, including ST, in most countries (Barrett & Marshall, 2013; Bondoc et al., 2017; Bright & Selemani, 2017; Wylie, McAllister, Davidson, Marshall, & Law, 2014). This was an expected finding given the size of populations in countries of the Majority World and the mainstay of the economies of these regions being agriculture (Aksoy, 2005). Further, the rehabilitation workforce that was present was grossly inadequate to meet service needs (Armstrong & Ager, 2006; Sacra & Nichols, 2018; Tinney et al., 2007). A lack of training programs for all rehabilitation professions was reported and directly tied to the economic status of countries (Eleyinde et al., 2018; Hayashi, 2010; Rathore et al., 2011). It is of note that the relatively small population of Fiji also restricted service development due to limited financial, human, and other resources (Hopf, 2015).

Geographical barriers may be physical, such as land terrain; they may also be distance from services and transport options. All papers referred to geographical barriers restricting the availability of rehabilitation services; in Afghanistan, they were limited to urban regions due to the mountainous terrain (Armstrong & Ager, 2006), whilst in Nigeria, they were concentrated in regions least affected impacted by natural disaster, namely, the south-west region (Eleyinde et al., 2018). Underdeveloped transport
systems were cited as limiting services to the major cities of Nigeria, Vietnam, Pakistan, and Nepal (Eleyinde et al., 2018; Rathore et al., 2011).

Linguistic and cultural barriers may arise when there is a mismatch between the language of service providers and those seeking services (Hopf & McLeod, 2015). None of the studies listed in Table 2.2 explicitly referred to linguistic differences as an issue, even though many countries are multilingual and expatriates were the main providers of services. However, the culture of a region did have an impact. In Pakistan, physiotherapy was provided only by men due to cultural norms that prevented women from practising the profession (Armstrong & Ager, 2006). Eleyinde et al. (2018) described the ethnic diversity of Nigeria as shaping community and academic perceptions of OT and influencing the content of tertiary education programs. Specifically, students studying OT were exposed to both Western and traditional notions of health care as was reflective of how the Nigerian community accessed health services. This was also the case in South Africa and Zimbabwe where the traditional practices of prophets and faith healers sat alongside services that reflected South Africa’s apartheid and colonial past (Mpofu, 2001).

The cultural and linguistic diversity of countries was, however, a major barrier to ST service development and access in the Majority World. Many countries lacked developmental norms for speech and language (Karanth, 2002; Lian & Abdullah, 2001; Wylie et al., 2017). Speech therapy resources and tools from the Minority World were not contextually relevant, and educational materials that could inform ST practice were generally in a foreign language and expensive (Cheng, 2010). In the multilingual and resource-poor country of South Africa, a lack of interpreters meant that ST services were unavailable to a majority of the population. Kathard and Pillay (2013) argued that
for services to be delivered in a culturally relevant way, practitioners had to develop competencies in language and cultural awareness, yet there was neither time nor resources to do this. It is likely that a similar situation is reflected in many countries of the Majority World.

Lack of data to inform service demand was a second major barrier to development of the ST profession in all countries. Relevant data, such as incidence and prevalence of communication disabilities, were generally subsumed under other types of disabilities with which communication disabilities may be associated, for example, physical disability, or not collected at all (Bright & Selemani, 2017; Hartley & Wirz, 2002; Wylie et al., 2013). Further, regional differences in language and culture made data collection and the identification of common parameters by which to report findings difficult (Barrett & Marshall, 2013; Fernandes et al., 2010). Poor awareness of the profession in all countries limited demand for services, training of workers, and prioritisation of ST services with those of other professions (Fernandes et al., 2010; Ferreira, 2002).

International ties were cited as both drivers of change and barriers to service development. In Malaysia, Brazil, Sri Lanka, and Vietnam, the growth of ST, physiotherapy, and social work was attributed to collaboration between local and international professional associations, universities, and lecturers that later supported new university training programs (Hines et al., 2010; Lian & Abdullah, 2001). However, international ties became a problem when there was inadequate collaboration between partners and when Eurocentric models of professions were introduced. Salter and Yeoh (2017) noted that failure of international and local NGOs to collaborate in Cambodia resulted in a lack of coordination between ST service providers and the
delivery of services in a manner described as not being contextually appropriate. For the psychology profession in Africa, “the lack of a culturally sensitive discipline to study human phenomena with appropriate methods is clearly the greatest deterrent facing African [including South African] psychologists” (Adair & Kagitcibasi, 1995, p. 637). In Vietnam, the practice of social work by expatriates and by local professionals who had undertaken training in international contexts had led to the profession being shaped by “western paradigms” (Hines et al., 2010; T. Nguyen et al., 2010) that were considered not to reflect the cultural and societal needs of Vietnam. Further, Wylie et al. (2017) argued that visiting expatriates and volunteers to Ghana risked creating barriers to culturally appropriate and sustainable services by their limited awareness of the cultural context in which they are working, unfamiliarity with language, creation of financial and resource dependency, and imposition of ideas and models of service delivery that did not reflect local values or processes.

The final barrier to service development was financial. All papers identified the economic status of countries as shaping how rehabilitation services emerged. This was expected, as funding for professions in resource-limited contexts will be balanced with meeting the basic needs of citizens. In the located literature, funding for training was limited or unavailable, and the low wages of rehabilitation workers contributed to professional attrition, vacancies in the public sector due to movement into private practice, and loss of trained professionals to wealthier nations (Armstrong & Ager, 2006; Mpofu, 2001). Whilst poverty was only identified as limiting access to rehabilitation services by black South Africans (Futter, 2003), given the economic status of countries of the Majority World, it may be inferred that service cost shaped how and what professional services were available and accessed. In Brazil, Vietnam, and countries of Sub-Saharan Africa, heightened economic and financial security was a key
driver to service development through expansion of health and education (Emmel et al., 2015; Hines et al., 2010; Oliveira & Nunes, 2015). The dental hygiene profession in Nepal does, however, provide an interesting exception. Knevel and Luciak-Donsberger (2009) noted that when the profession emerged, Nepal was rated as 142 out of 177 countries on the global Human Development Index (World Bank, 2018a), suggesting limited development economically. Most of the population had access to clean water, but this did not extend to fluoridated water. The authors stated that “Nepal is likely to be the poorest nation in the world to have introduced the dental hygiene profession” (p. 4).

2.5.4 Summary

The first part of this literature review has explored factors shaping the emergence of rehabilitation professions in Majority World contexts utilising change theory and drivers of change as proposed by Burnes (2009) and McNamara (2005) and extended by Wylie et al. (2013). Barriers to service development have also been considered. A picture has emerged of rehabilitation professions developing in response to a diverse range of influences that are shared but also unique to context. The influence of systemic factors or “factors external to the substance and method of [a profession] but associated with the environment in which the profession is practised” (Leung & Zhang, 1995, p. 694) run as threads through the identified literature.

As noted in Section 1.3 of this thesis, limitations of this literature are that much of it is not research based but descriptive commentary or reports written by authors not of the culture about which they write. Few papers were authored by persons who were local service providers, nor did any report the personal experiences of local workers. Yet the personal insights of local workers and persons who pioneer professions in new contexts may add to our understanding of factors shaping the emergence of professions and of
the experience of pioneering rehabilitation services in the Majority World by providing a personal and nuanced perspective. It is to this literature that this review now turns.

2.6 Experience of pioneering a rehabilitation profession in the Majority World

2.6.1 Literature search

To answer the question “What are the personal experiences of those who introduce or engage in the practice of a new rehabilitation profession in the Majority World or low and middle income country where rehabilitation services are limited?”, a full-text search was conducted as presented in Table 2.4.
Table 2.4. Literature Search Strategy: Practitioner Experiences

<table>
<thead>
<tr>
<th>Search terms</th>
<th>“Majority World” OR</th>
<th>AND</th>
<th>profession* OR</th>
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<th>pioneer* OR</th>
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<tr>
<td></td>
<td>“Majority World countr*”;</td>
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<td>“new profession*”;</td>
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<td>“new graduate”;</td>
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<td>“developing countr*”;</td>
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<td>“allied health”;</td>
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<td>“new practitioner*”;</td>
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<td>“developing world”;</td>
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<td>rehabilitation;</td>
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<td>“pioneer profession*”;</td>
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<td>“rehabilitati* service*”;</td>
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<td>“third world”</td>
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<td>“rehabilitati* profession*”;</td>
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<td>Disability, CBR &amp; Inclusive Development [formerly Asia–Pacific Disability Rehabilitation Journal]</td>
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As for the previous literature search, a range of different strategies were used to expand the initial electronic search that included following up references identified in relevant papers and reviewing literature by known authors. A large body of literature reporting
the experiences of new graduates in Minority World countries was identified, scanned for relevance, and then excluded as it did not reflect the context of the current research. Only three papers were identified that informed the research question, and they are summarised in Table 2.5. One paper reported the personal reflections of newly graduated social workers in Vietnam as part of a larger study; two papers described the experiences of workers who had pioneered professions that may support rehabilitation services—graduates of China’s first Baccalaureate nursing training program and graduates of an emergency medical training program in Cape Town, South Africa. These three papers are described in Section 2.6.2 of the thesis.
<table>
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<tr>
<th>Authors</th>
<th>Focus of study</th>
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<tbody>
<tr>
<td>Hugman et al. (2007)</td>
<td>Developing social work in Vietnam</td>
<td><strong>Mixed methods</strong></td>
<td>– Limited recognition of role; perception of role as “charity work”</td>
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<td>– Quantitative survey to collect demographic data</td>
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<td>– Qualitative survey seeking perceptions of roles, challenges to profession</td>
<td>– Social work has a responsibility to protect the rights of people and encourage their participation in society</td>
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<td>– Personal qualities of empathy and ethical behaviour are important</td>
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<td>– Social workers need to have a high commitment to their work, to love humanity and their work</td>
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<td>Davis, Gan, Lin, and Olesen (1992)</td>
<td>33 students from first class of Baccalaureate in Nursing program in <strong>China</strong></td>
<td><strong>Mixed methods</strong></td>
<td><strong>Sense of responsibility</strong></td>
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<td>– Quantitative survey to collect demographic data; questionnaire seeking written responses to</td>
<td>– to practise well</td>
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<td>– Has being in the first class of the first Baccalaureate in Nursing program made a difference to you?</td>
<td>– for the future of the nursing profession in China</td>
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<td>– If so, what difference has it made?</td>
<td>– to elevate nursing in the eyes of others</td>
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<td>– What do you see as the future of nursing in China?</td>
<td>– to accomplish these demands with no-one to guide them; no prior examples</td>
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<td>– Great passion</td>
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| Wen, Geduld, Nagurney, and Wallis (2012) | Perceptions of graduates from Africa’s first emergency training program in Cape Town, South Africa | Cross-sectional descriptive study based on face-to-face interviews | **Seeking**  
- acceptance by other professions so can extend scope of practice over time  
- recognition that the profession provides specialist services  
- recognition of the profession as an entity in its own right  
- to improve training so that the profession develops as in other countries  
- to train nurses, mid-level practitioners so services could be provided in rural areas |
2.6.2 Experience of pioneering a rehabilitation profession

As part of a broader study informing development of higher education degrees in social work in Vietnam, Hugman et al. (2007) explored the perceptions of a range of stakeholders as to how the role of social workers should be defined and their employment opportunities enhanced. The social work profession was growing rapidly in Vietnam but there was yet to be a shared understanding of the future roles of practitioners or their training needs. Representatives from government, universities, NGOs, and service providers based in Hanoi and HCMC participated in a mixed methods study exploring the practice areas in which social workers could work, the scale of demand for services, and training requirements. Data were collected via way of a written survey and focus groups. A process of “analytic induction” (p. 200) was used to analyse the qualitative data.

Findings from the study were presented as a series of themes, thereby making it difficult to attribute specific findings to practitioners. However, the authors did note that service providers had argued that training at university level would lead to greater awareness of the value of the social work profession in Vietnam. University courses would also allow for interpersonal communication skills to be taught to practitioners, a perceived area of need: “[They will develop skills in] listening and analysing problems . . . and analytical skills . . . and be good at seeking solutions” (p. 205). Training would inform understanding of the importance of “ethical behaviour”, of empathy and compassion, and this would heighten community trust that social workers would “place clients’ interests ahead of their own, and not be self-important” (p. 205). A common thread throughout the interviews was that social workers should see their work as more than just a job and should demonstrate a high level of commitment, even love, for their work.
Strengths of this study included the recruitment of a diverse range of stakeholders and the use of both quantitative and qualitative methods of data collection, analysis, and reporting, including verbatim quotations that added an extra dimension to the findings. Limitations of the study included the concentration of participants in the two largest cities of Vietnam and the demographic representativeness of participants. Particularly, given most Vietnamese live rurally, it is not made clear how the findings of research conducted in Hanoi and HCMC relate to the experiences or perceptions of practitioners providing social work services in the provinces, nor what factors were shaping their practice and/or access by the community. Further, the study reported only one aspect of a broader research project, did not include participant numbers or their breakdown by stakeholder groups, nor provide detail regarding the data analysis process or translation from Vietnamese to English.

Davis et al. (1992) also employed a mixed methods approach to garner the reflections of 33 nursing graduates from the first Baccalaureate in Nursing program in China in 1983. Thirty females and one male aged 20 to 21 years participated in the study, representing 100% of the original cohort. Data were collected via a mixed methods survey that sought participants’ written responses to questions about the impact of being a member of the first graduate cohort, their professional plans, and their perceptions about the future of the nursing profession in China. An “inductive, exploratory approach” was applied to the written responses.

Two overarching themes characterised the participants’ experiences; a sense of responsibility for the profession and its future, and passion for its practice. Participants’ responsibilities were expressed in various ways—one of which was as an obligation to practise in a “good” way to elevate the Chinese nursing profession to world standards
and enhance its credibility in the eyes of others; however, participants feared this would be a difficult task as there were no modern role models or examples to guide them. A sense of personal responsibility was also described—the profession had been handed down by previous generations and the graduates had been fortunate to receive training, and with this came an obligation to continue its practice. Emotions of pride and fear were also expressed—pride at being one of the first students to be trained and fear at not being able to live up to the responsibilities inherent in their pioneering roles. Perceived pressure from society, family, educators, and others added to this fear. As stated by one participant, “The pressures coming from society, family, school and everywhere could almost destroy us” (p. 1170).

Davis et al. (1992) concluded that, whilst a commitment to practise in a competent way will likely underpin professional practice generally, the degree of emotion, passion, and obligation expressed by the Chinese graduates reflected a “broad professional and societal orientation” (p. 1170) that was embedded within their cultural identity. The authors argued that when viewed in this way, the graduates’ experiences and perceptions added a new dimension to factors shaping the emergence of services in novel contexts, that of the motivations of pioneering professionals that will be embedded within culture and context.

Strengths of this research were the participation of all 33 graduates of the Baccalaureate in Nursing program and the use of verbatim quotations that added clarity to the data and its interpretation. Limitations of the research related to methodology; face-to-face interviews may have provided more detailed information and revealed other aspects of the participants’ experiences. The written questionnaire was initially developed in English and then translated into Chinese; whilst checked for accuracy by the Chinese
authors, there remained potential for changes to the intended meaning of the questions and responses (Temple & Young, 2004). Further, detail regarding the process of data analysis was not provided.

In the third study, Wen et al. (2012) sought the recommendations of graduates from Africa’s first emergency medicine (EM) training program as to future training courses. The stated aim of the study was “to identify lessons that may assist other developing countries looking to start EM training programs” (p. 98). Utilising a cross-sectional mixed methods descriptive study (Creswell & Creswell, 2018), face-to-face interviews were conducted with 24 of the 30 graduates where they were asked about the strengths and weaknesses of their training and the challenges they faced in developing the EM profession in South Africa. Data from the interviews were analysed using qualitative analysis as described by Sandelowski (2000).

Five “themes” informed recommendations for new EM training programs. The first was that programs should have a strong focus on clinical training and provide a range of clinical experiences for new practitioners. Second, programs that focus upon new professions will likely lack appropriately qualified educators; access to professional development and mentoring will develop teaching skills in future educators. Third, it is important for a profession to offer a future for graduates; lack of job opportunities will lead to attrition and movement into other professions. Fourth, as the pioneers of a profession, it is likely that graduates will be expected to assume leadership roles for which they will require training; this should include academic and research training. Last, new programs will develop in urban regions; however, decentralisation of services to raise awareness of the profession and support access in rural regions was critical. To this end, funding of EM positions was vital:
The government needs to fund posts for specialists to teach EM in cities and direct EM in more rural locales. We have to train not just doctors but also nurses and mid-level practitioners who can provide quality emergency care in rural areas. (p. 102)

Finally, lack of formal recognition and reluctance by established professions such as medicine to acknowledge the worth of EM was seen as diminishing the profession’s value. As stated by one respondent, “We need acceptance from other specialities. Their buy-in is important as we look to expand our scope of practice” (p. 102). Improved training opportunities were identified as one means by which to enhance the professional legitimacy and recognition of EM.

Strengths of this study were its mixed methods design and the detail provided regarding methodology and process of data analysis. As in the previous two studies, the verbatim quotations of participants added clarity to discussion points by allowing the participants’ voices to be present. Several limitations of the study were identified by the authors. The questionnaire used in the study had not been validated, although it had undergone pilot testing. The authors also acknowledged a potential for recall bias given the study was conducted more than a year after the graduates completed their training. Failure of three graduates to attend an interview and concerns with the confidentiality of responses were also acknowledged as limitations.

When viewed collectively, the findings from these three papers added new dimensions to factors that may shape the emergence of rehabilitation professions in Majority World contexts. They provided a personal aspect, shifting focus away from systemic influences. The strength of these studies lies in their reporting of the participants’ experiences using their own words, drawing focus to personal reflections about the
challenges they were facing and the context-specific strategies they believed would advance practice and recognition of a profession.

2.6.3 Summary

A global view has been provided of the development of rehabilitation services, including ST in the Majority World and in international contexts where rehabilitation services are limited. The frameworks proposed by Wylie et al. (2013) have offered a useful starting point from which to consider how rehabilitation professions might emerge. However, this review has highlighted a gap in the literature reporting factors shaping service development as informed by local workers. The professional experiences of workers are generally not known, nor the nature of their work, the challenges they face, and the strategies they employ to progress their work. Research reporting the reflections of social workers in Vietnam and nurses in China suggests culture may shape the personal experiences and responses of workers who pioneer new professions; this new aspect of practice has not been well described.

In the following section, Vietnam the country and its people, its economic and health status, and its response to PWD, including communication disabilities, is described as a means of positioning Vietnam within the context of this doctoral research. A review of literature detailing the services available for PWCD in Vietnam and the education and training of those providing ST services is also provided. The section concludes by highlighting gaps in the literature informing the emergence of the ST profession in Vietnam.
2.7 Situating the research in Vietnam

2.7.1 Demographic, social, and political background

2.7.1.1 Geography, population, language

The Socialist Republic of Vietnam is a geographically diverse nation situated in the South China Sea, abutted by China to its north and by Laos and Cambodia to its west (Figure 2.1). The country is split between coastal regions and a mountainous interior. Ha Noi, situated in the north, is the national capital of Vietnam, and the largest city is HCMC in the south (United Nations, n.d.).

*Figure 2.1. Map of Vietnam.*

Vietnam is a country of over 96 million people, ranking as the 14th most populous country in the world (United Nations, n.d.). Sixty percent of the population live in rural regions, but movement into urban regions is increasing as the country modernises and people seek employment. This is placing pressure on infrastructure and social services including housing, education, transport, and health (World Bank, 2018b).

Vietnam has a widely diverse population; 54 ethnic groups are officially recognised, with a majority (93%) of Vietnamese being of Kinh ethnicity (Vietnam General Statistics Office, 2009). Standard Vietnamese is the official language of Vietnam spoken by an estimated 87% of the population. There are three main dialects—northern, central, and southern—and all include local variations (Phạm & McLeod, 2016). French, Russian, and English are the most widely spoken foreign languages in Vietnam (Diversicare, 2009).

### 2.7.1.2 Culture

The Vietnamese culture is described as one of the oldest in South-East Asia. The family is the centre of traditional Vietnamese society, with allegiance to the family and loyalty to the community coming before the desires of individuals (Jamieson, 1993). A typical family is extended and consists of several generations, including grandparents and families of siblings who often live in the same home. Values of desire for a good name, love of learning, and respect for others shape Vietnamese behaviour and are rooted in Confucian philosophy—respect for education, family, and elders—and in Taoism, a desire to avoid conflict (Diversicare, 2009). These values are thought to reflect Vietnam’s history of occupation by China, which over time supported Confucianism and Taoism to be woven into the Vietnamese way of life (Ashwill & Ngoc, 2005).
Vietnam’s identity has also been shaped by long periods of colonial rule by Western powers. From 1858 to 1945, Vietnam was a colony of France. A nine-year war with France ended in 1954 with the Geneva Accords that temporarily divided the country into the Democratic Republic of Vietnam in the north and the Republic of Vietnam in the South. Following civil war and a 20-year war with the United States of America, Vietnam was unified in 1975 under the Communist Party of Vietnam. Prior to reunification, HCMC (formerly Saigon) was the hub for U.S. business and power in Vietnam. Both French and U.S. influences continue to be seen in Vietnam today in its architecture and cuisine and in its education and health systems (Jamieson, 1993).

2.7.1.3 Political overview and administrative system

The Socialist Republic of Vietnam is a one-party state led by the Communist Party of Vietnam. The country’s governance structure includes four layers of political and administrative institutions: central, provincial, district, and commune. The country is divided into 63 provinces and cities under direct central rule; each is divided into cities, districts, and towns. Districts are further divided into communes, wards, and townships. All administrative units have a People’s Council and People’s Committee, which are responsible for local affairs that include the management of infrastructure and the financing and delivery of services, including those of education and health (Ashwill & Ngoc, 2005).

2.7.2 Economic situation and human development in Vietnam

From 1975 to the 1980s, Vietnam was a socialist economy, with all activities of economic and social life controlled and conducted by enterprises and cooperatives owned by the state. In 1986, Vietnam implemented widespread economic reforms (known as Đổi Mới or “The Renovation”) to move from a centrally planned economy to
a socialist-oriented market economy, and since that time has transitioned from a low income to a lower middle income country. In 1993, over half the population lived in extreme poverty of less than US$1.90 per day; today, the proportion of those living in extreme poverty has fallen to 3% (World Bank, 2012).

In line with its economic development, Vietnam has made significant advances in the provision of basic services for its people. Average life expectancy in Vietnam is now 73 years, rising from 63 years in 1996. In 2005, Vietnam’s age-specific death rate compared favourably with Malaysia, a far wealthier country, across all ages (World Bank and Ministry of Planning and Investment of Vietnam, 2016). These improvements have been attributed to implementation of widespread social welfare and other social and health service reforms (WHO, 2016b). Public health programs have been implemented nationally, and education reform has resulted in increasing numbers of qualified health workers such as doctors, nurses, midwives, and community health and rehabilitation workers (Vietnam Ministry of Health, 2015).

Whilst allowing for greater access to services and supporting improvements in health indicators, changes to Vietnam’s economy have also brought a range of new health challenges. Primary causes of morbidity and mortality have shifted from communicable diseases alone, such as polio and hepatitis, to include noncommunicable diseases such as hypertension and cerebrovascular disease, chronic respiratory disease, diabetes, and cancer. Rapid industrialisation and urbanisation have seen an escalation in morbidity and mortality associated with accidents and poisoning (WHO, 2016b). Further, Vietnam will soon become one of the fastest ageing societies; the number of Vietnamese older than 65 years is expected to grow from 6.3 million in 2015 to 15.5 million in 2035. An increase in health conditions typically associated with ageing, such as cardiovascular
disease and stroke, dementia, and cancer, are expected and with them, associated
disabilities (Badiani et al., 2012; WHO, 2016b). The effective delivery of a range of
health services that include rehabilitation services will be critical to meeting these future
demands.

2.7.3 Vietnam’s health system

2.7.3.1 Organisation, service delivery, and human resources

Vietnam’s health system is organised according to four administrative levels. Level I
hospitals include central hospitals owned by the Ministry of Health and city hospitals
owned by municipalities such as Hanoi and HCMC. They are the largest referral
hospitals in each region of the country and are the teaching hospitals for nearby medical
universities. Levels II, III, and IV hospitals are owned by local Peoples’ Committees,
which are responsible for allocating finance and human resources. The primary level
(grassroots) or basic health care network includes district health centres, commune
health stations, and village health workers (Takashima, Wada, Tra, & Smith, 2017).
Each community health station has 5 to 10 personnel relative to the population size that
are the first line of call for health-related issues. CBR services are also present at this
level (WHO, 2010).

Western approaches to the delivery of medical services inform much of Vietnam’s
health service, which has been shaped by its past colonial influences and those of
international partners (Tran et al., 2011). Medical doctors, assistant doctors, nurses,
midwives, medical technicians, and traditional medicine practitioners account for
83.55% of all health workers in Vietnam (Vietnam Ministry of Health, 2009). Other
cadres of health workers include pharmacists, engineers, accountants, technicians, RTs,
and workers. Whilst the health workforce density has increased in recent years,
significant shortages exist; in 2012, there were 2.6 health workers per 1,000 people. Further, distribution of health workers is uneven, with primary distribution in urban regions of the southeast and fewer in rural and mountainous regions (WHO, 2016a).

The Vietnamese health system is funded primarily by the government, with the largest part of government health expenditure spent on subsidising health providers. Another part is channelled to the social health insurance (SHI) scheme in the form of premium subsidies for targeted groups such as the poor, children under age 6, and other vulnerable groups that include PWD (Ekman, Liem, Duc, & Axelson, 2008). It is estimated that approximately half the population is covered by some form of health insurance or prepayments; however, co-payments for services such as user fees at public health facilities mean that most people incur out-of-pocket expenses (Tran et al., 2011).

In an examination of the impact of SHI on different population groups in Vietnam, Palmer (2014) found that the greatest economic burden of health care was for PWD due to their frequency of service usage and also greater likelihood to be living in poverty. Long waiting lists, out-of-pocket expenses, and administrative procedures contributed to a reluctance to access services and resources, including rehabilitation services (Palmer et al., 2015).

The private health sector was legalised in Vietnam in 1989 in response to the growing inability of the public sector to meet the needs of the Vietnamese people (Takashima et al., 2017). Since that time, the number of private facilities and their use by Vietnamese citizens has increased significantly. In 2014, 6% of all health care facilities in Vietnam were privately owned; in 2016, this was 11% (Vietnam Ministry of Health, 2016). These facilities are situated predominantly in urban regions and comprise hospitals, medical and maternity clinics, and a growing number of specialist clinics, offering a
range of services including elderly care, traditional medicine, and rehabilitation (M. P. Nguyen & Wilson, 2017). Service providers generally work in both the public and private sectors, though as the private sector expands and greater numbers of Vietnamese can afford to pay for services, movement out of the public sector is anticipated (WHO, 2016b).

2.7.3.2 Rehabilitation services in Vietnam

Rehabilitation services are provided at all levels of the Vietnamese health system, that is, central, provincial, district, and commune; however, as is the case for the health workforce in Vietnam, the number of practitioners, their training, and the scope of services is extremely limited (WHO, 2016b). Within national, provincial, and district hospitals, rehabilitation services are largely provided by physical therapists (Palmer et al., 2015), although there are small numbers of workers providing OT, ST, and RM (Eitel, Vu, & Management Systems International, 2017). Access to rehabilitation services is also possible through CBR programs, many of which are supported by international NGOs (Mijnarends et al., 2011; Sharma & Deepak, 2001) and staffed by volunteer community members and health professionals who include medical doctors and nurses. A cadre of mid-level health workers, defined as “healthcare providers who are not professionals but who render healthcare in communities and hospitals” (Lehmann, 2008, p. 2) are also present at the community level.

Cited strengths of the CBR programs in Vietnam include their raising of community awareness of the needs of PWD and their families, and their provision of public health programs (Hai & Chuong, 1999). However, the utility of CBR to effectively meet the needs of PWD in Vietnam remains unclear, largely due to a lack of research. Sharma and Deepak (2001) explored the extent to which the principles of CBR as proposed by
the WHO (i.e., use of community resources; community involvement in education, training, and the delivery of services) were incorporated into a CBR program in Northern Vietnam. They found that community involvement in disability education and the planning and delivery of services had increased identification of PWD in the community and was changing community attitudes. However, lack of human resources was a major constraint to the programs, a finding reported in other studies exploring the sustainability of CBR programs in Vietnam and similar contexts (Iemmi et al., 2015; Mijnarends et al., 2011). Further, poor clarity around role definitions, limited collaboration across CBR sectors, and ongoing reliance upon funding from international NGOs were threatening the sustainability of programs (Mijnarends et al., 2011).

2.7.3.3 Prevalence data about people with disabilities in Vietnam

The WHO (2017b) argued that a first step to understanding and meeting the need for rehabilitation services in a given context is access to reliable data regarding the prevalence and types of disabilities in a community. Until recently, one of the challenges facing the Vietnamese government was a lack of official national disability data. However, in 2016, the Vietnamese government completed its first ever large-scale national survey to identify PWD living at home and in permanent care institutions (Vietnam General Statistics Office, 2016). The survey utilised a biopsychosocial model of disability (WHO, 2001) that sought information about not only disability types but also the level and impact of a disability. An estimated 7.1% (of a population of 92 million people), or more than 6.2 million people over 2 years of age, were identified as living with some form of disability, though this figure is likely higher due to the limited reach of the survey (Vietnam General Statistics Office, 2016). Thirteen percent or close to 12 million people lived with a person who had a disability. The prevalence rate of disability was found to be almost 1.5% higher in rural areas and increased with age. Of
note, 7.8% of children and adults reported having disabilities in more than one of the domains of hearing, cognition, psychosocial functioning, and communication (Vietnam General Statistics Office, 2016)

2.7.3.4 Awareness of disability in Vietnam

The Vietnamese government’s use of a biopsychosocial model to inform awareness and understanding of people living with disabilities in Vietnam reflects its ongoing commitment to improving the lives of PWD as previously evidenced through ratification of international protocols and adoption of disability policies at local and national levels (Appendix B). This has included enactment of policies such as the National Law on Persons with Disability (Vietnam National Assembly, 2006) and the convening of a National Day of Protection and Care for Disabled People held on 18 April each year (Japan International Cooperation Agency, 2001). Alongside these initiatives, a network of NGOs, community organisations supporting PWD, and self-help groups has emerged and is becoming increasingly active in their promotion of the rights and concerns of PWD in Vietnam (Global Disability Rights Now, 2017).

Despite this progress, however, PWD in Vietnam continue to face disadvantage and marginalisation. They experience higher rates of poverty relative to the wider Vietnamese population when accounting for the additional costs of disability, and higher unemployment rates in both rural and urban regions that increase with severity of disability (Mont & Nguyen, 2011; Palmer et al., 2015; Riewpaiboon, Minh, Nguyen, Pham, & Wright, 2014). In relation to children with disabilities, reports suggest that, whilst a range of policies and decrees stipulate they must have access to and participate in education, schools routinely refuse entry to children with disabilities (Ha, 2014; Sharma, Forlin, Deppler & Yang, 2013). Further, adoption of inclusive education
practices has been found to be more likely in urban schools where there is access to adequate facilities and teacher support, yet 75% of children with disabilities live rurally (United National International Children's Emergency Fund [UNICEF] Vietnam, 2015). Access to education by adolescents with disabilities is particularly poor, with only one third attending school (UNICEF Vietnam, 2015; Vietnam General Statistics Office, 2016).

A challenge facing the Vietnamese government as it seeks to identify and support PWD are cultural perceptions and understanding of disability. Two perceptions appear to dominate in Vietnam; the traditional Buddhist belief that associates disability with the sins of ancestors and/or bad deeds and an increasingly prominent biological explanation of medical causes and the effects of Agent Orange (D'Antonio & Shin, 2009; Ngo et al., 2014; Shin et al., 2006). Perceptions that PWD are limited in their ability to achieve academically, and to meet their obligation to the continued success of family and community, may lead to stigma and discrimination and the hiding away of PWD (Armstrong, Pham, Nguyen, & Koster, 2018; Ngo, Brolan, Fitzgerald, Pham, & Phan, 2013). Of respondents to the 2016 National Household Survey, only 42.7% agreed that children with disabilities should attend school with children who do not have disabilities. About 55% of respondents further believed that employers did not want to employ workers with disabilities (Vietnam General Statistics Office, 2016). As scientific evidence mounts linking Agent Orange to diseases, congenital abnormalities, developmental delay, and associated disabilities, medical causes of illness and disability are being increasingly accepted and are supporting greater social acceptance of PWD (Bergstad & Granli, 2004; D'Antonio & Shin, 2009; Hunt, 2002).
2.7.4 Services for people with communication and swallowing disabilities in Vietnam

2.7.4.1 Prevalence data

Survey data collected in 2015 by Global Disability Rights Now (2017), an international NGO promoting the rights of PWD, suggested that of 5,203,180 people in Vietnam who identified as having a disability in 2015, 410,000 had a speech disability, 550,000 experienced difficulties with hearing, and 820,000 lived with cognitive disabilities.

TFA, an Australian-based NGO supporting the development of ST services in Vietnam, estimates 13 million people may require the services of a speech therapist for communication and swallowing disabilities (TFA, n.d.). In the most recent assessment of the need for ST services in Vietnam, Eitel et al. (2017) stated, “It is clear that at least 3.5 million people in Vietnam have difficulty with communication, including speech, language and cognition” (p. 10).

2.7.4.2 Speech therapy services in Vietnam

Literature reporting the emergence of the ST profession in Vietnam is presented in Table 2.6. Eight papers were identified that describe a range of “drivers of change” and other factors supporting and shaping the introduction and practice of ST in Vietnam. These include Vietnam’s strengthening economy and its engagement with the global community, its commitment to disability-inclusive policies and mandates, and the presence of expatriates who are providing ST clinical services and education to local health professionals (Atherton et al., 2013; Landis, 1973; McAllister et al., 2013; Nguyen Thi Ngoc et al., 2016; Winterton, 1998). There are early accounts of the training of local “paraprofessionals” in aspects of ST within the disability and education sectors (see Landis, 1973) that resonate with current international trends promoting CBR and of “agents of change” who have championed the profession (Atherton et al.,
2013; Nguyen Thi Ngoc et al., 2016). ST has also been delivered as part of the services provided by international surgical teams, such as Operation Smile (Cheng, 2010; Ducote, 1998), and tied to the ENT and physiotherapy professions (Nguyen Thi Ngoc et al., 2016). Further detail of these accounts is provided in Paper 1 of this thesis.
Table 2.6. *Summary of Included Papers: Speech Therapy in Vietnam*

<table>
<thead>
<tr>
<th>Author</th>
<th>Focus</th>
<th>Methodology</th>
<th>Findings</th>
</tr>
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<tbody>
<tr>
<td>Armstrong et al.</td>
<td>Needs assessment of ST services and ST therapy education in Vietnam</td>
<td>Series of focus groups; online survey. Conducted between October 2017 and January 2018 180 stakeholders from eight provinces in Vietnam: ST clinicians, users of ST services and their families, special education teachers, tertiary educators, managers, government officials</td>
<td>Large unmet need for ST—an estimated one speech therapist per 1.5 million people in Vietnam Clinicians providing services across full range of ST practice but predominantly in paediatrics—varying levels of training Large gaps in education needs—no formal university programs, a need for professional development, mentoring Community demand for ST is rapidly increasing, including in rural regions; workforce is unregulated Barriers to services—lack of service providers, geographical and infrastructure barriers; national health care insurance schemes limit accessibility to services; no formal recognition by government</td>
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<tr>
<td>Atherton et al.</td>
<td>The development of a postgraduate ST university-based training program in Vietnam</td>
<td>Commentary</td>
<td>Factors supporting the graduation of the first cohort of ST graduates from PNTU in HCMC, Vietnam <strong>Drivers of change</strong> Vietnam’s economic development; engagement with international disability policy; introduction of local disability policy Demand for ST services from hospital/medical system in Vietnam  training at PNTU adopted a medical model approach Syllabus for PNTU program underpinned by biopsychosocial model of disability</td>
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<tr>
<td>Author</td>
<td>Focus</td>
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<tr>
<td>Eitel et al. (2017)</td>
<td>Assessment of current status of ST in Vietnam</td>
<td>Document review relevant to ST</td>
<td>More than 2,000 people have received training in ST since mid-1990s, ranging from several weeks to two years</td>
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<td></td>
<td></td>
<td>Semistructured interviews with stakeholders: clinicians, service users,</td>
<td>ST is evolving, but there is little coordination and extremely limited information sharing; standards of training and practice vary widely</td>
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<td></td>
<td></td>
<td>education and government officials in Hanoi, HCMC, Đồng Nai, Da Nang,</td>
<td>International collaboration → development of ST through education programs and professional development, but foreign volunteers and trainers lack essential ST requirements in Vietnamese language and culture</td>
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<td></td>
<td></td>
<td>Huế, and Hải Dương</td>
<td>No formal government recognition of the profession—no job code</td>
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<td></td>
<td></td>
<td>Conducted 16 August 2016 to 23 September 2016</td>
<td>Extremely limited resources</td>
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<td></td>
<td>ST training and services are based on medical model focused on oral language skill development in children</td>
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<tr>
<td>Landis (1973)</td>
<td>ST services for children with cleft lip and palate</td>
<td>Commentary</td>
<td>Training of local health professionals in ST can support the delivery of services; establishment of resource centre with local resources will support ST services to children with cleft lip and palate that are culturally relevant</td>
</tr>
<tr>
<td>Author</td>
<td>Focus</td>
<td>Methodology</td>
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<tr>
<td>McAllister et al.</td>
<td>Past and present initiatives to develop the ST profession in Vietnam</td>
<td>Commentary</td>
<td>International ST educators travelled to Vietnam as part of university programs offering Australian students experience in working in a “development” context</td>
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<tr>
<td>(2010)</td>
<td></td>
<td>Perceptions of local Vietnamese</td>
<td>International ST practitioners visiting Vietnam to support cleft lip and palate surgical teams; also working with Australian NGOs in local orphanages</td>
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<tr>
<td></td>
<td></td>
<td>professionals practising ST in</td>
<td>to provide ST services for children with communication disabilities</td>
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<td></td>
<td></td>
<td>Vietnam</td>
<td>Short courses in ST provided by TFA in 2009 at PNTU</td>
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<td></td>
<td></td>
<td>Perceptions of international ST</td>
<td>Local ST practitioners—dual roles in their primary professions and in ST; travelled internationally to learn about ST; later undertook further education with TFA</td>
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<tr>
<td></td>
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<td>educators and practitioners in</td>
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<td>Vietnam</td>
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<tr>
<td>McAllister et al.</td>
<td>Graduation of first cohort of speech therapists from PNTU</td>
<td>Commentary</td>
<td>Collaboration between PNTU, TFA, and AVI → graduation</td>
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<tr>
<td>(2013)</td>
<td></td>
<td>Local and international stakeholder perspectives of factors supporting graduation of ST students from PNTU</td>
<td>Challenges</td>
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<td>Cultural differences; identifying stakeholders; developing culturally relevant resources for teaching</td>
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<td><strong>Capacity building</strong></td>
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<td>Two graduates travelled on scholarships to Australia to observe ST being practised</td>
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<td><strong>The future</strong></td>
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<td></td>
<td>Further education; culturally relevant resources; a professional ST association; professional recognition</td>
</tr>
<tr>
<td>Author</td>
<td>Focus</td>
<td>Methodology</td>
<td>Findings</td>
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<tr>
<td>Nguyen Thi Ngoc et al. (2016)</td>
<td>Vignettes of practice innovations in ST in Vietnam</td>
<td>Commentary</td>
<td>Local ST service providers in Vietnam are shaping ST practice to meet the needs of the Vietnamese context—an arts-based therapy program for people with aphasia; interdisciplinary team work; training in basic paediatric ST practical skills at a university in central Vietnam; promotion of the ST profession through the media</td>
</tr>
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</table>
| Winterton (1998) | Early ST training of local Vietnamese education staff working with children with communication disabilities | Training needs assessment using interviews and observations Interviews following conduct of training program in aspects of ST | **General needs**
Raising awareness of the needs of children with disabilities; referral mechanisms; resources to evaluate and treat communication disabilities; information about developmental norms; skills in working with parents, development of home programs; training skills

**Specific needs**
Information about social model of service delivery and of CBR; skills in collaborative team work

**Training program**
Was considered valuable but engagement with training and use of materials in treatment depended on the individual and the support they had from their organisations; outcomes also indicated that speech therapists from the West required wide-ranging skills and local knowledge to be successful teachers in a cross-cultural context |
Recent reports indicate that the ST profession is being practised by increasing numbers of professionals in Vietnam. A comprehensive report of the history of ST in Vietnam was provided by Eitel et al. (2017), who estimated that over 2,000 individuals (mostly special education teachers) had completed some form of ST training in Vietnam, ranging in duration from several weeks to two years, and primarily in the education, health, and hearing sectors. In 1997, the first Baccalaureate in Special Education in Vietnam offered training in specialist areas relevant to ST practice that included autism and intellectual disability; by 2016, five teacher-training facilities included aspects of ST in their curriculum, four focusing on special needs education and one on education training for the deaf. These universities are based along the Vietnam eastern sea border in Hanoi, Huế, HCMC, and Hải Dương (Eitel et al., 2017).

Collaboration with international NGOs has been an important driver for the Vietnamese ST profession. The graduation of Vietnam’s first 18 students qualified to practise across the full scope of ST practice was made possible by a successful collaboration between PNTU in HCMC and its Australian partners TFA and AVI (Atherton et al., 2013; McAllister et al., 2013). Since that time, a further 15 fully qualified students have graduated from PNTU. The graduates of these training programs are now offering training in aspects of ST to a range of professionals in HCMC and surrounding provinces, at destinations predominantly on the eastern sea border and in the Mekong Delta (Armstrong et al., 2018). In collaboration with its international partners, PNTU has also provided shorter term training programs (9 to 10 months) to over 60 professionals in paediatric ST with the support of TFA (Eitel et al., 2017; TFA, n.d.).

Until recently, there was little information to heighten understanding of the service needs and preferences of PWCD and their families in Vietnam, yet this information is
important as it will reveal what services are required; it should also guide where services are located and their frequency (Hopf & McLeod, 2015). Aspects of this information recently became available through a comprehensive assessment of service needs for PWCD in Vietnam and the education needs of those providing ST services (Armstrong et al., 2018). In a series of focus groups conducted in 2017, stakeholders, which included PWCD and their families, government officials, university representatives, and ST clinicians, highlighted a large unmet need for ST, with estimates of one ST clinician per 1.5 million people. PWCD, their families, and ST practitioners sought information on a vast range of topics, including normal speech and language development, communication strategies “to help people speak”, and how to assist people with swallowing disabilities. Resources and services that were individualised and available close to home were also sought.

ST practitioners interviewed by Armstrong et al. (2018) were providing services in hospitals and in schools and other facilities where children with special needs attended. Services were also available in the private sector, predominately for children. All professional practice areas recognised by international ST associations were represented in the caseloads of practitioners—speech, language, swallowing, fluency, voice, and multimodal communication (IALP, 2010)—but predominantly in speech and language. A range of service delivery models were being used that included intensive 1:1 and group treatments, and community education about communication disabilities. Practice innovations that reflected services being shaped to meet the Vietnamese context included an arts-based program for people with aphasia and interdisciplinary work in early intervention (Nguyen Thi Ngoc et al., 2016).
Armstrong et al. (2018) identified several key challenges facing ST practice in Vietnam. A lack of culturally relevant information, such as norms for speech and language development, meant theory and knowledge from other cultures was guiding practice, and educational and therapy materials were available only in languages other than Vietnamese. Limitations to future training and qualification of ST practitioners were posed by a shortage of qualified teaching staff and no higher education opportunities. Further, lack of formal recognition of the ST profession by the Vietnamese government meant that there was no job code for the profession, necessitating practitioners incorporate ST services into their substantive professional roles as physiotherapists, doctors, nurses and teachers. Eitel et al. (2017) and Armstrong et al. (2018) both concluded that the ST profession is facing wide-ranging challenges that have the potential to slow its development. A suite of recommendations for progression of the profession were made by these authors that included research to inform practice such as that which would identify speech and language development norms, and the commencement of university degrees to support formal government recognition of the profession. Since release of these reports, the latter recommendation has been realised.

### 2.7.4.3 Education of speech therapy professionals in Vietnam

Two recent drivers of change for the Vietnamese ST profession now see it positioned to expand. In 2014, the Vietnam government’s National Plan of Rehabilitation Development 2014–2020 (Vietnam Ministry of Health, 2014) outlined an extensive expansion of rehabilitation services that included ST, stipulating the types of rehabilitation services and facilities to be developed (including expansion of CBR), targets for staffing, and levels of workforce training. Initiatives to raise awareness of disability issues and to promote early detection and intervention were also prioritised. This was the first time the ST profession had been explicitly identified and targeted for
development by the Vietnamese government, and as such, it represented an extremely important milestone: “By 2020 . . . 100% of faculties or schools of rehabilitation will offer training content relevant to . . . rehabilitation specialists . . . bachelors of language (speech) therapy . . . technicians of language (speech) therapy” (Vietnam Ministry of Health, 2014, p. 3).

More recently, several large international NGOs that include Medisch Comite Nederland-Vietnam [MCNV], UNICEF, and the United States Agency for International Development [USAID] have partnered with TFA to provide financial and technical support to enable Baccalaureate and Master’s degrees to commence in nominated universities across Vietnam (MCNV, n.d.). A Baccalaureate of Speech Therapy program has just commenced in Da Nang in central Vietnam, and later this year, a Master of Speech Therapy program is scheduled to commence in HCMC.

2.8 Summary

This chapter has reviewed the development of rehabilitation services, including ST services, in the Majority World and in international contexts where rehabilitation services are limited. Literature relevant to the country and culture of Vietnam, to PWCD, and to the ST profession has also been reported to position the research reported in this thesis in Vietnam. Review of the literature has suggested that many of the drivers of change supporting the introduction of ST to Vietnam are shared with other countries of the Majority World; barriers to service development may also be shared, and despite the commitment of the Vietnamese government to train greater numbers of speech therapists, significant current and future challenges exist for the profession.
The literature review highlighted that the Vietnamese ST profession is rapidly growing. Factors shaping the profession’s development must guide initiatives supporting its growth so as to be contextually relevant. They may also be relevant in the Asia–Pacific region more generally, which is an expanding region for ST, for example, in Cambodia, which is home to over 16 million people (Salter & Yeoh, 2017). There is a dearth of information to inform understanding of the challenges that may arise over time in these contexts and how they might be addressed. The reflections of the practitioners who are providing ST services in Vietnam will add to this information by providing personal insights that extend understanding of factors shaping the emergence of rehabilitation professions in Majority World contexts beyond the systemic factors identified in the literature. What do practitioners identify as the challenges they face, how are they addressing these challenges, and how might they be supported in their work? The research reported in this thesis sought to answer these questions.

2.9 Research aims

This review has set the context for the focus of this thesis, which is an exploration of the emerging profession of ST in Vietnam through the experiences of a group of Vietnam’s first university-qualified speech therapists. The aim of this research was to explicitly focus upon the experiences of pioneering the ST profession in Vietnam from the perspectives of a group of Vietnam’s first ST graduates gathered over time. It addresses the overarching question:

- What is the experience of being a pioneering speech therapist in Vietnam?
Two subquestions guided this research:

- What is the evolving nature of the graduates’ professional practice over time?
- What are the barriers and facilitators to their work?

To support the perspectives of the ST graduates to be heard, this study also aimed to explore the utility of participatory research methodologies, asking,

- How might research underpinned by a participatory ethos inform understanding of the evolving nature of the graduates’ work and the barriers and facilitators to their work?

The methodology and the rationale for selecting participatory research methodology for this study are introduced in the next chapter.
Part B: The Research Program
Chapter 3: Research Methods

3.1 Introduction

In this chapter, I describe my reasons for adopting a qualitative, longitudinal research approach underpinned by a social constructivist worldview and a participatory paradigm. I discuss the process of selecting this approach and my rationale for the methodological decisions made. An outline of the methods is provided. Specific procedural methodology for each phase of the research is described in the published papers that form the individual chapters. This chapter concludes with a critique of the methodology and confirmation of its utility and appropriateness to this study.

3.2 Adopting a qualitative research approach

Qualitative research seeks to explore and understand the meaning individuals or groups of individuals ascribe to social or human situations (Creswell, 2013). It involves “study(ing) things in their natural setting, attempting to make sense of, or interpret an experience in terms of the meanings people bring to them” (Denzin & Lincoln, 1998, p. 3). Qualitative research supports exploration of experiences of which little is known; it emphasises flexibility and seeks the words, stories, and reflections of participants as a means of creating meaning of experiences (Denzin, 2000; Liamputtong, 2010b).

A qualitative approach within this cross-cultural study supported my intention to capture the richness, complexity, and nuances of how a group of Vietnam’s first university-qualified speech therapists practised ST in their home country of Vietnam. Qualitative inquiry has been utilised extensively in cross-cultural research due to its ability to represent the social and subjective experiences of people in contexts where local knowledge and culture may not be understood by researchers (Liamputtong,
Qualitative inquiry provides opportunity for experiences to be represented by those participating in the research, not through an outsider or researcher perspective (Denzin & Lincoln, 1994; Denzin, Lincoln, & Smith, 2008; Liamputtong, 2008). This is a critical point in discussions pertaining to representing the knowledge of “others” (Apentiik & Parpart, 2006; Liamputtong, 2010b), an issue discussed in greater detail in Section 3.42 of this chapter.

3.3 Philosophical worldview

The body of research contained in this thesis was conducted from a social constructionist perspective (Creswell, 2013; Heron & Reason, 1997). Social constructivists “believe that individuals seek understanding of the world they live and work in” (Creswell & Creswell, 2018, p. 8). Reality is constructed through an individual’s engagement with the world and their interaction with others; it is subjective and context specific. As such, there is no one reality but many, including those of the researcher, research participants, and the readers of research. The researcher seeks to identify and explore a broad range of views as a means of developing insights into the object of inquiry. Further, the relationship between the researcher and the focus of the study is considered interrelated, not independent, and the researcher seeks “closeness” to those being researched as a means of obtaining first-hand information about an experience from the individuals engaged in the experience (Creswell & Creswell, 2018).

In research underpinned by a constructivist paradigm, researchers also acknowledge that their personal values will affect how they conduct and interpret the research and therefore explicitly “position” themselves in the research to give voice to the impact of personal, social, and cultural influences upon their interpretation of the data (Creswell & Creswell, 2018). In this research program, I sought to understand how a group of
Vietnamese ST graduates’ represented their experiences, actions, and beliefs about their work and in doing so develop understanding of their perceptions of being pioneering health professionals in Vietnam, the challenges they faced, and opportunities available to them to progress their practice. I also sought to make explicit my experiences and biases in relation to the topic of research. Qualitative research underpinned by a constructivist paradigm supported me to do this.

This research is also informed by a participatory worldview (Heron & Reason, 1997; Kemmis & McTaggart, 2008). The underlying tenet of a participatory or advocacy worldview is that research should involve collaboration with those being “researched” and focus upon issues that affect groups of people in society who may be marginalised or disempowered. The research has an emancipatory focus and advocates reform and action so that individuals or groups of individuals can make positive and effective changes to their situations (Reason & Heron, n.d.). Participants are viewed as best placed to identify issues influencing their lives and identify appropriate strategies for change. The researcher is not acknowledged as the expert but rather is an active collaborator in the research, providing a voice for participants and supporting them to develop new insights into their situations that may lead to change in not only their lives but also the researcher’s.

As described in the introductory chapter of this thesis, a participatory approach offered a means by which to address the unequal power inherent in my previous relationship with the Vietnamese graduates. It supported my commitment to research that was socially just, that is, committed to equality and fairness. In this research, I sought to recognise and respect the graduates’ knowledge, autonomy, and their ability to be self-determining. Given the knowledge arising from this research had the potential to affect
their lives, it was critical that generation of and access to the knowledge was fair and equitable. Further, the research had to support their individual voices to be heard and their experiences as speech therapists in Vietnam to be foregrounded in the research. Finally, the research had to be relevant to the graduates’ work, to provide practical knowledge that could assist them to address the challenges they encountered, and engage in action that would lead to practical change. As stated by Stringer (cited in Brydon Miller, Greenwood, & Maguire, 2003), researchers should

provide people with the support and resources to do things in ways that will fit their own cultural context and their own lifestyles. The people, not the experts, should be the ones to determine the nature and operation of things [and knowledge] that affect their lives. (p. 14)

A commitment to collaboration in the research supported these principles.

3.4 Moving towards a participatory research paradigm

When considering approaches to the research that reflect a collaborative, reciprocal ethos, support a diversity of experiences to be heard, and increase the likelihood of practical outcomes, the heterogeneous group of research approaches known as “action research” was explored. The genre of action research is generally credited to Kurt Lewin (1890–1947), a social psychologist who demonstrated the benefit of workers actively engaging in research to inform decisions about their work (Lewin, 1946, as cited in Adelman, 1993). Action research involves researchers and “the researched” examining a situation (or problem) and identifying strategies to change a situation for the better (Bray, Lee, Smith, & Yorks, 2000; Heron & Reason, 1997). It acknowledges “experience as a basis of knowing” (Baum, MacDougall, & Smith, 2006, p. 854) and offers a framework by which people can use their knowledge for change.
A diverse range of research approaches employ action research principles, including cooperative inquiry (Heron & Reason, 1997), collaborative inquiry (Bray et al., 2000), participatory action research (PAR; McTaggart, 1991), participatory rural appraisal (R. Chambers, 1994), and feminist action research (Frisby, Maguire, & Reid, 2009). Each is informed by different goals, change strategies, the positioning of the researcher, underlying epistemologies, ideology, and different research traditions. However, whilst action research principles promote a collaborative approach to research, not all action research is participatory (Herr & Anderson, 2005).

In participatory research, researchers and stakeholders become co-researchers, identifying and defining a problem or issue to be investigated, the means by which it will be investigated or researched, and the interpretation and dissemination of its findings (Kindon, Pain, & Kesby, 2007). For example, a group may identify an issue they would like to change, such as a work-related practice or a community concern. As co-researchers, researchers and those affected by the issue engage in its detailed exploration, developing questions and activities to guide and support their investigation. Researchers may take on facilitative roles, such as creating opportunities for all participants to contribute, and more traditional researcher roles such as asking participants to explain their ideas, and recording data from and details of the research process as it unfolds. Spiralling cycles of reflecting, planning, acting, observing, and reflecting follow, during which the outcomes of the activities undertaken by the co-researchers are recorded and their impact evaluated. Findings from each cycle of the research spiral are fed back into practice, creating opportunities for new understandings that effect practical change (McTaggart, 1997). Given its cyclic nature and situatedness within social contexts, action plans are flexible and open to change as researchers and participants learn.
Two approaches to human inquiry that utilise participatory research principles were considered for this research: cooperative inquiry (Bray et al., 2000; Heron & Reason, 1997) and PAR (Kemmis, McTaggart, & Nixon, 2014; McTaggart, 1991). Cooperative inquiry is a form of collaborative action research with an underlying assumption that people are self-determining; that is, they can direct the course of their own lives (Reason & Heron, n.d.). This approach appealed as it situated the ST graduates as independent and autonomous beings. Further, it positioned the graduates as separate to me in my previous role as their teacher and as a “Western researcher”. However, engaging in cooperative inquiry ideally requires the active involvement of participants at all stages of the research, from choosing the purpose and type of inquiry, setting the research timelines, determining the research methods and engaging in action, to collecting and analysing the research data and writing up and disseminating research findings (Reason & Heron, n.d.). Given academic requirements that a PhD thesis be independent research conducted by the candidate (Herr & Anderson, 2005), and a perceived need to devote considerable time to developing the participants’ capacity to engage fully with this research methodology, a different research approach was sought that still supported collaboration and active participation but accommodated the research requirements and timelines, and limited the need for extensive research education of the graduates. To this end, PAR was considered a better fit.

3.4.1 Participatory action research as a research methodology

There are several interpretations of the history and origins of PAR (Brydon Miller et al., 2003; Fals-Borda, 1987; McTaggart, 1997); however, it is generally accepted to have emerged in the latter half of the 20th century through the work of emancipatory educator—philosopher Paulo Freire (1921–1997) who developed community-based research processes so that local people could be actively involved in developing
knowledge about their own situations that would lead to social change (Kindon et al., 2007). Critical to Freire’s position was the value of conducting research with people as a means of creating and sharing knowledge and learnings among researchers and those being “researched”, and in doing so, support participants and researchers to develop new insights into practices, situations, and processes from which changes could be made (Chaiklin, 2011; Snyder, 2009).

Brown (1993) differentiated between “northern” and “southern” traditions of PAR. In this binary, the northern tradition is that which is utilised within the “global north”, “industrialised nations”, or Minority World contexts and traditionally has had a focus within education and organisational reform (Kemmis, 2009). The southern tradition of PAR is utilised within the “global south”, “developing”, or Majority World and is “committed to working with grassroots groups to promote human development through fundamental social transformations” (Brown, 1993, p. 250). Although conducted in the Majority World, the PAR approach I sought to introduce in the current research reflected predominantly a Minority World approach with a focus upon developing the graduates’ professional practice within the context of the ST profession in Vietnam. However, it is important to note that this research also had as an objective the graduates’ empowerment to make changes to the contexts and organisations in which they practised ST.

To this end, two objectives of PAR relevant for this study and aligned with the PAR methodology were

1. to privilege the graduates’ local knowledge and produce action relevant to their practice as speech therapists by utilising a combination of research, education, and action;
2. conscientisation, or the raising of graduates’ awareness by using their own knowledge.

3.4.2 Reciprocity, participation, and participatory action research

In PAR, authentic reciprocity includes a commitment by researchers to work in partnership with research participants to focus upon capacity building that meets the needs of local contexts and “reciprocal dialogue” in which researchers and research participants communicate openly and as equals (Maiter, Simich, Jacobson, & Wise, 2008; McNae & Strachan, 2010). Some authors have argued that collective action and self-mobilisation by participants are indicators of meaningful and authentic research participation (McTaggart, 1991; Reason & Bradbury, 2001); others have considered participation and reciprocity along a continuum, noting that the degree of participation will vary depending upon the stage of the research, context, and specific situation in which the research is being conducted (Cornwall, 1996). Further, it has been argued that the degree of participation within research projects should not be determined by researchers alone but negotiated between the researcher and participants as co-researchers (Kitchin, 2001). Arnstein (1969) proposed a hierarchical framework (later modified by Cornwall, 1996) (presented in Table 3.1) to represent participation and reciprocity in research that ranged from co-option or manipulation, where the involvement of local people in research is tokenistic, to collective action where the research agenda is set and undertaken by a local community independently and in the absence of outside researchers. This hierarchical approach suggests collective action is the ideal degree of participation; however, this notion is contested as it fails to acknowledge the impact of context upon the conduct of research and ignores the agency of research participants to choose how they engage with research.
Table 3.1. Model of Research Participation 1

<table>
<thead>
<tr>
<th>Mode of Participation</th>
<th>Involvement of Local People</th>
<th>Relationship of Research and Action to Local People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-option</td>
<td>Token; representatives are chosen but no real input or power</td>
<td>on</td>
</tr>
<tr>
<td>Compliance</td>
<td>Tasks are assigned, with incentives; outsiders decide agenda</td>
<td>for</td>
</tr>
<tr>
<td>Consultation</td>
<td>Local opinions asked; outsiders analyse and decide on course of action</td>
<td>for/with</td>
</tr>
<tr>
<td>Cooperation</td>
<td>Local people work together with outsiders to determine priorities; responsibility remains with outsiders for directing the process</td>
<td>with</td>
</tr>
<tr>
<td>Co-learning</td>
<td>Local people and outsiders share their knowledge to create new understanding and work together to form action plans, with outsider facilitation</td>
<td>with/by</td>
</tr>
<tr>
<td>Collective action</td>
<td>Local people set their own agenda and mobilise and carry it out in the absence of outsider initiators and facilitators</td>
<td>by</td>
</tr>
</tbody>
</table>

Adapted from Cornwall (1996, p. 96)

In contrast to Cornwall’s (1996) model, Treseder (1997) described a nonhierarchical representation of research participation that acknowledges “different, but equal forms of good practice” (p. 8). This model was developed for researchers seeking the participation of children in research and was adapted by Radermacher (2006, p. 27); it has been further adapted for the current research (Figure 3.1). Degrees of participation are represented as independent of each other, and as such, this model avoids the assumption that there is an “ideal” degree or form of participation. This was the approach adopted in the current research; I designed and ran the research but the participants were consulted on stages of the research and their opinions were actively sought and prioritised in the research findings. In this sense, their participation may be conceptualised as “consulted and informed”.

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Figure 3.1. Model of research participation 2.
3.4.3 Participatory research in cross-cultural contexts

Participatory research methodologies have been utilised extensively in cross-cultural research—in research instigated by researchers in Minority World countries and implemented in the Majority World (R. Chambers, 1994; Dixon & Green, 2001; Evans, Hole, Berg, Hutchinson, & Sookraj, 2009; Kramer-Roy, 2015; Pavlish, 2005) and with indigenous communities (Denzin et al., 2008; Gibbs, 2001; Hecker, 1997; Laverack & Brown, 2003; McTaggart, 1999; Mohatt et al., 2004). R. Chambers (1994) described the evolution of participatory research approaches and methodologies in rural development, including the utilisation of “rapid rural appraisal” in the 1980s and “participatory rural appraisal” in the 1990s. Much of this research was aligned with poverty, equity, and human development (Duraiappah, Roddy, & Parry, 2005) and was undertaken to improve understanding of local knowledge and practices that might prove more successful in reducing poverty than Western knowledge had to date (Kanji & Greenwood, 2001). Chapter 5 of this thesis provides more detail about the use of PAR in cross-cultural research, and in Vietnam specifically.

3.4.3.1 Challenges to conduct of participatory research within cross-cultural contexts

The responsiveness of participatory research initiatives to address the concerns of people in non-Western cultures as to the legitimacy of knowledge arising from research has been discussed by several authors (McNae & Strachan, 2010; Rowell, 2017). Reporting experiences of PAR with indigenous communities, McTaggart (1991) drew attention to issues of stereotyping, homogeneity, and misrepresentation that may arise when seeking to ascribe meaning to the experiences and lives of “others” who are not from the same culture. To practise PAR as understood within a Western or Eurocentric
context in a cross-cultural context risks engaging in “cultural imperialism” through failure to acknowledge the legitimacy of indigenous methodologies and ways of knowing (C. Chambers & Balanoff, 2009; Gibbs, 2001; Liamputtong, 2010a, 2010b; McNae & Strachan, 2010; Ryen, 2011).

PAR has been described as messy, unpredictable, and time consuming (Baum et al., 2006; Primavera & Brodsky, 2004), and this may be more so in cross-cultural PAR. Differences in perceptions of time and degrees of collaboration and participation may influence not only the pace at which research progresses, but also the degree to which authentic participation is possible and is indeed desired by research participants. Further, as is the case for all research requiring an interpreter, extra time and resources are necessary and will further influence research progress and timelines. As dialogue is fundamental to the PAR process, focus is drawn to the criticality of the skills and the positioning of the interpreter in cross-cultural PAR, and their influence upon the research process and outcomes (Squires, 2009; Temple & Young, 2004; Wong & Poon, 2010). How these factors have shaped the current research is explored in detail throughout this thesis.

3.4.4 Critiquing participatory action research

Avison, Baskerville, and Myers (2001) raised the question of power and authority in PAR as it applies to the outsider researcher, asking whether empowerment of participants is indeed possible when academics generally initiate and coordinate PAR projects. The positioning of the academic researcher as “expert” and with competing demands and priorities to research participants may undermine authentic participation and reciprocity (Baum et al., 2006; Kidd & Kral, 2005). Conflicts in relation to research timelines and the dissemination of findings, university requirements for graduate
students undertaking PAR, and financial inequalities where university researchers receive financial and other benefits from their research whilst participants shoulder monetary, time, and other participant burdens may also arise (Hawkins, 2015; Stoecker, 1999; Taylor, Braveman, & Hammel, 2004).

Supporting mutual understanding and recognition of the knowledge the research participants and the researcher have in relation to the problem under investigation may pose risks and problems to the PAR process (Kidd & Kral, 2005). The development and maintenance of a participatory attitude by the researcher may be challenged by the uncertainty and open-endedness of the PAR process and result in the researcher utilising their position of power to inadvertently direct the research. The opposite may also be true; a commitment to the sharing of power and to facilitating reciprocity may contribute to a researcher losing sight of their own perspective and not being critical of other perspectives (Kidd & Kral, 2005).

However, despite the above concerns and criticisms of PAR, the principles and underlying collaborative and reciprocal ethos of PAR supported the use of participatory research methodologies in this research; they aligned with my commitment to research that would generate knowledge and action to empower the graduates in their future work. They supported my commitment to reciprocity in the research and to the ST graduates being actively involved in reflecting upon their own learning; in this way, they aligned with my commitment to equity in the research process.

Finally, participatory research methods encourage the use of diverse and less traditional methods of data collection that may include drawing, photographs, film, and dance (Reason & Heron, n.d.). Meulenberg-Buskens (1996) argued that research methods developed in Western contexts can be a starting point for research in cross-cultural
contexts, but other modes of “knowledge construction” should be considered so as to meet the unique needs of context and culture. In the current research, creative research methods were introduced to shift the process of knowledge generation from verbal communication alone and to support greater understanding and recognition of the research participants’ knowledge (Kidd & Kral, 2005). As the research progressed, they also allowed a collaborative and participatory research ethos to be maintained despite the significant challenges that arose in direct response to attempts to use PAR; these challenges are described throughout the thesis.

3.5 Research strategy and design

The strategy of research is the overall plan for conducting a research study; it includes identifying the research topic and focus, how data are to be collected, and how results will be integrated. The data collection process refers to the steps and sequencing of studies (sequentially or simultaneously) and the way in which each study’s findings are supported and connected to each other (Creswell, 2013). In the current study, a longitudinal research design was employed. Longitudinal studies involve more than one episode of data collection or may be research in the same community for an extended period of time (Epstein, 2002; Ritchie & Lewis, 2003). Longitudinal studies investigate change over time—change to the nature of an experience and the context of that experience (Koro-Ljungberg & Bussing, 2013). They also allow for the use of different data collection methods and analysis in response to new research findings (Saldana, 2003). In the current research, a longitudinal design allowed for sequential data collection, that is, several phases of data collection documenting the evolving nature of the graduates’ work and their experiences as pioneers of a new profession in Vietnam. It
also accommodated a range of data collection methods that were informed by findings from preceding research phases.

**3.5.1 Phase 1a, 2013**

3.5.1.1 Data collection: Small group interviews and individual interview

The data collection method for the first study of Phase 1 (2013) was three small group, semistructured interviews with 12 of the 18 ST graduates and an individual interview with one of the graduates. The group interviews each comprised four graduates and were held in HCMC at locations suggested by the participants. Interviews are commonly used to collect qualitative data to gain an in-depth understanding of a phenomenon and to contribute to a body of knowledge for which understanding is limited (DiCicco-Bloom & Crabtree, 2006).

In semistructured interviews, questions are centred on a well-defined research question (Liamputtong, 2013). This may be the opening question of the interview, followed by probing questions that delve into detail about the research topic. Questions are generally prepapred and open-ended but remain flexible to allow interviewees to voice their perspectives and opinions (Flick, 2009). Whilst individual interviews provide opportunity for in-depth interviewing, group interviews support a wider range of experiences to be garnered at one time (DiCicco-Bloom & Crabtree, 2006); they may also encourage recall and stimulate discussion and elaboration upon opinions and ideas (King, Horrocks, & Brooks, 2019). The questions used to guide the interviews for the first research study are provided in Appendix C-1.

An interview was conducted via Skype with the one graduate who lived in Huế, a city in central Vietnam. It was important to interview this participant as she was the sole graduate living outside of HCMC and was providing ST services utilising community
consultancy rather than an impairment approach to service delivery as provided by her graduate colleagues. The usefulness of Skype for the collection of qualitative data is well recognised; it supports face-to-face interaction, provides a medium for overcoming distance issues, and can be audio and visually recorded for later analysis (Hanna, 2012; Quartiroli, Knight, Etzel, & Monaghan, 2017). Skype is also low cost if researchers and participants have access to a computer. The same semistructured questions as used for the small group interviews were used in the individual interview to ensure consistency in data collection methods.

It is important to note at this point that experienced Vietnamese interpreters known to the participants provided a consecutive style of interpretation for all data collection points throughout the research program; that is, the interpreter provided a summary of what was being said at naturally occurring junctures and pauses in conversation. In this way, disruption to dialogue was minimised (Chen & Boore, 2010). All written material was also translated. An interpreter was not required for the interview with the research participant living in Huế as their level of English was adequate for the interview.

3.5.1.2 Data analysis

The interviews were audio recorded, and I developed a verbatim transcript of the English translation. The content of my reflective diary and field notes was analysed as part of the dataset; this occurred at all stages of data collection throughout the research program. Field notes and self-reflective diaries are critical to supporting recollection of context and reflection upon personal assumptions and biases (Ortlipp, 2008).

Data were analysed thematically and in stages, employing the process described by Braun and Clarke (2006). Thematic analysis requires familiarisation with data and identification of units of analysis or codes, that is, text in the transcript relevant to the
research question. For data informing understanding of an experience for which little is known or there is no existing theoretical construct, an open or inductive model of coding is employed that reflects the “explicit or surface meaning of the data” (Braun & Clarke, 2006, p. 84). Codes are then examined for the presence of patterns and relationships, organised into conceptually similar categories and then into hierarchically arranged themes. These themes represent important aspects or meanings within the participants’ responses to the research questions.

The outcome of using qualitative interviewing in conjunction with thematic analysis was a framework conceptualising the nature of the participants’ professional practice as speech therapists at one year following their graduation. Four key themes conceptualised their work—scope of practice, developing identity, confidence to practice and progressing the profession. The process of data analysis is further described in Chapter 4.

3.5.2 Phase 1b, 2014

In this second study of Phase 1 (2014), the graduates’ professional practice was explored at two years following their graduation. An advisory group to guide the future research (later named the PRG), was also established.

The 18 PNTU graduates were invited via email to participate in an individual interview to explore their professional practice at two years. Expressions of interest were also invited for membership to the PRG. My goal was to enlist a group of the 2012 PNTU graduates to work with me to examine their practices as speech therapists and engage in actions to progress their work.
Eight expressions of interest were received. Morse (1995) advised that for an in-depth, qualitative study, participants should be “culturally cohesive” (p. 149) and share the characteristics being addressed in the research. The eight graduates were a culturally cohesive group in that they were the first graduates of the PNTU Speech Therapy Training Program. They were all known to the researcher and each other, were all practising ST, and they had expressed interest in engaging in the research. They were also familiar with the topic under investigation and willing to explore it by actively participating in the research—in this sense, their selection represented purposeful sampling (Richards & Morse, 2013). Further, for research seeking to explore an experience over an extended period, small groups of six to 10 participants will support detailed exploration and, when required, the reaching of consensus (DiCicco-Bloom & Crabtree, 2006; Morse, 2015).

3.5.2.1 Data collection

In-depth, semistructured individual interviews were conducted with the eight graduates. A decision was made to conduct individual interviews rather than small group interviews so as to provide opportunity for detailed exploration of each participant’s personal journey and to maintain their privacy regarding their motivations for joining the advisory group (Giordano, O'Reilly, Taylor, & Dogra, 2007). The questions used to guide these interviews are provided in Appendix C-2.

The semistructured interviews afforded flexibility whilst supporting the gathering of data on similar issues across the range of participants (Holloway & Wheeler, 2010). Questions and prompts were used to draw participants’ focus to changes in their professional practice from the previous year; for example, “Last year you mentioned your confidence to practise was challenged by lack of skills in the assessment of
patients—could you comment on this in relation to your work now?” These questions aimed to highlight the individual nature of participants’ experiences and how their experiences and practices were changing over time (Holloway & Wheeler, 2010; Patton, 2002).

Following completion of the individual interviews, the first meeting of the PRG was convened in HCMC. A summary of this meeting and of PRG meetings held in 2014 is provided in Table 3.2.

Table 3.2. Summary of 2014 Advisory Group Meetings

<table>
<thead>
<tr>
<th>Date of Meeting</th>
<th>Type of Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2014</td>
<td>Inaugural meeting of the PRG in HCMC, Vietnam</td>
</tr>
<tr>
<td>July–October 2014</td>
<td>Five Skype meetings between PRG in Vietnam and researcher in Australia</td>
</tr>
<tr>
<td>October–November 2014</td>
<td>Two face-to-face meetings in HCMC, Vietnam</td>
</tr>
</tbody>
</table>

**In attendance at all meetings**

- Members of the PRG
- Primary researcher
- Experienced interpreter

**Data sources from all meetings**

- Digital audio recordings of meetings, translated; verbatim transcripts
- Email communication, translated
- Researcher’s field notes and reflective diary

At the first meeting of the PRG, it was agreed that all meetings would be audio recorded. This would allow the development of verbatim transcripts for later review and analysis; detailed written summaries of the meeting would also be developed to record the plans and actions arising from the meetings. It was also at this first meeting that the participants sought the name for the group to be PRG so as to reflect their role as participants in the research rather than as advisers.
Research conducted using Skype may support group-based qualitative research, including data analysis through synchronous communication between researchers and research participants (Quartiroli et al., 2017). However, throughout 2014, the unreliability of the technology posed significant difficulties to the research as has been described by previous authors (Deakin & Wakefield, 2014; Seitz, 2016). These included internet dropout and poor sound quality. A decision was made to communicate via email; however, the asynchronous nature of the communication and need for translation of all written information slowed the communication process. I therefore returned to Vietnam in late October 2014 to reconvene meetings of the PRG to explore how the research could be progressed.

3.5.2.2 Data analysis

The individual interviews and PRG meetings were audio recorded and transcripts developed of the English translation of the audio recordings. Data from the interviews were analysed using thematic analysis employing a “hybrid approach” (Elo & Kyngäs, 2008; Fereday & Muir-Cochrane, 2016). This type of analysis allows new data to be analysed in relation to pre-existing data or theoretical frameworks (deductive analysis) and new themes and theoretical constructs to be searched for (inductive analysis). This approach supported comparison of the findings from this stage of the research with the conceptual framework developed in the first stage of Phase 1 of the research, that is, from the participants’ work in 2013; it also allowed me to remain open to new aspects of the graduates’ work. Adhering to the advice of Dey (1993), I also posed questions to guide my thoughts and decisions in relation to data analysis; these related specifically to the study’s aims, for example, “Is what is being described here a new aspect of work or the development of something that was described in 2013?”
The outcome of using qualitative interviewing in conjunction with a hybrid approach to thematic analysis was an elaboration and expansion of the framework conceptualising the participants’ professional practice as speech therapists. The data analysis process and the research findings from the interviews are further described in Chapter 5. Outcomes from the PRG meetings were an awareness of a range of difficulties implementing PAR in a cross-cultural context and of the importance of open and extended dialogue about research concepts, aims, and methodology. Details of these meetings and their outcomes are also described in Chapter 5.

3.5.3 Phase 2, 2015

The findings of the 2014 individual interviews further informed the framework conceptualising the graduates’ evolving work. The meetings of the PRG in 2014 had drawn focus to the challenges or “messiness” of PAR (Baum et al., 2006). In response, I sought a collaborative research approach that would continue to support the participants’ active engagement in the research without the research becoming a burden for them. Further, I sought a methodology that would reduce reliance on verbal interviews and would capture the participants’ experiences and conceptualisation of their ST practice. Visual research methods provided this option.

3.5.3.1 Data collection 2015

Three face-to-face PRG meetings were held in HCMC in 2015. At the first meeting, I checked the accuracy of the findings from the 2014 individual interviews and of the conceptual framework characterising their work. A visual representation of the framework was presented, which illustrated how the different aspects of the framework had been informed by the small group and individual interviews in 2013 and by their individual interviews in 2014. Member checking or member validation is a research
phase during which “the provisional report (case) is taken back to the site and subjected to the scrutiny of the persons who provided information” (Lincoln & Guba, 1985, p. 236). It is considered critical for checking the trustworthiness of a qualitative study as it is the first step to ensuring participants’ experiences are reported accurately. It also provides opportunity for a shifting of “power” in the research as it provides participants with a degree of control over how they are represented (Koelsch, 2013). This meeting was audio recorded and translated, and I developed a summary of the meeting that was forwarded to PRG members for their comment and acceptance.

Visual research methods were introduced in the second and third meetings, which took the form of research workshops. Visual and performative methods of data collection allow participants to actively engage in research other than through dialogue (Kesby, 2000b; Rose, 2016); they can also accommodate different languages and cultures and offer new ways of viewing and understanding experiences (Bagnoli, 2009; Kesby, 2000a; Kramer-Roy, 2015; Moffitt & Vollman, 2004). Visual research methods may also minimise power imbalances between researchers and participants by increasing the degree to which participants are actively contributing to research data about themselves (King et al., 2019).

The visual analogy of a tree or more specifically the bamboo tree or cây tre was introduced as the medium by which the PRG might consider their professional practice at three years following graduation. Carpenter (2008) contended that using analogy allows examination of phenomena or experiences from a creative perspective; it can also add structure to data and represent a familiar process in a new light. The image of a tree is universal and can generally be easily understood and interpreted by those viewing it. Further, the cây tre was considered a contextually appropriate analogy as it is
of symbolic importance to the Vietnamese culture, representing resilience, flexibility, and protection (Solin et al., 2008).

In the two research workshops, the PRG considered their current professional practices as components of the cây tre—foundational roles and responsibilities as tree roots and those aspects of work that afforded satisfaction as leaves. Challenges to their work were black clouds above the tree, and blue skies represented the opportunities to develop their work (Appendix D-1). PRG members noted their current professional practices in relation to the tree components; they then considered their practices in relation to the four themes that had conceptualised their work in 2013 and 2014—scope of practice, developing identity, confidence to practise, and progressing the profession—as a means of highlighting aspects of their work that were still relevant from 2014 and aspects that had changed. Further detail regarding the data collection process is provided in Chapter 6.

3.5.3.2 Data analysis

The data from the two workshops were the audio recordings of the sessions, the verbatim transcripts of the English translation, and the workshop artefacts, namely photos taken of the cây tre as it was being developed and the written notes of the PRG members. Data were again analysed using thematic analysis employing a hybrid approach (Elo & Kyngäs, 2008; Fereday & Muir-Cochrane, 2016), that is, analysis informed by the conceptual framework of the participants’ work in 2014 (deductive) and a searching for new themes (inductive). The photos taken of the cây tre were not analysed as the cây tre had acted as a conduit through which the participants might reflect upon their work rather than as a data source. This position is supported by Rose
(2016) who contended that visual materials can act as a communication tool rather than as a representation of an actual experience or event.

The outcome of using visual research methods in conjunction with a hybrid approach to thematic analysis was a further elaboration and expansion of the framework conceptualising the nature of the participants’ professional practice as speech therapists and identification of context-specific factors shaping their work. The process of analysis of the interviews is further described in Chapter 6.

### 3.5.4 Phase 3, 2016

#### 3.5.4.1 Data collection: Participant-generated drawings

Researcher-generated materials in the form of the cây tre had been used as the stimulus for the PRG’s discussions in Phase 2; for the final phase of the research, Phase 3, research methods that allowed PRG members to represent their experiences through drawing, or “participant-generated data” (Rose, 2016), were employed.

In the penultimate research workshop, PRG members were invited to draw their professional journeys as a river utilising a timeline from 2012 to 2016 along the horizontal axis of their drawing (Appendix D-2). They were then invited to describe their drawings. Moore et al. (2008) stated that it is crucial for research participants to describe the images they generate so that researchers do not make assumptions about the data.

#### 3.5.4.2 Data analysis: Participant-generated drawings

The workshop was audio recorded, and the English translation of the workshop was transcribed verbatim. Data from the workshop included the workshop transcript and my field notes and reflective diary; they were analysed thematically and in stages, again
employing the process described by Braun and Clarke (2006). The drawings themselves were not analysed in detail. As stated previously, participants were invited to depict their professional journeys through drawing and then to utilise these to describe their experiences. In this sense, the drawings acted as prompts and supports to the participants’ descriptions and became part of the textual record of the workshop (Brown, Worrall, Davidson, & Howe, 2010; Goodwin, 2001). Further detail about the data collection process and analysis is provided in Chapter 7.

3.5.4.3 Data collection: Peer interviews

Peer interviewing (McDermid, Peters, Jackson, & Daly, 2014) was selected as the data collection method for the final research workshop for two reasons; first, the PRG had collaborated since 2014, and it appeared that a sense of collegiality and trust had developed that would support group members to communicate openly about their experiences. Second, the participants had been actively involved in data generation over the duration of the research, and the process of interviewing maintained this collaborative ethos.

One week prior to the final workshop, PRG members were forwarded seven questions developed by me that sought their experiences of engaging in the research (Appendix D-3). In the workshop, they selected one question each, wrote down their answer to it, and then “interviewed” the other six PRG members with that question. At the completion of the activity, each member of the PRG had seven responses to their question. PRG members then summarised their responses and reported these in a three-minute verbal presentation to the group. A PowerPoint presentation of these summaries was then developed by the PRG for dissemination to others who might be interested in
engaging in cross-cultural research. In May 2018, a member of the PRG and I presented the findings of this workshop at an international ST conference.

3.5.4.4 Data analysis: Peer interviews

Data from the workshop comprised the English-translated transcript of the workshop, the translated written notes made by the participants as they interviewed each other, and the PowerPoint presentation summarising the main points of the interviews. Data analysis was done collaboratively with the PRG, employing qualitative content analysis (Elo & Kyngäs, 2008) that supported a detailed description of the participants’ research experiences to emerge using their own words. In cross-cultural research where misrepresentation of participants’ experiences can occur when translating contextual meanings using abstract terms, staying close to participants’ words reduced potential for this (Sullivan-Bolyai, Bova, & Harper, 2005). This form of data analysis also allowed for quantification of data, that is, a counting of responses from participants that were similar in relation to each interview question.

The outcome of using peer interviews in conjunction with qualitative content analysis was a framework conceptualising the participants’ research experiences. The process of analysis is further described in Chapter 7.

3.6 Ethical issues

Formal ethics approval was sought and granted from the University of Melbourne for Phase 1 (May 2014) and Phases 2 and 3 (June 2014). Extensions were provided for data collection in 2015 and 2016 (Appendix A). Special ethical considerations addressed in both applications related to my previous relationship with the research participants and to confidentiality. For Phase 2, consideration was given to how a decision regarding
membership to the PRG would be made should more than eight graduates express an interest in joining the group. The potential for a significant time commitment to be associated with the research was also addressed.

Participant recruitment took place through an intermediary known to the participants, thereby reducing the risk of coercion. In the Phase 2 application, the process of ensuring ongoing consent throughout the research rather than as a one-off task was addressed by stating that PRG members would be invited to join each new phase of the research and that there was no obligation for ongoing participation.

To ensure access to and understanding of the research, all written and verbal communication with the PRG was in Vietnamese. Translation of my English into Vietnamese over the duration of the research was provided by two experienced interpreters known to the participants. The accuracy of translation was evaluated at different points throughout the research through back translation (Chen & Boore, 2010) and cross-checking by the interpreters of the English-translated transcripts and other research data against the audio recordings of the research meetings.

Confidentiality was an important consideration. Risk of disclosure and breaches of data privacy are increased in longitudinal research, particularly as research participants may develop a distinctive identity over time (Neale, 2013). At the first meeting of the PRG, “ground rules” that included maintaining the confidentiality of discussions were agreed to by all participants, including the interpreter. These rules were revisited when a new interpreter joined the research in late 2014. Confidentiality also extended to the email communication between the PRG and the researcher that required translation, and to meeting summaries developed by the researcher and the PRG. To reduce the potential for documents to be sent to wrong email addresses, an online password-protected folder
was created that members of the PRG, the interpreter, and researcher could access and upload documents for sharing. At the completion of the research, this folder was deleted.

Pseudonyms have replaced the names of all the research participants, the interpreters, and organisations referred to in the research. In relation to the visual images arising from the research, explicit consent was sought from PRG members to take and publish photographs of them and of the research artefacts. Further, the final research paper was co-authored by the researcher and the PRG members, and a member of the PRG co-presented at an international conference with the researcher. Explicit consent was sought for the names of PRG members to be published in these two forums.

The principle of beneficence calls for research to provide benefits to participants whilst minimising the potential for harm. In this study, an emergent ethical concern (Neale, 2013) was the possibility that the participants’ engagement in the research was drawing attention to users of ST services in Vietnam and to the organisations where the PRG members worked. This was addressed by the PRG members and I explicitly discussing how the research was focused upon their experiences only; further, on the request of two PRG members, I met with their professional managers to discuss the research and its focus.

Finally, due to the building of personal relationships over time, reciprocity and marking the closure of research were important considerations. My commitment to working in partnership with the PRG was informed by a desire for benefits from the research to be reciprocal, that is, for both PRG members and me, such as through capacity building. The PRG members’ reflections of their research experiences in Phase 3 of the research
suggest this outcome was achieved. Reciprocity took many forms over the duration of this research as described in Chapter 8 of this thesis.

3.7 Rigor

The four criteria proposed by Lincoln and Guba (1985)—credibility, dependability, transferability, and confirmability—were addressed to enhance the rigor or “trustworthiness” of this research and are described below. Further detail regarding the specific strategies employed to maximise rigor in the research is provided in the individual chapters that report the research procedures, analyses, and findings of each research phase.

Credibility scrutinises how closely the research findings reflect the research participants’ experiences of the (Tuckett, 2008). In the current research, strategies employed to enhance credibility were member checking of the data and its interpretation, triangulation of different datasets, checking the accuracy of interpretation provided by the interpreter, and my prolonged engagement in the field of research.

Dependability refers to the degree to which the interpretation of the research findings fits the data from which they are derived (Liamputtong, 2010b). It speaks to the ability of the research findings to be replicated. Strategies to support dependability in this research were my keeping of a detailed research diary and personal journal outlining the decisions I made in relation to the research and my reflections upon the research process.

Transferability is the extent to which the research findings can be applied to other contexts (Tuckett, 2008). Detailed descriptions of the background and context of the
research and participant details were provided, and comparison of the research findings was made with the literature (Richards & Morse, 2013).

*Confirmability* or freedom from bias was supported by my use of a reflective diary to “bracket” (Tufford & Newman, 2012) my assumptions and experiences in relation to the research, its context, and the research participants. When analysing data, I initially used the participants’ own words to label discrete codes, thereby ensuring that the codes were strongly linked to the data. A file audit and review and discussion of analysis took place between the co-authors of the published research papers.

### 3.8 Summary

This chapter has provided an overview of the research methods and rationale for methodological decisions made throughout this thesis. It has described ethical considerations and how they were addressed. The range of research methods employed and ways in which the methodology evolved and accommodated challenges that arose throughout the research have been highlighted. A description of strategies employed to enhance the rigor of the research has also been provided. The methodological decisions and strategies to enhance rigor are further described in the following section of the thesis, Part C, where the research findings are reported.
Part C: The Research Findings
Chapter 4: 2013: First Year of Speech Therapy Practice

This chapter reports the first stage of Phase 1 of the research program. The aim of this stage of the research was to explore and document the graduates’ work at one year following their graduation. Thirteen of the graduates participated in small group, semistructured, qualitative interviews and one in an individual interview. Findings from the research would act as the basis from which the evolving nature of the participants’ ST practice could be considered. Findings would also act as flags for future research phases by identifying aspects of the graduates’ practice that they wished to explore.

4.1 Paper 1


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4.1.1 Abstract

Purpose: In September 2012, 18 Vietnamese health professionals graduated as Vietnam’s first university-qualified speech-language pathologists. This study details the reflections of these pioneering health professionals at 12 months following their graduation, drawing attention to their scope of practice as speech-language pathologists and to the opportunities and challenges to progressing the practice of speech-language pathologists in Vietnam.

Method: Thirteen graduates participated in small group interviews where they described their work and their perceptions of their emerging practice. Thematic analysis of the interview transcripts was employed to identify key concepts and themes within the data.

Result: Four overarching themes were identified: scope of practice, establishing identity, confidence to practise, and progressing the profession. Overall analysis revealed evolving professional practice characterised by new learnings, fluctuations in confidence, and an active forging of professional identity. Mentoring and support by international colleagues and advancing professional recognition were identified as critical to the profession’s progression and to the development of context-specific and culturally appropriate services.

Conclusion: Participants’ reflections draw focus to an important role for the international speech-language pathology community as it works in partnership with colleagues to enhance awareness of and services for PWCD in underserved communities such as Vietnam.
4.1.2 Introduction

The first published account of the profession of speech-language pathology in Vietnam is attributed to Pat Landis, a speech-language pathologist from Maryland, United States, who piloted a SLP training program in HCMC between March and September 1972 (Landis, 1973). Landis had travelled to Vietnam to offer “remedial speech therapy services” (p. 342) to children and adults undergoing reconstructive surgery for cleft lip and palate in an international hospital in HCMC (Landis & Pham, 1975). As was commonplace during that time, the hospital was staffed by international surgeons who provided reconstructive surgery to children and adults, and supported the training of Vietnamese surgeons. The centre also offered teaching in related professions such as nursing, anaesthesia, and data management. In a setting that lacked locally trained speech-language pathologists, Landis noted that expanding the expertise of an international agency to include SLP was “a logical step in development” (Landis, 1973, p. 342). However, rather than services being provided by international SLPs (as had been the norm), a local professional, in this case a nurse with no prior experience in the profession, was trained. Landis concluded that it was possible for local counterparts with no previous knowledge of SLP to undertake training in the profession, and that such training had the potential to foster service development and sustainability.

Winterton (1998) also described the training of local Vietnamese professionals in SLP but via a “train the trainer” model, utilising CBR principles (WHO, 2010). In an organisation promoting inclusive education for children with disabilities in Hanoi, Vietnam, and with an objective of establishing a sustainable model of service delivery, local staff were equipped with knowledge and skills in SLP that could be “passed on” to parents and the community. A resource centre for local professionals working with communicatively impaired children was also developed. Despite describing a number of
positive outcomes from this project and arguing the validity of CBR as a means of supporting the delivery of SLP services in Vietnam, it is noteworthy that Winterton’s early description of a community-based approach remains unique within the literature describing the provision of SLP in Vietnam.

The training of a local health professional as described by Landis foreshadowed future initiatives to progress the profession. Upon the opening of the country’s borders in the 1990s, speech-language pathologists, often in partnership with surgical teams and nongovernment and religious organisations, again travelled to Vietnam (Ducote, 1998; Jones, 1997). In addition to direct client care, professional development was offered as support to Vietnamese health professionals (nurses, doctors, physiotherapists) who had commenced providing SLP as an extension of their daily work. Perhaps not unexpectedly, the practice of SLP became subsumed under the auspices of these previously established health professions, a situation mirrored in a number of international contexts (Cheng, 2010) and which continues in Vietnam today.

Factors supporting the progression of SLP education in Vietnam—from the somewhat ad hoc manner in which it had been provided by visiting international volunteers and undertaken by local professionals to a two-year postgraduate training program at PNTU, HCMC, between 2010 and 2012—have been reported elsewhere (Atherton, Dung & Nhân, 2013; McAllister et al., 2010; McAllister et al., 2013). It is not within the scope of this paper to revisit the content of these accounts; however, of particular interest to this current research are the initial reflections of the graduate therapists provided within these earlier reports. A snapshot is afforded of the graduates’ professional priorities and concerns pertaining to their future professional practice; in particular, these are contextual challenges to practising SLP, awareness of the need for professional
development but uncertainty as to how to access new knowledge, and the critical
importance of promoting professional recognition and influencing policy as a means of
fostering understanding of communication disabilities and sustainability of the
profession (McAllister et al., 2013).

The Vietnamese graduates’ early professional reflections draw attention to the
experiences of new graduates globally. The uncertainty and doubt expressed by the
Vietnamese graduates as to their preparedness to practise has also been reported by
graduate nurses, medical interns, and other allied health professionals (Duchscher, 2001,
2008; Gill, Deagan, & McNett, 2010; Skovholt & Rønnestad, 2003). The new graduate
experience has been described as one of immense change characterised by steep
learnings, challenges to confidence, and “facing the reality” of working as a
professional. A sense of ill-preparedness to practise, professional isolation, and
inadequacy when advocating for clients and the profession have all been described
(Casey, Fink, Krugman, & Propst, 2004; Gill et al., 2010).

Unlike the experiences of graduates completing first degrees, however, there is a
paucity of literature as to the perceptions and professional experiences of graduates
completing second degrees. All of the Vietnamese graduates had prior qualifications,
and whilst it might be anticipated that previous education and professional experience
would positively impact graduates’ sense of preparedness to practise, this is not
supported in the literature. A number of authors report second-degree students
identifying higher levels of conflict in balancing family and work commitments, and
less cohesion within their work groups (Brewer at al., 2009; Rolfe, Ringland, &
Pearson, 2004). In a study of graduate nurses who completed baccalaureate and
associate degree programs, Oermann and Gavin (2002) found no variance in stress
levels in relation to a graduate’s age, previous work experience, or period of time working as a new graduate. Further, previous tertiary education has been found not to influence level of professional competency or critical thinking skills of second-degree new graduates (Grey, Pearson, Rolfe, Kay, & Powis, 2001; Newton & Moore, 2013).

It was within the context of the new graduate experience and the Vietnamese graduates’ early reflections that the current research was undertaken. Specifically, the aim of this research was to explore the experiences and perceptions of the graduates’ practice in SLP at 12 months following graduation. It was anticipated that new insights would arise in relation to the nature of the graduates’ work, including their scope of practice and factors shaping their practice. Opportunity would be afforded to identify and explore the graduates’ professional priorities and consider context-specific initiatives to support the progression of the SLP profession and its practice in Vietnam.

4.1.3 Method

4.1.3.1 Context of the study

In September 2012, 18 Vietnamese health professionals with previous qualifications in physiotherapy, medicine, nursing, and accounting completed the newly established two-year postgraduate Speech Therapy Training Program at PNTU, HCMC, Vietnam. This research is situated within the context of these 18 graduates becoming Vietnam’s first university-trained speech-language pathologists.

4.1.3.2 Situating the author

The primary author resided in HCMC Vietnam between 2010 and 2012 and was the coordinator of the 2010–2012 postgraduate Speech Therapy Training Program at PNTU. Given the teacher–student relationship that existed between the primary author
and the study participants, the potential for a dependent relationship to exist is acknowledged. However, following graduation of the students in 2012, the author returned to Australia and is now known to the graduates as a colleague and researcher.

4.1.3.3 Research approach

A phenomenological approach underpinned this research project. The focus in phenomenology is to understand human experience as it is experienced by an individual or group of individuals (Creswell, 2013; Denzin & Lincoln, 1994). In this study, the research participants described their experiences of practising as speech-language pathologists in Vietnam in their first 12 months of practice, and discussed their professional priorities and the future priorities for the progression of the profession in Vietnam.

4.1.3.4 Research participants

In September 2013, the primary author returned to HCMC to gather feedback about the PNTU Speech Therapy Training Program to inform future education initiatives. Garnering graduates’ reflections and insights at the 12-month stage in their professional practice was considered an important step to documenting the emergence of a new profession and providing a “natural occurring baseline” from which the graduates’ future professional practice could be considered. Ethics approval for the study was obtained from the University of Melbourne Behavioural and Social Sciences Ethics Committee (#1441647.1). All 18 graduates were invited to participate in small group interviews with the primary author to explore the nature of their work. Thirteen graduates consented to participate in the interviews and for the interviews to be digitally recorded.
Table 4.1 provides demographic data relevant to the research participants and cohort of 2010–2012 PNTU SLP graduates.

Table 4.1. Demographic Data of 2010–2012 PNTU Student Cohort and Research Participants

<table>
<thead>
<tr>
<th></th>
<th>2010–2012 PNTU Student Cohort (n = 18)</th>
<th>Research Participants (n = 13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female: 15</td>
<td>Female: 10</td>
</tr>
<tr>
<td></td>
<td>Male: 3</td>
<td>Male: 3</td>
</tr>
<tr>
<td>Undergraduate primary</td>
<td>Medical: 3</td>
<td>Medical: 3</td>
</tr>
<tr>
<td>qualification</td>
<td>Nursing: 3</td>
<td>Nursing: 1</td>
</tr>
<tr>
<td></td>
<td>Physiotherapy: 11</td>
<td>Physiotherapy: 8</td>
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<tr>
<td></td>
<td>Other: 1</td>
<td>Other: 1</td>
</tr>
<tr>
<td>Years of work in primary</td>
<td>Range: 5–28</td>
<td>Range: 5–28</td>
</tr>
<tr>
<td>qualification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workplace</td>
<td>Acute tertiary, including inpatient</td>
<td>Acute tertiary, including</td>
</tr>
<tr>
<td></td>
<td>and outpatient rehabilitation: 16</td>
<td>inpatient and outpatient</td>
</tr>
<tr>
<td></td>
<td>Community based/Other: 2</td>
<td>rehabilitation: 11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community based/Other: 2</td>
</tr>
<tr>
<td>Caseload</td>
<td>Adult: 8</td>
<td>Adult: 6</td>
</tr>
<tr>
<td></td>
<td>Paediatric: 7</td>
<td>Paediatric: 6</td>
</tr>
<tr>
<td></td>
<td>Both adult and paediatric: 3</td>
<td>Both adult and paediatric: 1</td>
</tr>
</tbody>
</table>

The study participants’ demographic information closely represented that of the 2010–2012 cohort with regard to primary qualification, workplace, caseload, and years of professional experience. Of the 13 participants, 11 worked in HCMC in tertiary hospitals, providing inpatient and outpatient SLP services to adults and/or children. Two participants provided services within community-based organisations to children with complex disabilities; one of these participants was based in HCMC and the other in another city in Vietnam. A majority of participants had primary qualifications in physiotherapy, with nursing, medicine, and accounting also represented. As per the 2010–2012 cohort, there was marked variability in participants’ years of professional experience, ranging from five to 28 years since primary qualification.
4.1.3.5 Data collection

Three small group semistructured interviews (DiCicco-Bloom & Crabtree, 2006) comprising four participants each were conducted by the primary author in HCMC in September 2013 at venues and times convenient to the participants. An interpreter known to the graduates from the 2010–2012 PNTU training program was present at the interviews and provided consecutive interpretation in Vietnamese. Consecutive rather than simultaneous interpretation was preferred to avoid the potential for disruption to the dialogue (Chen & Boore, 2010). One participant was unable to attend a group interview and was later interviewed by the primary author via Skype. This participant’s English proficiency was adequate for the interview to be conducted in English.

A topic guide outlining the research questions guiding the semistructured interviews is displayed in Appendix C-1. Participants’ responses shaped the exact wording and ordering of questions, which were interspersed with questions and comments from the interviewer as a means of adding clarity to a comment and/or exploring further information in relation to a comment made.

The data obtained from the interviews was in the form of digital audio recordings plus the field notes and reflections of the primary author made during and immediately following the interviews. The primary author developed a verbatim orthographic transcription of the English-translated audio–digital recordings, thereby enabling a sense of the content and richness of the data to be developed from an early stage. Both electronic and hard copies of the associated orthographic transcripts were developed, with pseudonyms replacing the participants’ names as a means of de-identification.
4.1.3.6 Data analysis

To identify and analyse the themes within the interview data, the process of data analysis as described by Braun and Clarke (2006) was undertaken. To facilitate understanding of the key themes within the entire dataset, a broad analysis of the data was undertaken rather than a detailed analysis of themes within specific sections of the data.

4.1.3.6.1 Stage 1: Developing familiarity with the data

Multiple occasions of listening and re-listening to the original digital audio recordings of the interviews, referring back and modifying transcripts, and consulting field notes enabled the development of detailed transcripts. During the reading and re-reading of the transcripts, the primary author made notes directly onto the hard copies of the transcripts to highlight initial thoughts and impressions in response to the data. These notes were typically assigned to larger segments of the data, such as several sentences or whole paragraphs where a particular topic was being explored, for example, a participant’s discussion of their professional priorities. Segments of verbatim text were also highlighted, together with the primary author’s initial ideas and understanding as to the potential relevance of this verbatim text to the dataset. These notes and highlights acted as “flags” for later reflection.

4.1.3.6.1 Stage 2: Developing codes and categories

An open model of data coding was implemented. Specifically, coding of data was guided by what the participants said, by the “explicit or surface meanings of the data” (Braun & Clarke, 2006, p. 84) rather than in relation to predetermined codes or an underlying theoretical construct or position. The emergent codes were then related back to the research aims; for example, codes identified for data that addressed the
participants’ daily professional experiences included professional identity, confidence in knowledge, and professional recognition. As a means of increasing the specificity of coding (DeCuir-Gundy, Marshall, & McCulloch, 2011), a codebook was developed in which the features of each emergent code were described, examples from the data provided to illustrate the code, and data NOT included in the code also described. Once initial codes were identified and further refined, they were examined for the presence of patterns and relationships, resulting in their organisation into conceptually similar categories. Through an iterative cycle of moving back and forth between the interview transcripts and the initial codes and categories, further refinement of the categories was enabled.

4.1.3.6.3 Stage 3: Searching for and identifying themes

To further enhance understanding of the patterns and relationships within the data, a mind map (Wheeldon & Ahlberg, 2012) was developed. Through visual presentation of the categories and subcategories, awareness of the relationship between the categories and the relevance of the categories to the research was heightened. Those categories considered to be conceptually related were grouped as potential themes and hierarchically arranged, with a total of six themes and associated subthemes identified. Further review of the themes was undertaken to ensure consistency within the themes (internal homogeneity) and clear distinction between the themes (external heterogeneity). The researcher then returned to the original data to ensure the themes and subthemes accurately represented the intent of the participants’ accounts and were supported by sufficient data. Incorporating the mind map into this final analysis stage, the themes were then redefined, discarded, and/or combined, resulting in four final overarching themes.
4.1.3.6.4 Rigor

A number of data analysis strategies were employed to enhance the trustworthiness of the data. It is acknowledged that the pre-existing relationship between the primary researcher and participants created the potential for bias, as did the researcher’s pre-existing knowledge of aspects of the participants’ professional practice. To address these potential sources of bias, the researcher created detailed notes prior to, during, and immediately following the interviews. Rich descriptions were kept of personal perceptions, reflections, and thoughts in relation to the process of data collection. When analysing the data, observations and reflections were again made in relation to the data and their interpretation checked against notes supporting the interviews.

The presence of an interpreter also created potential for dilution of the authenticity of the data, in particular through inaccurate interpretation of the researcher’s questions and/or through loss of the intended or explicit meaning of the participants’ reflections (Chen & Boore, 2010; Esposito, 2001). A number of strategies were employed to minimise this risk, including use of an experienced bilingual Vietnamese–English interpreter who was a native Vietnamese speaker, orientation of the interpreter to the project prior to the project’s commencement, and provision of real-time interpretation that enabled the interpreter to seek clarification from the researcher and participants as required. Further, the audio–digital recordings and associated English transcripts of two of the four interviews were randomly selected for back translation (Chen & Boore, 2010) via an independent translator who verified the data’s interpretation. As a final means of enhancing the credibility or confidence in the findings, eight of the research participants were provided opportunity to clarify the researcher’s interpretation of the data.
4.1.4 Result

Four overarching themes were identified in the data: scope of practice, developing identity, confidence to practise, and progressing the profession. Figure I depicts these overarching themes and associated subthemes conceptualising the nature of the participants’ professional practice as speech-language pathologists.

![Figure 4.1. Visual representation of key themes and subthemes.](image-url)

4.1.4.1 Overarching Theme 1: Scope of practice

Participants’ extensive descriptions of their typical working day were synthesised to define their scope of practice. All participants described an expansive scope of practice, highlighting a diversity of clients, large caseloads, and multiple professional responsibilities. They described clients in terms of their medical and SLP diagnoses and the SLP interventions they received. Client care was predominantly 1:1; however, one of the participants, Ms. Tam, described providing consultancy-based services:

If the Special Education teachers have a case they need help with about language, we have a meeting with some of the teachers, and I also attend the
Early Intervention Group. We read information from the teacher who has the child... We listen and we give advice.

To manage increasing workload demands, group therapy and harnessing the support of other professionals were utilised:

For me, doing group treatment with patients with similar problems. Such as patients with puberphonia, I group them and then I see them at the same time. (Ms. Phuong)

At the moment I share work... If the teachers here don’t know something, or they don’t have the knowledge, then I will take care of it. But if there’s a problem with the children that the teachers already know about, then I will leave it to them so that it will help reduce my workload. (Ms. Lac)

Professional colleagues included doctors, nurses, physiotherapists, nutritionists, audiologists, psychologists, and teachers. Referrals were received from hospital and community-based doctors, physiotherapists, psychologists, and teachers. A number of participants reported receipt of self-referrals (i.e., from clients and families). Together with direct clinical services, staff management, training, and staff recruitment were also undertaken. Three participants reported establishing new SLP units in the first 12 months of practice, all of which were situated in tertiary hospitals in HCMC.

4.1.4.2 Overarching Theme 2: Developing identity

The overarching theme of developing identity draws attention to participants’ reflections of forging recognition in a nascent profession. This theme encompassed factors that contributed to their early professional identity: dual roles and establishing a profile.
4.1.4.2.1 Dual roles

All but two participants described a typical day as encompassing dual professional roles, that is, meeting the responsibilities of their primary professional roles as doctors, nurses, physiotherapists, and accountant whilst assuming the role of speech-language pathologist. Mr. An described this scenario as commonplace: “I think it’s a common issue in Vietnam. I don’t think anyone graduating from the course can work full time as a speech therapist”.

The two participants who did not undertake dual professional roles worked in an organisation where an SLP unit had been established several years previously. Both identified their professional role as a full-time speech-language pathologist.

Descriptions of the challenges inherent in balancing competing demands were a common thread. Mr. An described feeling pressured to find a balance:

 Ah, to me, I usually work like 70 to 80% as a speech therapist, and for the remaining 20 to 30%, I do physiotherapy. And it is creating a lot of pressure on my shoulders to do both. The pressure I want to mention here is because I have to find a balance for both physiotherapy and speech therapy.

Ms. Phuong and Dr. Duc reported their daily professional roles and responsibilities as defined by organisation-based directives:

A day of my work really depends on how my boss wants me to work. Sometimes I work as a speech therapist and sometimes I work as a nurse. (Ms. Phuong)

My week is mixed between being a surgeon and a speech therapist. Because my boss said I only have two hands and working as a speech therapist is like using my left hand. On Monday morning I see outpatients, and on Friday afternoon I see inpatients. And the rest of the week I see patients—and I do both speech therapy and surgery. (Dr. Duc)
4.1.4.2.2 Establishing a profile

Stakeholder awareness and understanding the profession directly influenced caseload demands, particularly the number and type of referrals received. For Ms. An who worked in an organisation that she described as having little understanding of the profession, referral numbers were limited:

Not many doctors can understand our work here. Many know about working with the children with disabilities, but many doctors do not know the usefulness [of what] we do for the children so we rarely receive the referral from the doctor or from the people [the public].

Ms. Bich and Ms. Mai described how the limited profile of the profession resulted in a failure of professional colleagues to distinguish SLP from other health professions:

When they [the ST clinicians] ask the doctor to make the referral they have to say whether they want to have physiotherapy. . . . They want a referral for physiotherapy . . . or speech therapy. . . . But in the end it is just put down as physiotherapy for everything. So they say when you say physiotherapy, it means you do everything that the patient requires. (Ms. Bich)

Because the doctors don’t separate physiotherapy and speech therapy, sometimes I help the doctors to give instructions for the family to provide the right posture for feeding or for swallowing. But in the medical record we don’t write separately for speech therapy, we keep it in the same physiotherapy file. (Ms. Mai)

In contrast, the reflections of those participants working in organisations where an SLP department already existed and/or SLP services had been provided for a number of years highlighted better organisational understanding of their roles. For these participants, burgeoning caseloads were described, often within the context of demonstrating positive change in clients and developing trust:
So mainly the swallowing patients I am working with. And yes, a few of them make significant progress and one time the Director of the hospital came to me and said we have you here for all the swallowing patients. (Ms. Ngoc)

Whilst increasing numbers of referrals were generally welcomed, for Mr. An and a number of other participants, this posed significant challenges in terms of staffing and workload management:

Now I am gaining trust from the doctors and from other medical experts so they are referring patients more and more to me—it is only me at the moment working as a speech therapist at the hospital so I have to slow things down because I have to see patients, and then take notes, and then do case management. And the doctor of the Head of Neurology Department told me that if I like I can do an assessment of all the patients in his department who have swallowing disorders and they will be my patients, but I do not have the time and I have to slow things down and do not start that work yet because we do not have enough staff at the moment.

As a means of raising participants’ profiles as speech-language pathologists, both formal and informal strategies were utilised. Stakeholder education formed part of all participants’ daily practice and took the form of presentations to professional colleagues, developing articles for newspapers and the workplace intranet, and community-based education. Ms. Giang described incorporating staff training into her weekly schedule:

So besides working at my unit, twice a week I come to the Day Care Unit to do training and to do teaching for the staff working there and for the children. And I do teaching about pictures, using pictures for communication and key word signs.

Ms. An utilised daily encounters with colleagues: “I also have been making connections with doctors. Maybe when we meet, I will tell them if you have any patients [that] have this and such and such problems, you can refer them to me”.
Ms. Tam provided rich description of travelling to rural areas to provide education to parents and the community:

At the end of last year, I have a talk, just basic information, it is the first day I have a conference in a district very far away, and I have the content and I can see parents in the village and the countryside who work as farmers. And they don’t know a lot about speech therapy and what is wrong with the children at home. Because they are workers and they do not know how to work with the children.

4.1.4.3 Overarching Theme 3: Confidence to practise

The overarching theme of confidence to practise highlighted participants’ reflections as to the adequacy of their training and their confidence to meet the needs and expectations of stakeholders. Confidence to practise is informed by the subthemes of knowledge and meeting expectations.

4.1.4.3.1 Knowledge

All 13 participants described feelings of pride and increased confidence in their knowledge and skills as an outcome of their training at PNTU. Ms. Ly’s comments draw focus to these feelings:

Although we need to study more to update our knowledge, we feel confident and we feel proud because we have two years of training in a systematic way, and what we learned really helped to meet the needs of the children in Vietnam who have problems, and we are bringing the best we can to help them.

Mr. Jach spoke of an intrinsic change in his practice:

To me it has been one year since the time we graduated from the program and the first thing I would like to say is that after graduating I really think the thing that has been different has been my professional manner. It is really different how I work with the patients. And my confidence built up because I think I have the knowledge and I was trained in a systematic program which really
helped me to build my confidence. And now I am confident to work with the patients, with their families, when I face the doctors and other medical people.

However, when referring directly to meeting the needs of clients, participants described lacking knowledge and “knowledge gaps” spanning all areas of SLP practice:

The thing I would like to talk about is one of the challenges we are having. It is the AAC [augmentative and alternate communication]. We know that it is going to be really helpful if we can apply AAC to many children. But how to do it, how to do it appropriately with many children, who are a challenge to us. (Ms. Ly)

I have met quite a few patients who have swallowing problems and I am not sure what to do with them. (Ms. Ngoc)

Ms. An and Ms. Trang described lack of knowledge as impacting their confidence to practise:

I have to say that it’s really tough when meeting, seeing patients that I do not know anything [about] and I have no idea of what to do with them. (Ms. An)

Because if the patient does not make any progress for a long time, I am really scared to face them again as I am not sure what to do next. (Ms. Trang)

A lack of culturally relevant norms, standardised assessment tools, and other resources were identified as a significant knowledge gap, as commented by Ms. An:

But for some problems such as speech sound disorders it is really difficult because of the sounds that are used in English—we have no criteria norms at the moment to look up or no place to go to ask for information.

A range of formal and informal strategies were utilised to meet perceived knowledge and professional practice gaps, including accessing scholarly and online sources (including YouTube) and contacting colleagues. However, as described by Mr, Duc, difficulties remained in accessing information to support practice:
I don’t know how other people think, but to me you know, usually speech
therapy in another country has been developed for a while. So when the new
graduate comes to their workplace they have people who have studied before
them, people who they can ask for advice. But not here, not me, because when
I come back to my hospital I was the one who decide everything and I have
no one to ask, no one to look up to. And I think that the knowledge that I learnt
from the program was basic and it helps guide me, but when I work with a
patient and I need more information, at that time I struggle.

A final thread identified in relation to knowledge was that international colleagues were
a highly valued source of knowledge. All participants expressed desire for international
lecturers and clinicians to continue to visit Vietnam to provide education in the form of
lectures, workshops, and clinical education: “I read references from authors, but
somehow I still cannot imagine it, so I really wish to have a workshop about the
problem so that I can observe it.” (Ms. Phuong)

Of note, whilst participants indicated that professional development opportunities and
mentoring had been offered by international speech-language pathologists over the past
12 months, workload demands often prevented them from accessing these resources.

4.1.4.3.2 Managing expectations

A second important component of confidence to practise was managing expectations of
stakeholders. Data extracts from nine participants contributed to this subtheme.
Expectations were expressed in relation to managing increasing numbers of clients,
demonstrating positive change in clients, and providing evidence for interventions. Four
participants spoke of a conflict between balancing the “unrealistic” expectations of
clients and “the reality”, as described by Ms. Trang:

Because most of the patients and their families when they come for speech
therapy they have an expectation that the patient will be able to talk again. But
we know in reality it is not going to be like that. For some patients who have severe aphasia, like global aphasia, it’s going to be very tough, very difficult, but we don’t want to say it is impossible for the patient to be back to normal. But if we say it straight away, immediately to the family or to the patient, they may lose hope and lose their motivation, and they don’t want to do the exercise anymore.

The subtheme of managing expectations also emerged in response to demands created by increasing recognition of the profession: “I think the biggest challenge here is that there are more and more people knowing about speech therapy. We have to arrange our work so we can meet the expectations the best we can” (Mr. An).

Mr. Jach acknowledged the expectation to treat an increasing number of clients, however proposed education of local professionals and a decentralisation of services to meet this expectation:

If we can have short courses for staff, for nurses, or for medical staff at the other provinces, where an expert from Australia, together with the 18 graduates can organise a short course for example, in the Mekong Delta. It’s going to be really useful because in the other provinces at the moment we don’t have any speech therapists.

Finally, an expectation from professional colleagues to develop an evidence base for assessment tools and interventions was articulated:

Because in Australia speech therapy is not a new area so you have the evidence for informal tools, but when we want to develop informal tools, the medical experts or doctors will say, “Oh where did you get the evidence from? What is the evidence?” That is one of the challenges. (Mr. An)

4.1.4.4 Overarching Theme 4: Progressing the profession

The final overarching theme of progressing the profession draws focus to the priority participants placed upon developing the profession and forging its sustainability into the
future. The subthemes of advancing professional recognition and accessing higher education reflect this priority.

4.1.4.4.1 Advancing professional recognition

Data extracts from all interviews informed this subtheme. Participants identified “acceptance” of the profession and the profession “becoming official” as key priorities:

If there is one thing that I really hope for the speech therapy profession, is that it will be recognised, will be accepted, will be official by the government. Because now we are doing speech therapy unofficially, so sometimes it can be tough to find help from other organisations or the government, so that’s a thing I really want. (Mr. An)

We need speech therapy to be accepted, to be recognised, to have a code number, so that we are allowed to have . . . allowed to train more students at a Bachelor level, because if we combine both the first and second students and graduates, it is still under 40 people and that is definitely not enough to help the patients who need it. (Mr. Jach)

Dr. Duc suggested that whilst seeking national recognition was important, advancing recognition via publishing research in Vietnam about SLP was also relevant:

To me, a thing like helping speech therapy be recognised has something to do with the government, it’s big. At the moment I am thinking of providing the basic knowledge—because we have the basic knowledge and we have the skill—and for the basic knowledge I would like to have an article in Vietnamese, in detail, about voice in speech.

The possibility of working collaboratively, of “joining together”, also emerged in the transcripts, in particular, the development of an SLP “committee” and sourcing support from each other:

I think we need to join together to help develop speech therapy. Otherwise if each of us just works at our hospitals independently the impact that we create
won’t be as big as when we have a committee and we help to develop speech therapy. (Mr. An)

4.1.4.4.2 Obtaining higher qualifications

A second important subtheme to advancing the profession was that of engaging in lifelong learning and obtaining higher qualifications in SLP. A number of participants described how obtaining a higher level degree would develop their knowledge base and support their own professional practice, whilst other participants spoke of knowledge development as a means of progressing the profession’s development in Vietnam:

To me, I really want to keep studying. In other countries we have a bachelor degree and a master’s degree. I want to keep going with the study. (Ms. Phuong)

And another thing, I think I mentioned to you before is I would like to do a master’s degree in Australia. Because I think the visiting lecturers they bring their knowledge here, they bring their clinical skills here but sometimes it might not cover the whole things professionally like how you were trained in Australia. That is why I would like to do my master’s. (Ms. Giang)

A desire to develop specialisation was also articulated:

I always have a question in my mind. I study for two years to become a speech therapist because of course I cannot become good in every field of speech therapy. But I really want to improve more to be good in one field, at least autism. (Ms. Tam)

Finally, as a means of undertaking further study, Mr. Jach proposed that the training of support staff in SLP would provide time for the graduates to develop the skills necessary to become “teachers” in ST in Vietnam:

We need time to study, we just don’t treat patients and become good teachers, we need time to organise the lectures before coming to class. So having more
staff to help us and see the patients would add to the development of speech therapy in Vietnam. (Mr. Jach)

4.1.5 Discussion

This study explored the professional practice of Vietnam’s first university-trained speech-language pathologists at 12 months following graduation. Viewed collectively, the accounts afforded rich insights into the nature of the participants’ early practice and their perceptions as to the challenges and opportunities available to them to progress their practice and the profession of SLP in Vietnam. Analysis of interview transcripts revealed four overarching themes conceptualising their work—scope of practice, confidence to practise, establishing identity, and advancing the profession.

A number of the themes identified in this study were expected. Participants’ extensive scope of practice mirrored that defined by professional associations governing the practice of SLP internationally (American Speech-Language-Hearing Association, 2007; Speech Pathology Australia, 2015). Further, the delivery of services as described by a majority of participants reflected a medical model approach, with disability viewed as a consequence of illness, injury, or disease and intervention provided in the form of individual treatment by professionals (WHO, 2002). These findings were anticipated given early global conceptions of disability as a health issue (WHO, 1980) and the key drivers supporting the introduction of the profession to Vietnam (Atherton et al., 2013). However, several participants’ work practices also encompassed community education and training, namely, travelling to rural areas to offer education and targeted training to local health professionals and teachers, community groups, and parents of children with communication disabilities. In doing so, the work of these participants reflected aspects of a CBR model of service delivery (WHO, 2010), with focus shifted from impairment alone to factors within an individual’s environment that may contribute to disability.
The *World Report on Disability* (WHO & The World Bank, 2011) draws specific focus to contextual factors promoting disability, including availability and ease of access to essential services and societal understanding of and attitudes towards disability. Utilisation of CBR as a strategy to promote inclusive development for PWD is supported by Vietnamese government policy (Government of The Socialist Republic of Vietnam, 2010) and has been described in relation to the education and training of multiskilled professionals, volunteers, and community and family members in Vietnam (Jones, 1997; Ngo et al., 2014; Sharma & Deepak, 2001). It is noteworthy that within the Vietnamese government’s recently released Resolution No. 4039 QD-BYT *National Plan for Rehabilitation Development 2014-2020* (Ministry of Labour, Invalids & Social Affairs [MOLISA], 2014), CBR is again highlighted as a key development strategy and explicit reference made to the “promotion of training on different forms, levels of rehabilitation and community-based rehabilitation according to the needs of society” (p. 6). Participants’ reflections in this study highlighted a need for further exploration of the utility of broad-skilled generalist health, education, and other workers within a CBR framework and to the role of community in supporting the development and provision of services for PWD that are culturally appropriate, context specific, and sustainable.

The adoption of dual professional roles and challenges to establishing a professional profile, such as defining scope of practice, raising the profile of a “new” profession, and providing services in the absence of culturally relevant norms and resources, have been previously described in contexts where the profession is in a nascent stage (Aron, Bauman, & Whiting, 1967; Cheng, 2010; Georgieva et al., 2014; Topbas, 2006). Participants in this study highlighted their *active engagement* in progressing their identities through assuming the title of speech-language pathologist, sourcing opportunities to practise as speech-language pathologists, and promoting the profession
to stakeholders. By doing so, the participants not only draw attention to their commitment to meeting the inherent challenges in their daily practice, but also to their early engagement in the process of “professional socialisation” (Ajjawi & Higgs, 2008; Toal-Sullivan, 2006), defined as a period during which new professionals acquire the values, skills, knowledge, and identity of a profession. Whilst it is unclear whether the concept of “professional socialisation” is found in the Asian literature, the notion of “professional” has been explored in the Vietnamese context and found to reflect similar Western constructs of professionalism, such as altruism, identity, and values (Nhân, Violato, An, & Beran, 2014).

Challenges to accessing knowledge and professional support have the potential to impact knowledge development and translation, an additional component of professional identity (Ajjawi & Higgs, 2008; Davis, 2006). The self-doubt and anxiety expressed by participants in relation to their work, including reduced confidence in clinical decision-making, particularly when confronted with novel or unfamiliar situations, and limited autonomy in sourcing knowledge to meet perceived knowledge gaps, have been reflected in the experiences of other new graduates (Casey et al., 2004; Duchscher, 2008; Dyess & Sherman, 2009; Gill et al., 2010; Hoben, Varley, & Cox, 2007; Kuiper & Pesut, 2004; Tryssenaar & Perkins, 2001). An extensive body of literature supports new graduates’ access to experienced mentors and professional colleagues as a means of guiding practice, encouraging development of critical reflective skills, and contributing to professional development (Davis, 2006; Hoben et al., 2007; Newton & Moore, 2013). However, the emerging state of the profession in Vietnam and logistical challenges to accessing support from international colleagues pose significant threats to this support being realised. Further, as communicated by the
participants in this study, workload demands and competing priorities limit opportunity to engage in these activities.

The final three findings of this research relate to the participants’ personal professional priorities and their perceptions as to the priorities for the profession in the next 12 months. In keeping with the overarching theme of confidence to practise, participants’ desire for continuing professional development was anticipated. A desire to complete higher degrees was also anticipated, both as a means to advancing personal knowledge and to advancing the profession. The completion of master’s and doctoral degrees to support development of the profession has been reported in other Majority World contexts, with local graduates returning home after completing their studies in international settings to establish university-based programs in SLP (Crowley et al., 2013; Karanth, 2002; Lian & Abdullah, 2001). Outcomes from these initiatives indicate this to be a successful means of advancing education in and awareness of the profession in education, community, and health sectors.

Closely tied to the desire for higher qualifications was participants’ prioritising recognition of the profession at an “official level”, for the profession to be provided with its “own code”. Professional recognition by government has been described in other international contexts as a driver of change, not only in terms of funding for new SLP programs but also as a means of financial support to universities seeking to send local professionals overseas to undertake training in SLP. Whilst participants considered this to be a long-term goal, it is noteworthy that within Resolution No. 4039 QD-BYT (MOLISA, 2014), the strengthening of capacity of current and future rehabilitation therapists and professions, including SLP, is identified as a priority. Participants’ engagement with community and civil society, including grassroots organisations
supporting and representing PWCD, will also be a priority as they seek government recognition.

The acquisition of new knowledge and skills via further education is also seen as a means to support participants’ interests and engagement in research. Participants identified numerous areas of interest in relation to research in SLP; however, the development of culturally relevant norms and resources was highlighted as an area of pressing need, not only to inform practice of SLP in Vietnam but also to bring legitimacy to the profession and advance recognition. To this end, a number of participants described developing resources and engaging in research projects to develop the knowledge base for contextually relevant information, but perceived knowledge gaps as barriers to doing so. Once again, as throughout all the interviews, access to further education and skill development was highlighted.

4.1.5.1 Limitations

A number of methodological limitations to this study were described earlier in this paper. The teacher–student relationships that previously existed between the researcher and the participants, and the researcher’s pre-existing knowledge of aspects of the participants’ professional practice create the potential for bias. In a study investigating collaboration in learning within a Vietnamese context, Vietnamese students were described as “see[ing] the teacher as a moral figure who is always right” (Phuong-Mai, Terlouw, & Pilot, 2006, cited in Phuong-Mai, Terlouw, Pilot, & Elliot, 2009, p. 869). Further, when meeting or working in groups, Phuong-Mai et al. (2009) reported Vietnamese students favoured a hierarchical relationship among group participants and the appointment of a group leader who would provide “formal directive leadership” (p. 868). As most of the data within this study was obtained via small group interviews,
consideration must be given to the influence of group hierarchy and leadership upon the data.

Whilst the study participants’ demographic data closely represented that of the 2010–2012 student cohort, it is possible that the five graduates who did not participate in this study may have done so for reasons that could have influenced the themes identified. Finally, the influence of translation upon the data’s authenticity is again acknowledged.

4.1.6 Conclusion

To the author’s knowledge, this study is the first to describe the practice of SLP in Vietnam by locally trained speech-language pathologists. Findings from this study highlight a number of significant challenges faced by Vietnam’s pioneering speech-language pathologists and the need for specific initiatives to support their practice, including regular and targeted professional development and access to higher education. Further, timely access to experienced mentors would provide support in terms of skill development, clinical problem-solving, reflective practice, and the development of professional identity. A role in supporting participants to advocate for the profession and for persons with communication disabilities and to consider alternate forms of service delivery is also highlighted.

Future research exploring the profession’s emergence in Vietnam will enhance insight into factors shaping the profession and create opportunity for exploration of context-specific and culturally relevant initiatives to support the development of and access to the services required by PWCD in Vietnam. Whilst seeking to avoid a “one-size-fits-all” approach to the process of new service development in communities such as Vietnam, the findings of this and earlier studies may suggest a set of “generic challenges” arising throughout this process. An exploration of existing literature within
and outside health, and of the experiences of pioneering practitioners and persons with communication disabilities, has the potential to inform understanding of these challenges and create opportunity for the development of contextually relevant strategies to support service development and access to services in resource-limited contexts such as Vietnam.
4.1.7 References


Chapter 5: 2014: Second Year of Speech Therapy Practice

5.1 Introduction

In the previous chapter, the Vietnamese graduates’ insights and reflections upon their first 12 months as practising speech therapists were explored via semistructured small group interviews and an individual interview. The four key themes derived from analysis of the interview data—scope of practice, confidence to practise, developing identity, and progressing the profession—constituted the arms of a visual diagram conceptualising the participants’ professional practice in 2013. This chapter reports research conducted with a group of these same graduates at two years following their graduation. The specific aims of this stage of the research were to:

1. build upon the 2013 findings and the diagram representing the graduates’ work through exploration and documentation of changes to their practice since 2013;
2. identify their professional priorities for the next 12 months;
3. establish an advisory group of the graduates to guide the research program over its duration.

5.2 Method

In July 2014, the 18 ST graduates were invited via email to participate in an individual interview with me to explore their professional practice at two years following their graduation from PNTU. They were also invited to submit an expression of interest to participate as a member of a group that would advise and inform the future progress and direction of the research. My motivations for seeking to establish an advisory research
group were described in Chapters 1 and 3 and are reported as Part B of this chapter; as such, they will not be detailed again here.

As described in Section 3.5.2, I was keen that the group be large enough to represent a diverse range of the graduates’ experiences and support broad-ranging, in-depth discussion. Utilising stratified purposeful sampling (Patton, 2002) and the recommendations of Madriz (2000) regarding optimal group size for discussions, I limited the size of the advisory group to eight members. If greater than eight graduates expressed interest in joining the group, member selection would be informed by the graduates’ professional experiences and where they worked to ensure the group was representative of the 2010 to 2012 graduate cohort. Those graduates not invited to join the group would have opportunity to contribute to later stages of the research where key issues and factors identified by the advisory group would be explored in detail.

5.2.1 Participants

Eight expressions of interest were received, thereby negating the need to select individual members. Table 5.1 provides the demographic details of the interested graduates; all lived and worked in HCMC and reflected the demographics of the 2010 to 2012 graduate cohort. Unfortunately, Ms. Tam, the one graduate who lived in Huế, a city in central Vietnam, indicated she was interested in the research but unable to participate due to other commitments.
Table 5.1. Demographic Details of PRG Members

<table>
<thead>
<tr>
<th></th>
<th>2010–2012 PNTU Student Cohort (n = 18)</th>
<th>Research Participants (n = 8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary qualification</td>
<td>Medical: 4⁴</td>
<td>Medical: 4</td>
</tr>
<tr>
<td></td>
<td>Nursing: 3</td>
<td>Nursing: 1</td>
</tr>
<tr>
<td></td>
<td>Physiotherapy: 10</td>
<td>Physiotherapy: 3</td>
</tr>
<tr>
<td></td>
<td>Other: 1</td>
<td>Other: 0</td>
</tr>
<tr>
<td>Years of work in area of original primary qualification</td>
<td>Range: 5–28</td>
<td>Range: 5–28</td>
</tr>
<tr>
<td>Workplace</td>
<td>Acute tertiary, including inpatient and outpatient rehabilitation: 16</td>
<td>Acute tertiary, including inpatient and outpatient rehabilitation: 7</td>
</tr>
<tr>
<td></td>
<td>Community based/other: 2</td>
<td>Community based/other: 1</td>
</tr>
<tr>
<td>Caseload</td>
<td>Adult: 8</td>
<td>Adult: 5</td>
</tr>
<tr>
<td></td>
<td>Paediatric: 7</td>
<td>Paediatric: 2</td>
</tr>
<tr>
<td></td>
<td>Both adult and paediatric: 3</td>
<td>Both adult and paediatric: 1</td>
</tr>
</tbody>
</table>

The findings from this phase of the research is now reported in two parts: Part A describes the research methods and findings from the individual interviews; Part B reports the research methods and findings from a series of research cycles completed from July to November 2014 in which the participatory research methodology was introduced. This second aspect of the research is the focus of the following publication:


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⁴ In the published paper in Chapter 4, pg. 137, an error was made in the reporting of the primary qualifications of the 2010-2012 PNTU Student Cohort – there were 4 graduates with medical degrees, not 3.
5.3 Part A: Individual interviews

5.3.1 Method

Individual, semistructured, in-depth interviews were conducted with the eight graduates in HCMC, Vietnam, over three days in July 2014. Each interview ran for approximately 60 minutes (range 50–75 minutes). A topic guide informed the interviews (Appendix C-2) and covered three broad areas:

- Description of current professional practices;
- Reflection upon changes to practice, new components of practice, and previous aspects of practice no longer relevant;
- Professional priorities for the year ahead.

To explore the participants’ work in detail, I asked questions and used prompts that covered their feelings, experiences, and knowledge (Holloway & Wheeler, 2010; Patton, 2002). For example, I used probes such as:

- Was that activity part of your work in 2013 or is that a new aspect of your work?
- Why do you think your work has changed?
- How do you think you or your ST colleagues might be able to develop the profession?

Whilst all interviews commenced with a question seeking a description of a typical working day, the ordering of questions was largely determined by the content of participants’ responses. I followed their lead regarding the areas explored but ensured that the three broad topic areas of the research were also covered in the interviews.
Ms. Mae, the interpreter who had supported the research in September 2013, was present at all the interviews and, as previously, provided a consecutive style of interpretation. If during the interviews Ms. Mae did not understand a participant’s comment, she sought my permission before seeking clarification. Any questions I had about a participant’s comments were directed towards the participant and interpreted by Ms. Mae. All interviews were digitally audio recorded. During and immediately following each interview, I made notes in my research diary regarding my thoughts and initial reactions to an interview.

5.3.1.1 Data analysis

Analysis of the individual interviews sought to address the following research question:

What is the nature of the emerging professional practice of Vietnam’s first locally trained speech therapists?

The initial stages of data analysis mirrored that completed in 2013. I listened to the audio recordings of the interviews and developed verbatim orthographic transcripts of the English translation of each interview. Whilst doing so, I replaced the names of the interviewees with the pseudonyms used in 2013 to support documentation and tracking of their individual experiences throughout this thesis. I uploaded copies of the audio recordings and electronic copies of the transcripts to a password-protected shared folder for Ms. Mae to cross-check. All transcript amendments made by Ms. Mae were highlighted via tracked changes.

Analysis of the 2013 data had been guided by the principles of thematic analysis as described by Braun and Clarke (2006). For the 2014 data, I sought to identify how the participants’ work had changed since 2013 and new factors shaping their work. To this end, a hybrid process of analysis was adopted (Elo & Kyngäs, 2008; Fereday & Muir-
Cochrane, 2016; Ryan & Bernard, 2003), that is, a deductive approach in that the themes and subthemes from the 2013 data formed the basis of analysis and supported a direct comparison of the 2013 and 2014 data (Vaismoradi, Turunen, & Bondas, 2013) and inductive in that I remained open to and searched for new subthemes and themes in the 2014 data. Shortcomings of employing a deductive approach alone are that analysis might be shaped by the predetermined themes, thereby leading to a biased or narrowed and incomplete form of analysis. Further, segments of data may relate to several categories or aspects of a preconceived framework and thereby pose challenges in terms of their categorisation (Elo & Kyngäs, 2008; Ryan & Bernard, 2003). To address these concerns, I adhered to the advice of Miles and Huberman (1994) and “sceptically” (p. 94) reviewed the data by remaining open to new ideas and themes and discussing the representativeness of my conclusions with the interviewees and with my supervisors who were familiar with the research. I also reviewed the data against my field notes and the content of my reflective diary.

I commenced analysis by re-reading the entire dataset whilst listening to the audio recordings to obtain a sense of the overall content. I made analytical memos directly onto the transcripts that reflected my initial ideas and reactions to the data; the field notes I made following each interview were read alongside the transcripts to ensure I considered the interview context (Ward, Furber, Tierney, & Swallow, 2013). As a means of recording and accessing the data and its analysis in a structured manner, I developed a table or “matrix” as recommended by Elo and Kyngäs (2008). The 2013 themes and subthemes formed the framework of the table; a section titled Other was added to accommodate data that did not immediately align with a 2013 theme/subtheme. Utilising the advice of Dey (1993), I also developed a series of questions to guide my thoughts and decisions in relation to the data:
Individual interview transcripts were read with a focus upon information that informed the 2013 themes and subthemes; for example,

- the theme “scope of practice” had been defined as “participants’ extensive descriptions of their typical working day, including reference to stakeholders, clinical services, and service management”—all data from the 2014 interviews that referred to these activities were used to populate the scope of practice component of the analysis matrix;

- the theme “establishing identity” had been informed by participants’ reference to factors influencing their professional identities as speech therapists and the activities they undertook to raise their personal profiles—data from the 2014 interviews that related to these aspects of work populated the establishing identity component of the matrix.

Quotations from the interviewees were also added to illustrate different components of the matrix. Data positioned under the “other” component of the framework were then revisited to determine whether they were additions to or expansions of the 2013 themes.
and subthemes or new aspects of participants’ work. I moved back and forth between
the dataset and the matrix to stay close to the interview data and remain true to the
intent of the participants’ comments. A worked example of the matrix is provided in
Appendix E-1.

5.3.1.2 Rigor

As in 2013, criteria utilised to support the rigor of this research phase were those
proposed by Lincoln and Guba (1985): credibility, dependability, transferability, and
confirmability. How these criteria were applied to this stage of the research is
summarised in Table 5.2.
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credibility</td>
<td>How closely the research findings reflect the participants’ experiences</td>
</tr>
<tr>
<td></td>
<td>Member checking of the data—confirming that themes and subthemes identified in 2013 represented the participants’ practice at that time</td>
</tr>
<tr>
<td></td>
<td>Demographic details of the participants were representative of the 2010–2012 student cohort</td>
</tr>
<tr>
<td></td>
<td>Selection of the most appropriate method of data collection—individual interviews enabled in-depth exploration; the amount of data revealed a diversity of experiences</td>
</tr>
<tr>
<td></td>
<td>Triangulation of the different datasets—transcript data, primary author’s field notes, data collected in 2013</td>
</tr>
<tr>
<td></td>
<td>Checking the accuracy of translation by cross-checking with interpreter to identify errors in translation and/or transcript</td>
</tr>
<tr>
<td></td>
<td>Primary author’s prolonged engagement in the field</td>
</tr>
<tr>
<td>Dependability</td>
<td>The ability to replicate the research</td>
</tr>
<tr>
<td>Transferability</td>
<td>The extent to which the research findings could be applied to other contexts</td>
</tr>
<tr>
<td></td>
<td>Detailed description of research process and the decisions made in relation to the research</td>
</tr>
<tr>
<td></td>
<td>Detailed descriptions of the background to and context of the research, participant selection, demographic details, etc.</td>
</tr>
<tr>
<td>Confirmability</td>
<td>Freedom from bias</td>
</tr>
<tr>
<td></td>
<td>Authenticity of research findings from 2013 confirmed by participants</td>
</tr>
<tr>
<td></td>
<td>Researcher’s use of a reflective diary to “bracket” assumptions (Rolls &amp; Relf, 2006) and experiences in relation to the research context and participants, the research process, and the data</td>
</tr>
<tr>
<td></td>
<td>Audit of data analysis by academic supervisors</td>
</tr>
</tbody>
</table>
5.3.2 Result

This stage of the research explored convergence and divergence from the graduates’ experiences and reflections in 2013. As illustrated in Table 5.3, participants’ professional practices in 2014 continued to be authentically represented by the four themes that characterised their work in 2013; however, the subthemes of each theme required elaboration or expansion to reflect aspects of the participants’ work that had changed or evolved. The following discussion positions these changes in relation to the 2013 themes.
Table 5.3. *Summary of Key Differences Between 2013 and 2014*

<table>
<thead>
<tr>
<th>Theme</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Scope of practice</td>
<td>Daily professional practice of the ST graduates</td>
<td>Theme reiterates all points from 2013</td>
</tr>
<tr>
<td><strong>Subthemes</strong></td>
<td></td>
<td><strong>Subthemes expanded to include</strong></td>
</tr>
<tr>
<td>1.1 Stakeholder groups, users of services</td>
<td></td>
<td>1.1 Stakeholder groups, users of services—increasing client numbers and new client groups</td>
</tr>
<tr>
<td>1.2 Clinical services—roles and responsibilities</td>
<td></td>
<td>1.2 Clinical services—undertaking training in ST student supervision and other forms of continuing professional development</td>
</tr>
<tr>
<td>1.3 Service management—department management, staff recruitment, and establishing new services</td>
<td></td>
<td>1.3 Service management—expansion of services and new models of service delivery</td>
</tr>
<tr>
<td>2. Developing identity</td>
<td>Factors shaping the early professional identity of ST graduates</td>
<td>Theme reiterates all points from 2013</td>
</tr>
<tr>
<td><strong>Subthemes</strong></td>
<td></td>
<td><strong>Subthemes expanded to include</strong></td>
</tr>
<tr>
<td>2.1 Dual roles—in first qualifications and as speech-language pathologists</td>
<td></td>
<td>2.1 Dual roles—3/18 graduates (2/18 in 2013) now providing only ST clinical services but continuing dual roles in management</td>
</tr>
<tr>
<td>2.2 Establishing a profile—impact of limited professional profile; activities undertaken to raise the profile of the ST profession</td>
<td></td>
<td>2.2 Establishing a profile—increasing time devoted to profile raising and training of others in ST</td>
</tr>
<tr>
<td>3. Confidence to practise</td>
<td>Factors influencing confidence to provide ST services</td>
<td>Theme reiterates all points from 2013</td>
</tr>
<tr>
<td><strong>Subthemes</strong></td>
<td></td>
<td><strong>Subthemes expanded to include</strong></td>
</tr>
<tr>
<td>3.1 Knowledge—adequacy of knowledge for practice, impact of knowledge gaps, accessing knowledge to inform practice</td>
<td></td>
<td>3.1 Knowledge—seeking practical skill development rather than theory to inform practice; research commenced to identify norms for speech and language development</td>
</tr>
<tr>
<td>3.2 Managing expectations—confidence in meeting the needs and expectations of stakeholders</td>
<td></td>
<td>3.2 Managing expectations—increasing confidence to meet stakeholder expectations; engaging in activities to better meet stakeholder service expectations</td>
</tr>
<tr>
<td>Theme</td>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>4. Progressing the profession</td>
<td>Priorities for developing the profession into the future</td>
<td>Theme reiterates all points from 2013</td>
</tr>
<tr>
<td></td>
<td><strong>Subthemes</strong></td>
<td><strong>Subthemes expanded to include</strong></td>
</tr>
<tr>
<td></td>
<td>4.1 Advancing professional recognition—initiatives to promote recognition at a government level, including professional representation</td>
<td>4.1 Advancing professional recognition—desire for a “leader” to motivate and guide promotion of the profession; the need for “commitment” to the profession; engaging in research to support practice and promote the profession as “scientific”</td>
</tr>
<tr>
<td></td>
<td>4.2 Undertaking higher qualifications—in ST and allied professions; a desire for specialisation</td>
<td>4.2 The criticality of higher education to support future ST university courses in Vietnam; transitioning into specialisation</td>
</tr>
</tbody>
</table>
5.3.2.1 Theme 1: Scope of practice

Participants’ descriptions of a typical working day in 2014 strongly corroborated the 2013 research findings of diverse clinical caseloads underpinned by an impairment-based approach to service delivery. Service users were described in terms of their medical and ST diagnoses, and intensive modes of service delivery were generally provided (i.e., individualised treatment). An exception to this in 2013 had been Ms. Tam who described providing consultancy-based services to teachers in distant provinces as a means of supporting their work with children who had communication difficulties; unfortunately, as Ms. Tam did not participate in the individual interviews, it was not possible to further explore this aspect of practice with her. However, another interviewee, Ms. Lac, who was providing ST services to children with complex communication needs, had implemented a consultancy-style teaching approach since 2013 to support teachers at her facility work with children with complex communication needs: “I still evaluate the difficult cases in speech therapy, but the teachers treat the children. Now I guide and instruct the teachers when they ask for help”.

New client groups had been incorporated into caseloads, and an increasing focus upon management of clients with dysphagia and discrete communication disabilities were reported. Mr. Jach worked in one of the large paediatric hospitals in HCMC and described his clinical caseload as predominately children with speech sound disorders and autism, whilst Mr. An’s clinical work now focused upon ST services for adults with acquired communication disorders that included aphasia and dysarthria.
Whilst main sources of client referrals remained colleagues from other professions, growing numbers of self-referrals were being received. Ms. Bich described her experience:

Ms. Bich: Last week I received a phone call from Hanoi. A man asked for my help because his father had a stroke, and his father had medical treatment at Bach Mai Hospital [in Hanoi]. The man recalled a newspaper article and he called my hospital to ask if I could give him advice or information so that he can help his father.

Researcher: He had heard of you in Hanoi?

Ms. Bich: Yes, I think so, because he works for a company with an office both in Hanoi and Ho Chi Minh City. He told me that he got the information from the newspaper, about speech therapy services.

Increasing numbers of ST clients was a common thread throughout all the interviews and, whilst considered by respondents to be a positive sign of the profession’s growth, had necessitated changes to daily work practices, including the training of greater numbers of teachers and other professionals in aspects of ST practice. This training had commenced in 2013 and now consumed significant time in the working day of all participants. Further, ST training commenced in the provinces by Mr. Jach and Ms. Bich in 2013 had been extended to other regions of Vietnam that included Na Trang, the Mekong Delta, Da Nang, and Hanoi. Development of waiting lists and the screening and triaging of clients also allowed management of greater caseload numbers, as described by Mr. Jach: “Today it’s July and we have a waiting list up to October, so we will assess the patient and if appropriate refer to Ms. Lac as she can see some of the patients sooner”.

Due to the increasing demand for services, the community-based residential facility where Ms. Lac worked had commenced providing outpatient ST services. This was the
same facility that accepted referrals from other paediatric hospitals in HCMC (including the one where Mr. Jach worked), an arrangement considered mutually beneficial: “Accepting referrals from Mr. Jach’s department allows children and families to see us earlier and it also raises the profile of our organisation in the community (Ms. Lac)”.

ST services were also delivered in clients’ homes. Ms. Mai and Ms. Bich described how the generally short inpatient stay of patients at the acute care facility where they worked prevented clients accessing ST services; the distance clients lived from HCMC further limited service access. To fill this gap, Ms. Bich was visiting the homes of clients with dysphagia and aphasia who lived within an hour via motorbike of HCMC to “tailor intervention to them, such as enhancing their communication at home or identifying foods they liked and setting up home modifications”.

5.3.2.2 Theme 2: Developing identity

A typical day for all participants continued to involve balancing dual professional roles in their primary qualifications and in ST. This was the case even for Mr. An, Mr. Jach, and Ms. Lac who previously had indicated their clinical role as solely that of a speech therapist (in 2013, this had been Mr. An and Mr. Jach); whilst they now only offered treatment for clients with communication and swallowing disabilities, their departmental responsibilities included management of colleagues from other professions. Ms. Lac’s professional responsibilities were threefold: in her primary professional role, as the manager of the rehabilitation sector where she worked, and as the centre’s Vice Director. To better meet the demands of her job, she had undertaken training as a clinical educator (provided by special education teachers visiting from The Netherlands and STs from Australia) so that she could train others in ST at her workplace.
Burgeoning caseloads made balancing the demands of dual roles even more difficult than in 2013. As described by Mr. Duc,

I feel the number of patients who need speech therapy has increased a lot. But I can’t see them all. That’s because I have my expertise in medicine. So I try to work both jobs [as a surgeon and as a speech therapist]. But in this role, I have to do everything from giving an assessment to patients, participating in doing [treatment] and giving medications afterwards. Everything. So, I now work as a doctor 60–70% of the time.

Professional recognition remained greatest for those participants working in organisations where discrete ST departments had been established, namely, for Mr. An who worked at a tertiary hospital providing paediatric and adult care, Mr. Jach who worked at a large paediatric hospital, and Ms. Lac who worked at a community organisation providing services for children with complex disabilities. For other interviewees, a sense of heightened professional recognition was communicated, but as in 2013, limited stakeholder awareness of the profession influenced how they were able to practise ST. In the tertiary public hospital where three of the interviewees worked, medical staff continued not to distinguish between physiotherapy and ST; this meant that ST file entries had to be incorporated as part of physiotherapy notes. Despite this, however, perceptions were of an emerging acceptance of ST as a profession in its own right:

Researcher: In 2013 you said that when doctors refer patients to you, they don’t distinguish between speech therapy and physiotherapy.

Ms. Mai: Yes, usually the doctors only wrote down that the patients need physiotherapy and then when we see a patient is having other problems, we deal with those problems too.

Researcher: And is it still the same that you cannot write about speech therapy in the file, or can you write about speech therapy in the file now?
Ms. Mai: For some of the doctors, now we can write down that we practise speech therapy with the patient, in the file record, with physiotherapy. They know when the patient comes in that we have speech therapy services if they need them.

Researcher: Okay, so does that mean [your place of work] now acknowledges speech therapy as a service?

Ms. Mai: Yes, the hospital, they have started to acknowledge our work. But not all doctors, some still have doubts. So when they refer to us, they don’t put down speech therapy, they still only put down physiotherapy.

Ongoing active engagement in professional and community education about ST was also described. Media appearances and workplace presentations, community information sessions, and attendance at local and national conferences supported dissemination of information about ST. To support his engagement in promotional activities, Mr. Jach had divested most of his ST caseload to department members who had completed the 2010 to 2012 ST training program with him, or to department members enrolled in the 2012 to 2014 PNTU program. He described an increasing professional profile associated with his awareness-raising activities:

My work is very different from last year as I am now the manager of my department. I have to organise, develop, and spread word about this profession [of ST] in my hospital and to all the provinces, including in Hanoi. People now know me and what I do, they come to hear me speak about speech therapy and they ask many questions. (Mr. Jach)

Engaging in research was also heightening professional recognition, but it was still at a nascent stage. With support from international ST colleagues, Mr. Lac and a local Vietnamese academic had commenced collection of normative data about Vietnamese speech and language development. Mr. Jach’s ambition was to present preliminary
findings from this research at an international conference in China in 2015.\textsuperscript{5} Ms. Phuong was researching the management of voice disorders and, together with Mr. Duc, was soon to pilot a voice assessment form they hoped would be published in a Vietnamese academic journal.\textsuperscript{6} Finally, Mr. An had taken photos of common Vietnamese objects, places, and so on to support intervention with adult clients who had acquired language disorders:

So far the only progress [in developing resources] is the picture kit. Up to now the number of pictures that I’ve taken is about 12,000. But I have chosen 1,500 pictures out of that. I practise them with the patients, and if they say they cannot say it, then I do it again. And then I re-arrange them.

5.3.2.3 Theme 3: Confidence to practise

Heightened confidence in ST knowledge and skills was expressed by all interviewees and was attributed in part to greater professional experience:

The biggest difference is that I’m more confident. I see that the way I work is more scientific, with higher quality. My experience is more and more each day. I have experience in assessment and treatment; the way I organise my work is better, I even have experience in making appointments for patients, referring patients to other places or other colleagues who have more experience than me! (Mr. An)

Ms. Minh described an increased confidence in working with clients who presented with communication and swallowing disabilities unfamiliar to her, and of the role of her colleagues in heightening her confidence:

In the past when I saw patients, I only did assessments and provided some general advice as I did not know what to do. But now I develop a plan before treatment, I explain the plan to the patient, and then I do the treatment with the

\textsuperscript{5} Achieved.
\textsuperscript{6} Achieved.
patient. If the treatment is not suitable or does not make a difference, I will try to change and adjust it. But I will also ask Ms. Bich and Ms. Mai, and together we will develop the plan that works. And after that I am more confident to manage independently.

A stated willingness by Mr. An, Ms. Lac, and Ms. Minh to refer clients to ST colleagues and to initiate contact to discuss clients suggested confidence also extended to colleagues; however, perceived limitations in knowledge and difficulties accessing support continued to challenge:

I don’t think I’m quite satisfied with my skills at the moment. I still have many things to learn, such as the steps to take when something I’m doing isn’t working or when I see a patient and I don’t know what to do. (Ms. Mai)

What I’ve learned remains inadequate. I see difficult cases and I want more information about them. We could meet as a group to support each other, to discuss these things, particularly for paediatric cases, but everyone is so busy. (Ms. Lac)

The lack of contextually relevant information and resources to support practice remained a significant knowledge gap. Like Mr. An, assessment and therapy resources had been developed by other interviewees to support their practice, yet the contextual relevance of these tools was questioned. As stated by Mr. Jach,

Yes, we need assessment tools, but first we need speech and language norms for children in Vietnam, rather than translating available tools in English and other languages to Vietnamese. They are not relevant and they are not valid.

Mr. An, Mr. Duc, and Ms. Minh spoke of medical staff and management seeking evidence for the impact of ST and of their colleagues “losing interest” when “scientific” evidence was not provided. However, Ms. Bich, Mr. An, and Ms. Lac described incorporating different types of “evidence” into their work to inform and justify
practice, such as demonstrating positive change in clients and actively communicating about this:

We must tell people about the benefit of our work, not just the families of patients but also our managers and other people who make the decisions. When people hear that speech therapy can help, they will be interested in our work. (Mr. Duc)

The continuing professional development (CPD) offered by international ST colleagues remained highly valued and had supported several of the interviewees to acquire knowledge and skills, not only in aspects of ST clinical practice but also in clinical teaching:

I still train the teachers to work with the children with disabilities but since my training in AAC I have trained the teachers to use pictures when communicating with the children. And they teach the children to use the pictures too. (Ms. Lac)

Six of the eight interviewees reported having completed training in clinical supervision with TFA, attending lectures at PNTU in which theoretical aspects of clinical education were explored, and participating in the clinical supervision of students from the second PNTU cohort. The latter involved observing visiting international ST educators as they provided clinical supervision to students and then supervising these same students with the support of an international ST educator. Ms. Phuong described her learnings from this:

The teachers are helping the PNTU students, but they have also helped me to learn. I observe the students do practice, then I provide feedback, and the supervisors watch me and they provide their opinions on how my feedback was. But I now also know that I need to provide feedback to myself, to reflect upon what I’ve done and what the foreign teachers have taught me.
Finally, increased professional experience had heightened the participants’ confidence to meet the needs of clients. When reflecting upon the changes to her practice since 2013, Ms. Bich recalled how she had worried that clients might not follow her advice. Her reflections were now that clients’ willingness to engage in therapy had increased alongside her professional competence:

I think maybe in the past I lacked experience in interacting with patients and their families, how to give them information, how to encourage them, how to enhance their abilities. I think they’re now listening to me because I’m more confident or comfortable when interacting with them, and I also help them. I feel this is a big development. (Ms. Bich)

5.3.2.4 Theme 4: Progressing the profession

In 2013, participants spoke of the importance of the profession being “officially” recognised by the Vietnamese government through the allocation of a Labour Code. This remained a priority in 2014 but was acknowledged as a long-term ambition. An important step to supporting professional recognition had been the recent establishment of the Vietnamese Speech Therapy Club under the auspices of PNTU. Three of the interviewees—Mr. An, Mr. Duc, and Ms. Bich—sat on the executive committee of the club and described its role as to raise the profile of the profession and to act as a forum through which the ST graduates could meet as a group to discuss their work and seek support: “It’s a place where everyone can meet each other and from there have more ideas to develop the profession; also, we don’t see each other often so a club will allow us to see each other” (Ms. Mai).

Whilst participants indicated that workload and other demands had made it difficult for the group to meet, they acknowledged that it was important for the activities of the club to be prioritised. Taking responsibility to do so was something they should all commit
to: “Everyone [emphasis added] must make the effort to meet as this will develop the profession” (Mr. An).

Several participants also referred to a need for leaders at both local and national levels to champion the profession. At a local level, a leader was required to position the Speech Therapy Club as the future professional association for the ST profession in Vietnam. Both Ms. Lac and Ms. Mai discussed how choice of a leader would place primary responsibility upon one person, and as such, that person must be the “right” person, someone who would liaise and coordinate with a range of people, arrange meetings, and draw the graduates together as a group. However, Ms. Bich suggested that meeting as a group and progressing the Speech Therapy Club was a group responsibility: “The most important thing is that everyone should be more active—more committed to organise a professional association”. An advocate at government level was also required: “We require a leader, someone in the government to promote the profession. Government leaders must have an understanding, a vision of the speech therapy profession” (Mr. Duc).

In interviewees’ discussions about their professional priorities for the year ahead, emphasis was given to ongoing access to CPD to acquire new knowledge and skills that were practically based and would support their training of others in ST. Knowledge to inform and guide research was also identified as a priority. Mr. Jach and Mr. An reiterated the importance of normative data and resources for assessment and intervention—these would add legitimacy to their work and position them as leaders of the profession: “I want to develop experience in research, to become an expert so that I can report the outcomes of my research to others and they will recognise me and the research” (Mr. Jach).
Indeed, all eight interviewees sought knowledge and skills in research, with several identifying acquisition of research skills as motivating them to join the advisory group. As stated by Ms. Phuong, “I want to learn about research, about how a Westerner does it as it seems the Western style is organised and very detailed”.

Participation in the current research as a member of the advisory group would also support research outcomes that were of benefit to them and the Vietnamese ST community. They would have to meet as a group and to explore how they could work collaboratively to advance the profession:

I think the research is very important because when we’re all here we are talking to each other, but when we’re back at our own hospital, [we do] not have much time to see each other. So the research is like a get-together place for us to discuss the future plans for the profession or to have ideas, to think of ways to create networks and to have consensus about strategies to develop. Otherwise each of us will have different ideas. (Mr. An)

5.3.3 Part 1, 2014: Summary and conclusion

Part 1 of this chapter has presented findings from individual interviews conducted with a group of Vietnam’s first ST graduates at two years following their graduation. Participants’ descriptions of their experiences echoed many of the findings from 2013, such as their ongoing dual professional roles, lack of contextually relevant data to support practice, and limited formal professional recognition. However, this phase of the research also led to a refinement of the themes characterising their early professional practice and highlighted the evolving nature of their work, their active engagement in the training of others in ST, and their desire for professional and personal recognition. It enriched understanding of their professional priorities and provided insights into their personal motivations for seeking to join the research advisory group. Part 2 of this chapter focuses upon the initial meetings of the PRG that took place in 2014.
5.4 Part B: Research Advisory Group (Paper 2)


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5.4.1 Abstract

A group of Vietnam’s first SLP graduates and the primary author, an Australian speech-language pathologist, participated as co-researchers in an exploration of the emerging practice of SLP in Vietnam. This paper details the initial phases of this collaborative research program and provides a description of the research methodology and the rationale for utilising participatory action research (PAR). It describes the initial learnings from the research, including those relating to the interpreter’s vital role, challenges in developing a shared understanding of collaboration in research, and the impact of distance and technology. Speech-language pathologists from Minority World contexts are encouraged to consider how they might develop partnerships with international colleagues to support collaborative initiatives to progress the practice of SLP in underserved communities.

5.4.2 Introduction

PAR is an umbrella term for a heterogeneous group of research practices in which researchers and “the researched” work together to examine a situation (or problem) and identify strategies and actions to change the situation for the better (Kemmis, McTaggart, & Nixon, 2013; Kingdon, Pain, & Kesby, 2007). PAR is situated within the genre of action research, a research approach credited to social psychologist Kurt Lewin who demonstrated the benefit to workers participating in research that would inform decisions impacting their work (Lewin, 1946, as cited in Adelman, 1993). In the latter half of the 20th century, Brazilian educator Paulo Friere further developed the concept of participation and collaboration in research by arguing that through participation in decisions regarding their lives, every person, regardless of the level of their impoverishment or disempowerment, could be empowered to make changes in
their lives for the better (Friere, 1970). Critical to Friere’s position was the value of conducting research with (not on) people as a means of creating and sharing new knowledge and developing new insights into practices, situations, and processes that could be improved (Chaiklin, 2011).

PAR is considered a methodology in its own right rather than a set of research methods (Liamputtong, 2008). Through iterative cycles of reflecting, planning, engaging in action, and reflecting upon the outcomes/consequences of actions undertaken (Figure 5.1), researchers and those impacted by a problem develop new insights into the problem and how it might best be addressed. Findings from each cycle of the action spiral are fed into the next, with the overall aim being the identification of actions that effect positive practical change in relation to the issue of concern (Kemmis et al., 2013).

Figure 5.1. Action research cycle.

From “Action Research” by N. S. Noakes, n.d (cei.ust.hk/teaching-resources/action-research). Copyright 2000-2016 by Centre for Education Innovation, Hong Kong University of Science and Technology. Reprinted with permission.
PAR has been used in numerous contexts including human development, education, organisational change, and health (Kapoor & Jordan, 2009; Koch & Kralik, 2009). It has also been extensively used in cross-cultural research (Evans, Hole, Berg, Hutchinson, & Sookraj, 2009; Kramer-Roy, 2015; Pavlish, 2005). The utility of PAR to the practice of SLP has also been described (Hersh, 2014; Hinckley, Boyle, Lombard, & Bartels-Tobin, 2014). Westby and Hwa-Froelich (2003) highlighted the relevance of PAR to the development of culturally appropriate and context-specific SLP programs and services in Majority World countries, and offered recommendations for the conduct of PAR in international contexts. In an exploration of friendship and the experiences of persons with aphasia, PAR supported the development of tools to assist persons with aphasia communicate about friendship (Pound, 2013). The utility of collaborative research has also been described in relation to the care of persons with communication problems resulting from dementia (Müller & Guendouzi, 2009).

5.4.3 Use of participatory action research in the current research

This paper describes the application and evaluation of PAR as a methodology for exploring the practice of the emerging SLP profession in Vietnam. PAR in Vietnam has previously examined a range of social and community issues including stigma associated with HIV, gender-based violence, professional development needs of nurses, and public health and social services in rural Vietnam (Gaudine, Gien, Thuan, & Dung, 2009; Gien et al., 2007). To the authors’ knowledge, this current study is the first report describing PAR within the context of the SLP profession in Vietnam.

In September 2012, 18 Vietnamese students with undergraduate degrees in health-related professions (e.g., physiotherapy, medicine, nursing) graduated from a two-year postgraduate Speech Therapy Training Program at PNTU of Medicine, HCMC,
Vietnam, thereby becoming Vietnam’s first locally trained speech-language pathologists qualified to work across the full scope of SLP practice. The primary author was the coordinator of the 2010–12 PNTU SLP program and resided in HCMC. Upon returning to Australia, she remained in contact with the graduates and saw the conduct of research as one means of supporting their practice and the progression of the SLP profession in Vietnam. The primary author was cognisant of a disparity in power between herself and the PNTU SLP graduates, and the potential for this to influence the authenticity of the research findings (Atherton, Davidson, & McAllister, 2016). As such, the graduates’ active participation in the research was considered crucial to enhancing the authenticity of data collection and analysis (Gaillard, 1994). Engaging in PAR would create the opportunity for the SLP graduates’ “voices” (Maguire, 2001) to be heard, and for the research to be guided by their experiences and priorities rather than by preconceived notions the primary author may have had about the context of their work. Further, participation of the primary author and graduates as co-researchers would support the mutual development of research skills and the reporting of research outcomes. It was also hoped that opportunity would be created between the researcher and graduates for future research collaboration.

5.4.4 Context of the research

This collaborative research initiative forms part of a broader PhD research program undertaken by the primary author exploring the professional practice of Vietnam’s first university-qualified speech-language pathologists. It is not the intent of this paper to detail the emergence of the SLP profession in Vietnam (for further information see Atherton et al., 2016; Atherton, Dung, & Nhân, 2013; McAllister et al., 2013). Rather, this phase of the primary author’s PhD research program sought to (a) identify the nature of the SLP graduates’ professional practice at 24 months following graduation
(reported earlier in Chapter 5) and (b) introduce PAR as a means of identifying perceived barriers to the graduates’ work. It was anticipated that completion of this phase of the research program would inform future collaborative research cycles in which avenues to address the perceived barriers to the graduates’ practice could be trialled.

5.4.5 Participants

Acknowledging the Vietnamese graduates as best placed to describe the context in which they work and identify factors impacting their practice, the primary author travelled to HCMC in June 2014 to establish an advisory group (later named the Participatory Research Group; PRG), comprising graduates from the 2010–12 PNTU Speech Therapy Training Program to advise the PhD research program over the following 24 to 30 months. Advisory groups have been previously described as strengthening the authenticity and validity of research-generated knowledge and enhancing the significance of research outcomes (Pound, 2013). Expressions of interest were sought from the 18 SLP graduates to participate in individual interviews with the primary author and to participate as members of the PRG. Ethics approval was obtained for this study through the University of Melbourne Behavioural and Social Sciences Human Ethics Committee.

Of the 18 graduates, eight consented to participate in the research. All eight PRG members lived and worked in HCMC and were typical of the 2010–12 cohort of SLP graduates in that they worked predominantly within the acute public health system (one PRG member worked in the disability sector). Caseloads were varied and included both adults and children with communication and swallowing disabilities.
5.4.6 Outcomes of collaboration

Three “cycles” of collaborative research were completed in 2014 (see Table 5.4), during which PRG members engaged in reflection upon their current professional practices and commenced the planning of actions to support their work. Key research concepts such as “reflection”, “collaboration”, and “participation” were discussed and the PRG’s initial research priorities identified. Data was in the form of digital audio recordings of interviews and meetings, English translation transcripts of the audio recordings and meeting minutes, email correspondence, and the primary author’s field notes and reflective diary. Pseudonyms replaced the names of the participants and interpreters as a means of de-identification.

Table 5.4. Summary of Participatory Research Cycles in 2014

<table>
<thead>
<tr>
<th>Cycles of Research: 2014</th>
<th>Meetings</th>
<th>Data Sources From Research Cycles</th>
<th>Present At All Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2014</td>
<td>Face-to-face meetings in Ho Chi Minh City, Vietnam</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>x8 semistructured individual interviews</td>
<td>1. Digital audio recordings of interviews and meetings</td>
<td>1. Members of the PRG</td>
</tr>
<tr>
<td></td>
<td>Inaugural meeting of the PRG</td>
<td>2. Transcripts of individual interviews and meeting minutes</td>
<td>2. Primary researcher</td>
</tr>
<tr>
<td></td>
<td>x5 Skype meetings of the PRG</td>
<td>3. Email communication</td>
<td>3. Experienced interpreter</td>
</tr>
<tr>
<td>July to October 2014</td>
<td>Skype meetings</td>
<td>4. Field notes</td>
<td></td>
</tr>
<tr>
<td>October to November 2014</td>
<td>Face-to-face meetings in Ho Chi Minh City, Vietnam</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>x2 meetings of the PRG</td>
<td>5. Reflective diary</td>
<td></td>
</tr>
</tbody>
</table>

The three cycles of this phase of the research program and the challenges conducting PAR in this context are now described.
5.4.6.1 Cycle 1: Setting the scene

Cycle 1 involved individual interviews with the eight research participants and the formation of the PRG. Ms. Mai, a Vietnamese interpreter well known to the participants and with knowledge of SLP practice, provided a summary of what was being said (consecutive interpretation) rather than a word-for-word translation (simultaneous interpretation), thereby avoiding potential for disruption to the dialogue (Chen & Boore, 2010). The interviews were important for several reasons. First, the development of relationships, trust of the primary researcher, and a sense of safety in the research process are acknowledged as critical to research that seeks to be genuinely collaborative (Australian Council for International Development, 2016; Maiter, Simich, Jacobson, & Wise, 2008). The interviews provided opportunity for the researcher and the participants to re-establish their relationship. Second, preparation for collaborative research requires co-researchers to develop an understanding of the proposed research focus, methodology, anticipated time commitment, and timelines for the research (Kidd & Kral, 2005). Again, the interviews provided opportunity for the research participants to discuss these issues in detail prior to committing to the research. Third, it was anticipated that analysis of the interview transcripts would highlight themes characterising the evolving practice of the participants. The content of these interviews would also draw attention to the graduates’ perceptions of opportunities and challenges to their practice, and their professional priorities for the following 12 months. This information would inform the initial discussions of the PRG and provide a focus for the future research.

The inaugural meeting of the PRG took place in HCMC on 4 July 2014. The eight SLP graduates, Ms. Mai (the interpreter), and the primary author were present. All PRG
members consented to be photographed and for the photograph to be published (Figure 5.2).

*Figure 5.2. The inaugural meeting of the Participatory Research Group.*

The inaugural meeting of the PRG provided opportunity for the primary author and PRG members to meet for the first time as co-researchers and commence discussions as to the PRG’s participation in the research. The overall aims of the research program were described, as were its stages and timeframe for completion. Initial discussion also focused upon research methodologies, including how quantitative and qualitative research differed, and where collaborative and PAR methodology was situated within the quantitative–qualitative paradigm. Mr. Duc commented,

So usually when you do quantitative research you collect data, you analyse data, and then you have recommendations for the next stage. But I haven’t done any qualitative research like this before, so I want to know whether it’s the same [pause] like stages. And you also do it in stages, so when you finish one stage you have recommendations [pause] and prepare for the next stage?
The primary author described PAR methodology as encompassing a range of research methods from which focus of the conversation shifted to the legitimacy of qualitative research: “I don’t know about other professions, but in the medical field usually people, they might not like to use it, do not really like to use qualitative [pause] but in public health qualitative is accepted” (Mr. Duc).

The PRG also sought to address a number of “logistical issues” such as the selection of a leader for the PRG and the settings of “ground rules”, including the number of PRG members required for a quorum, how confidentiality of group discussions would be maintained, the allocation of minute taking, and a “participation” rule:

There should be a rule like that [to avoid a situation in which] one or two team members will talk about their opinions and everyone else will sit and quiet listening, and when the group comes to an agreement it looks like the ideas are just from one or two members. So I think we should have like a participation rule that the members who attend the meeting, all should participate in discussions. (Mr. An)

At the meeting’s conclusion, a suggestion to progress the research via a live video calling program (Skype) was agreed; PRG members were keen to trial communication options that would facilitate ongoing audio–visual interaction and collaboration with the primary author on her return to Australia.

The opportunity to discuss the research methodology afforded a number of key insights. The primary author had assumed that given the undergraduate and postgraduate education completed by PRG members, there would be familiarity with both quantitative and qualitative research methodologies. This was not the case and highlighted the importance of avoiding assumptions about the skills and knowledge of research partners. Further, discussion of the methodology drew attention to the
importance of reviewing concepts through group dialogue by which mutual understanding would best be achieved.

The issue of ownership and future authorship of the project also arose at this meeting and at later meetings of the PRG. The primary author was cognisant that the collaborative and participatory nature of the research created tension with the notion of a PhD research program being independent work and thus raised this issue for discussion with the PRG. Further, PRG members voiced interest in joint authorship of publications arising from the research. Bournot-Trites and Belanger (2005) advised that issues of authority and ownership of research be resolved in advance of a study, and to this end, it was important that the primary author and PRG engaged in conversation to address these issues.

The relevance of supporting group processes was also highlighted. Even at this early stage in the research, group interactions and practices were reflecting aspects of collaboration, and PRG members were drawing the focus to their priorities, including developing and supporting group cohesion and functioning. A number of authors have described the influence of sociocultural differences upon group interaction, patterns of participation, and perceptions of time upon cross-cultural research (Apentiik & Parpart, 2006; Laverack & Brown, 2003). As discussed by Liamputtong (2008), for research to be culturally sensitive, “researchers must have a thorough understanding and knowledge of the culture, which includes extensive knowledge of social, familial, cultural, religious, historical and political backgrounds” (p. 4) and must work actively and consistently to ensure customs and cultural norms are respected and incorporated into research initiatives.
5.4.6.2 Cycle 2: The tyranny of distance

Cycle 2 of the research commenced on the primary author’s return to Australia and comprised five Skype meetings at which the professional priorities of the PRG members were explored. To participate via Skype, PRG members sourced public venues with internet access. These were typically cafés, though on one occasion the PRG convened in a hotel room to the surprise of the primary author! While intended to support audio–visual communication between the PRG and the primary author, the internet connection for these meetings was often unreliable, resulting in generally poor visual and sound quality, audio delay, and signal dropout. Further, the many competing demands of PRG members resulted in some members not attending meetings and/or meetings commencing later than planned (Table 5.5).

Table 5.5. Summary of Skype Meetings in 2014

<table>
<thead>
<tr>
<th>2014 Skype Meetings</th>
<th>Number of PRG Members Present /8</th>
<th>Duration of Meeting (Minutes)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>70</td>
<td>Fair internet connection, intermittent picture and sound; delayed arrival of one PRG member</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>90</td>
<td>Fair internet connection, intermittent picture and sound; delayed arrival of two PRG members</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>60</td>
<td>Loss of Skype connection on several occasions—instant messaging utilised during these periods; delayed arrival of three PRG members</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>30</td>
<td>Poor internet connection—instant messaging via Skype</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>20</td>
<td>Poor internet connection—instant messaging via Skype; delayed arrival of two PRG members</td>
</tr>
</tbody>
</table>
Despite these challenges, important outcomes were achieved from this cycle of research. After extended and at times animated group discussion in which the primary author acted as facilitator, the initial focus of the research was agreed to:

So the group discussed and they think they will do [pause] that professional development is the priority. The group is thinking they want to do ongoing professional development [pause] perhaps they will think of things that they can do themselves, or [they] can do in Vietnam to develop their profession, to develop their expertise . . . and also they will identity the things they might need help [with] from Australia or from other organisations. (Ms. Mai, summarising)

Methods and actions to examine this issue were also discussed:

Perhaps we are going to have a questionnaire to send to both groups [2012 and 2014 PNTU SLP graduates] to ask them four to five questions about what they are comfortable working with and what they are not comfortable working with to find out strengths and weaknesses of each graduate working in speech therapy. (Ms. Giang)

What are the graduates’ abilities to provide assessment/treatment for patients? This could be found out by interviewing graduates about their workload—what do they think about their work, what they feel comfortable with, areas they do not have confidence in? When we interview the graduates of both groups we will find out what their challenges are in relation to their practice. (Ms. Bich)

It was also agreed that due to the unreliability of the internet connection, email communication would increasingly be used to support communication between PRG members and the primary author. Members of the PRG also indicated that given work and other obligations, communication via email would offer more flexibility in terms of their participation.
Momentum for the research slowed at this point. Sporadic email communication and the need for all communication to be translated influenced the frequency of contact. PRG members described their increasing workloads and other demands associated with their roles as “pioneers” of the SLP profession (e.g., training of staff in SLP) as influencing their ability to engage in the research. At least one member of the PRG commenced providing SLP services in a private capacity outside normal work hours.

A further issue arising was the introduction of Ms. Tran to replace Ms. Mai as interpreter. Notes from the primary author’s reflective diary drew attention to concerns as to how the research might be impacted, not only in terms of the quality of the interpretation and translation, but also with regard to group dynamics, interaction, and collaboration (Figure 5.3).

*I am wondering how the introduction of Ms. Tran to the research will play out this evening. Ms. Mai was part of the research from its inception and familiar with the PRG and with the research plan, so introducing someone new may change dynamics. ?? impact on collaboration

A positive note—Ms. Tran has been undertaking translation of resources for the PRG meeting. . . so hopefully an understanding of methodology and concepts—will need to follow this up.

Am also wondering whether the difficulties with internet connection may deter Ms. Tran from wanting to be involved in the research.

Dated 18 September, 2014

Figure 5.3. Notes from primary author’s reflective diary.

The use of Skype for real-time collaboration had been considered an ideal vehicle through which the active and participatory nature of the research could be supported. However, detailed planning, including consideration of “a second plan of attack”, proved necessary when seeking to incorporate technology such as Skype into a setting where internet connection was unreliable. In addition, the demands arising from the
PRG members’ role as “pioneers” of the profession and increasing workloads, including the expansion of the profession into the private sector, were significant and had not been anticipated. The “tyranny of distance” was never more evident than during this cycle of the research and facilitated key learnings with regard to the impact of technology, the increasing profile of the profession in Vietnam, and the influence of local context on the research.

5.4.6.3 Cycle 3: Revisiting collaboration

Cycle 3 of the research collaboration was via two face-to-face meetings between the primary author and PRG in HCMC from October to November 2014. These meetings were important in re-establishing open and extended dialogue regarding the research and supporting re-engagement of PRG members who had not maintained communication via email. The face-to-face meetings also provided opportunity for the primary author and the new interpreter to meet in person.

Revisiting the key research concepts of “reflection” and “collaboration” was another important outcome from this cycle of the research. The excerpt below is taken from the English translation transcript of a meeting in which the key concept of “reflection” was explored:

In the research, “reflect” means to think about your practice as speech therapists and about the main issues you might wish to investigate further. Ms. Tran, “reflect” in Vietnamese, how would you translate that? (Primary author)

[Ms. Tran confers with PRG members.]

I gave out to the group a translation that I think kind of pretty much covers the idea of “reflect” and I am asking to see what they think. (Ms. Tran)

It is similar to “reflect” in English— (Ms. Bich)
It means it’s like a process of thinking back, and then speak out what you think. (Ms. Giang)

[Further discussion between PRG members.]

They are saying there is not a direct translation for “reflect”. It is a very common thing to do in the West. And back when they were doing the course [PNTU Speech Therapy Training Program], the teachers, the lecturers were constantly asking them to reflect every time they write the report, every time they say something. The translation I gave out doesn’t really cover the entire meaning of it. (Ms. Tran)

It is not within the scope of this paper to discuss the technical aspects or complexities of translation and interpretation in cross-cultural research (for further information, see Squires, 2009; Temple & Young, 2004; Wong & Poon, 2010). However, the time spent revisiting key research concepts proved critical to heightening the understanding of the researcher, members of the PRG, and the interpreter to the influence of language and culture upon the research. In particular, it was during these discussions that the primary author’s assumption of concept equivalence between languages was challenged. The concepts of “reflection” and “collaboration” were identified by the interpreter and PRG as having different meanings in English and Vietnamese. Further, while the interpreter and members of the PRG were all Vietnamese, their individual interpretation of these concepts varied. Caretta (2015) and Turner (2010) drew attention to this latter issue, arguing that individuals’ gender, personal experiences, cultural influences, preconceptions, and belief systems will influence the intended meaning of a concept, how individuals interpret the meaning of a concept, and how this meaning is communicated. Such insights highlighted how critical it is for all members of a research team to engage in dialogue as a means of facilitating mutual understanding of research principles and objectives.
Cycle 3 of the research also provided opportunity to consider how the research might progress into the future. The excerpt below, taken from the English translation transcript of one of the meetings, highlights PRG members’ uncertainty as to the future direction of the research and its anticipated outcomes:

What is the project aiming to obtain? We know we want to identify our needs in professional development but are there any other aims? (Ms. Bich)

When we do this project, how do we measure its success? (Mr. Jach)

PAR has been described as a “messy process” (Primavera & Brodsky, 2004), requiring participants to not only conduct the research, but to learn from it and adapt as it progresses. The face-to-face meetings were a vehicle through which to address some of this uncertainty and aimed to assist people to become more comfortable about this “messiness”. At one of these meetings, the PRG developed their own representation of this research process, which they described as “the fish skeleton” (Figure 5.4).

**Figure 5.4. The fish skeleton.**

So it [the research] is like a fish bone, a fish skeleton. So there are different problems and different reasons [pause] they are the fish bones. The first one is overload [in work], not enough knowledge [referring to fish bone number
two]. There are many problems and many reasons and we will look at that to prioritise which ones, and then we come up with solutions. And then which solution will resolve number one, number two, number three. (Ms. Tran, summarising)

So you might come up with a solution for a problem and try it out to see if it works? (Primary Author)

[Discussion between PRG members]

Yes. So they [the PRG] think “participants” defines it very well what they are doing. Because they are participating, they are the ones that come up with these and these and these [referring to the numbered fish bones], and prioritise these and come up with a solution. And you are just supporting them. (Ms. Tran, summarising)

It was within these discussions that the title of the PRG was raised. The primary author had previously proposed that the PRG be referred to as the “advisory group”. However, the group indicated that this was not a suitable term. As summarised by Ms. Tran,

For research, “advisory group” is not something that exists in the Vietnamese research. If you do the literal translation of advisory group, this means that people are higher than you are, telling you/advising you what to do, so that’s not right in the Vietnamese context. They [PRG members] say they are part of the research; they are participating. So that describes the role very well.

The term “participants” was agreed to and the term PRG adopted.

Another important outcome from this cycle of the research was discussion pertaining to issues of ethics in international research (for further detail regarding ethical considerations in international research, see Australian Council for International Development, 2016). Several of the PRG members reported their workplace directors had requested information about PRG members’ role in the research. PRG members sought reassurance from the primary author that their workplaces would not be identified in the research, nor would the research require the participation of clients
receiving their services. The criticality of maintaining research participants’
confidentiality and of discussing with research participants how their engagement in the
research may impact them was highlighted here. Further, in international contexts,
language and cultural differences have the potential to impact understanding of research
proposals and outcomes even when presented in participants’ primary language
(Brydon, 2006). A critical role for the PRG was highlighted here as members guided the
primary author through this process to ensure safety in the conduct of the research.

5.4.7 Conclusion

This paper described three cycles of one phase of a cross-cultural project in which
participatory research methodology was used to support international research in a
Majority World context. Interviews occurred at 24 months post graduation to identify
the nature of the graduates’ professional practice, a PRG was established to guide the
future research, and exploration of professional issues the PRG wished to investigate
further was commenced. The engagement of the SLP graduates and primary author as
co-researchers facilitated mutual learnings. The vital role of the interpreter as a member
of the research team, the importance of repeated discussion of concepts to clarify
understanding, and the impact of technology and local context upon communication and
collaboration were identified. The criticality of establishing open communication was
highlighted in discussion of ethics and safety in research. Speech-language pathologists
seeking to support service development in underserved and/or Majority World contexts
are encouraged to forge partnerships with international colleagues that arise from
collaboration and support mutual learnings, for it will be within these contexts that
initiatives may best meet the unique needs of culture and context. The next cycles in
this research are evolving, and it is anticipated that further inquiry into the barriers to
the professional practice of SLP in Vietnam and actions to support this practice will
follow. Opportunity will also be afforded for ongoing exploration of the dynamic of collaboration between the members of the PRG and primary author within a cross-cultural context.
5.4.8 References


Chapter 6: 2015: Third Year of Speech Therapy Practice

This chapter reports Phase 2 of the research program where the PRG members explored their practices at three years post graduation. The framework conceptualising the professional practice of PRG members was again revisited as a means of highlighting the evolving nature of their work. As described in Chapters 3 and 5, in response to difficulties that arose when seeking to engage in PAR in 2014, visual research methods were introduced into the research to maintain its collaborative, participatory nature but with less emphasis upon engagement in action for change. Visual research methods would also reduce reliance upon verbal dialogue and the interpreter. Seven members of the PRG engaged in this phase of the research, one member having withdrawn due to competing demands.

6.1 Paper 3


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6.1.1 Abstract

Purpose: This paper reports findings from Phase 2 of a multiphase cross-cultural research program exploring the professional practice of a group of Vietnam’s first university-qualified speech-language pathologists.

Method: Employing qualitative research methodology, this study involved a series of workshops with seven Vietnamese speech-language pathologists in which visual research methods were used to explore the evolution of their work, the challenges they faced, and opportunities to progress their professional practice. Thematic analysis employing a mixed deductive–inductive approach was used to analyse the textual data.

Result: Participants described heightened awareness of the SLP profession in Vietnam, movement into specialisation, and expansion of services into the private sector. Challenges posed were dual professional roles, limited access to culturally relevant resources to support practice, and lack of experience in advocating for services, whilst community education, conducting research, and training others in SLP were progressing the profession.

Conclusion: The professional practice of a group of Vietnam’s first speech-language pathologists is growing. Opportunities to advance their practice will best be informed by knowledge that reflects local context and culture and includes the experiences and preferences of persons living with communication and swallowing disabilities in Vietnam and their families.
6.1.2 Introduction

Speech language pathology (SLP) is an emerging profession in Vietnam. As has been true for new professions elsewhere (Leung & Zhang, 1995), the evolution of SLP in Vietnam can be tied to several factors: the country’s changing economic status, which has supported increased investment in healthcare and education; strengthening the country’s engagement with the global community through which knowledge of “new” health professions, technology, and global health initiatives has been accessed; and introduction of legislation and social policies that have heightened community awareness of health, disease prevention, and disability. How these factors have influenced the development of SLP in Vietnam has been reported elsewhere (Atherton, Dung, & Nhân, 2013; Eitel, Vu, Management Systems International, & USAID, 2017) and will not be revisited here. Rather, the research reported in this paper seeks to inform understanding of the emergence of the SLP profession in Vietnam through the experiences of a group of Vietnam’s first SLP graduates.

6.1.2.1 Situating the research

In 2012, 18 Vietnamese health professionals with primary qualifications in physiotherapy, nursing, medicine, and accounting graduated from PNTU in HCMC, Vietnam, thereby becoming Vietnam’s first cohort of university-trained speech-language pathologists qualified to practise across the full scope of SLP practice. The primary author taught into this training program and sought to engage in research with the graduates as a means of documenting their work and supporting their emerging professional practice.

The aim of this research was to obtain an in-depth, rich description (Denzin, 1989) of the experiences of this group of pioneering health professionals “not to generalise
information but to elucidate the particular, the specific” (Creswell & Poth, 2018, p. 126). The research sought to illuminate how these professionals represented their experiences, their actions, and their beliefs about their work and in doing so afford insight into their journeys, the challenges they faced, and opportunities available to them to progress their practice. Further, it was important that their voices be heard and their reflections be front and foremost in the research rather than any preconceived notions the primary author might have had about the nature of their practice. It was also anticipated that the established relationship between the graduates and the primary author and between the graduates themselves would support engagement and collaboration in the research.

The key question underpinning this longitudinal, multiphase research program was “What are the professional experiences of a group of Vietnam’s first cohort of university-qualified speech-language pathologists?”

Phase 1 of the research was conducted between 2013 and 2014 and focused upon the participants’ early professional work. In 2013, of the 18 graduates, 13 participated in small group interviews with the primary author to explore their practice at 12 months post graduation (Atherton, Davidson, & McAllister, 2017). In 2014, of the 18 graduates, eight participated in individual interviews with the primary author to explore their professional practice at two years following graduation; at the same time, they were invited to join an advisory group (later named the Participatory Research Group, PRG) to guide the research program over its duration (Atherton, Davidson, & McAllister, 2016). Advisory groups have previously been described as strengthening the authenticity and relevance of the knowledge generated in research by supporting the voices of those “being researched” to be heard (Pound, 2013). All eight interviewees
consented to join the PRG. Four key themes characterised the work of the graduates in Phase 1: scope of practice, developing identity, confidence to practise, and progressing the profession. Their professional priorities were the development of contextually relevant resources to support their work, expansion of services into new clinical areas, and access to higher degrees in SLP so that university SLP programs could begin in Vietnam.

6.1.2.2 Positioning visual research methods within the context of this research

Phase 1 of the research utilised conventional tools of qualitative research, namely, individual and small group interviews and group discussion. Whilst affording novel insights into the participants’ work, they necessarily defined the degree to which they were actively engaged in the research. Further, these tools required the support of an interpreter to bridge the language barrier between the researcher and the participants, yet the process of translation may alter the meaning of transcribed data (Temple & Young, 2004). Therefore, Phase 2 of the research introduced methods of data collection that provided scope for the participants’ experiences to be represented in ways other than through dialogue alone and facilitated their more active engagement in the research.

Visual research methods have been used to explore a wide range of topics that include health, gender, education, and urban planning through a variety of mediums such as photography, film, electronic visual media, drawing, and painting (Pauwels, 2010). Two forms of data inform visually based research: pre-existing visual artefacts that are investigated in relation to their production, use, and interpretation such as photographs, film, and website content, and that which is produced by research participants and generally guided by instructions from the researcher (“participant-created data”). The
latter may include photographs, timelines, mind maps, videos, drawings, and collages (Pauwels, 2010). Research methods generating participant-created visual data have been described as supporting principles of collaboration by creating opportunity for participants to actively contribute to knowledge arising from research. Further, interaction between researchers and participants about visual data may provide scope for mutually enhanced understanding of the context in which data is constructed and the meaning ascribed to it (Kindon, Pain, & Kesby, 2010).

Conducting research in cross-cultural contexts poses methodological and ethical challenges that can extend to the use of research practices that fail to legitimise the experiences and voices of indigenous communities and other cultures (Liamputtong, 2010). It was anticipated that the use of visual research methods in the current study would position the participants as creators of knowledge about their experiences and support them to represent their experiences in contextually relevant ways (Kindon et al., 2010). Reliance upon verbal communication and an interpreter would also be reduced. Further, in a meeting of the PRG in late 2014, members had visually represented their engagement in the research through the drawing of a fish skeleton, with the bones of the fish representing different aspects of the research process (Atherton et al., 2016). This was the first occasion the PRG had explored their involvement in the research together, and it appeared to the primary author that the drawing provided a medium for the PRG to commence collaboration as a group. Their generation of the fish drawing also suggested visual research methods might complement future dialogue-based research.

The research reported in this paper represents Phase 2 of the research program. The aims of this phase were to
1. build upon the findings from Phase 1 as a means of examining the evolving nature of the participants’ work;

2. identify the challenges faced by the participants and context-specific opportunities and strategies to advance their practice.

6.1.3 Method

Ethics approval for this study was obtained through the University of Melbourne Behavioural and Social Sciences Human Ethics Committee, ID 1442056. All participants provided written consent to participate in the study and for material pertaining to them to be published. As a means of de-identification, pseudonyms replace the names of the research participants, the interpreter, and persons and organisations referred to in participants’ discussions.

6.1.3.1 Participants

The eight members of the PRG initially consented to participate in this phase of the research; one member later withdrew. Of the remaining seven participants, four had primary qualifications in medicine and three in physiotherapy, with a range of 10 to 31 years since primary qualification. Five participants worked in acute tertiary hospitals in HCMC, one in both acute and private sectors and one in a community setting. Five participants provided SLP services primarily to adults, two to paediatrics.

6.1.3.2 Data collection

The primary author (“the researcher”) met with the PRG in HCMC on three occasions over a 10-day period in September 2015. The Vietnamese interpreter who had been involved in the research program since July 2014 and had detailed knowledge of SLP
terminology provided consecutive interpretation (Chen & Boore, 2010). The meetings were digitally audio recorded and photos taken as a visual record.

The first research meeting was attended by five PRG members (two members were unwell) and ran for 90 minutes. The content of Phase 1 of the research program was revisited, and the themes characterising the participants’ work at that time were discussed. PRG members confirmed the themes authentically represented their early professional practice and, whilst aspects of their work had evolved and new areas emerged, they remained relevant in 2015. At the end of this and the further two research meetings, minutes were developed by the researcher, translated into Vietnamese, and disseminated for discussion and acceptance by the PRG.

The second research meeting assumed a workshop format utilising an adapted version of the Ketso workshop planner (Ketso, 2016) and ran for two hours. Ketso employs the analogy of a tree to encourage discussion of ideas about a topic/issue of interest. Workshop participants are invited to write down their ideas about the issue being explored and to discuss these with each other. All ideas are then arranged visually as “branches” of a tree that reflect the key concepts/ideas or themes associated with the issue. For the current research, the analogy of the Vietnamese bamboo tree or cây tre was introduced as the “professional practice tree” by which the PRG might represent its work. The cây tre was considered a contextually relevant analogy as it is of symbolic importance to the Vietnamese culture, representing resilience, flexibility, and protection (Solin et al., 2008). PRG members identified their professional roles and responsibilities at three years post graduation and wrote these down. They then positioned these “foundational activities” as the trunk and roots of the cây tre; those aspects of work affording professional satisfaction were conceptualised as leaves. They also identified
challenges to their work, and these were represented as “black clouds” above the cây tre.

For the final part of the workshop, the four themes characterising the graduates’ work in the Phase 1 were introduced as four branches of the cây tre. PRG members positioned their current professional roles and responsibilities and the challenges they faced in their work in relation to the themes; an example follows that was provided as a guide: “A daily professional practice of ‘providing treatment to clients’ might be positioned on the ‘scope of practice’ branch”. As the activity progressed, a fifth branch titled “Feelings” was identified and added to the tree (Figure 6.1). In preparation for the final workshop, the researcher invited the participants to consider how they might address the black clouds they had identified.

*Figure 6.1. The professional practice tree.*
All seven PRG members attended the third workshop, which ran for 90 minutes. The researcher introduced the imagery of “blue skies” as the metaphor by which the participants might conceptualise strategies to address the black clouds identified in the previous workshop. In this instance, however, blue skies were not tagged to a specific branch/theme, but rather, their utility as overarching strategies to support the participants’ future work was discussed. The workshop concluded with the researcher verbally summarising the workshop content and the blue sky suggestions with PRG members as a means of clarifying her interpretation of the data.

6.1.3.3 Data and data analysis

The primary data from the three research workshops comprised the digital audio recordings of the meetings, verbatim orthographic transcription of the meetings’ English translations, the written comments/notes on the professional practice tree translated into English, and the researcher’s field notes. Data to support understanding of the primary data included the photos of the professional practice tree at different stages in its development and the researcher’s reflective diary content.

A process of thematic analysis employing both a deductive approach (informed by previous theory) and an inductive approach (searching for new ideas and theory) was applied to the data. A mixed or combined approach was considered well suited to the study given the themes, and subthemes identified in Phase 1 of the research provided a basis from which the evolving nature of the participants’ work could be analysed (Fereday & Muir-Cochrane, 2006). The photographs of the professional practice tree were not in themselves analysed as data objects; rather, the tree acted as a visual image to support the participants to reflect upon different aspects of their work. Details of the
data analysis process and strategies utilised to enhance the rigor of the research are displayed in Tables 6.1 and 6.2 of the supplementary material in Section 6.1.8.

6.1.4 Result

Analysis of the 2015 data identified five themes, which are reported below. A summary of the themes from Phase 1 of the research and the changes/additions to these in response to the 2015 data are provided in Table 6.3 in Section 6.1.8.

6.1.4.1 Theme 1: Scope of practice

Participants’ descriptions of their work in 2015 were informed by the subthemes of clinical services, service management, and educating others.

6.1.4.1.1 Subtheme 1.1: Clinical services

As in Phase 1 of the research program, participants’ scope of practice in 2015 spanned the breadth of SLP range of practice (ASHA, 2008). Inpatient and outpatient services were provided predominantly via individual or 1:1 models of service delivery to both adult and paediatric clients with communication and swallowing disorders arising from a diverse range of conditions. Two participants reported having transitioned into discrete areas of SLP practice, namely, communication disorders resulting from autism, speech sound disorders, and aphasia. Primary sources of referral were professional colleagues who included physiotherapists, special education teachers, and medical staff. Increasing numbers of self-referrals were also reported, as described by Mr. Jach: “Sometimes the families just come with their children and they wait for us. They have heard about us from their friends, or from the newspaper. And they wait to see us”.
Subtheme 1.2: Service management

For those participants in senior positions, staff recruitment, student and staff supervision (in their primary qualifications and as speech-language pathologists), and management of physical resources consumed working hours. These participants also described expanding the services offered by their departments to include art therapy for persons with aphasia (commenced in a tertiary hospital in late 2014) and home-based services for adults with acquired dysphagia. A specialist paediatric clinic providing early intervention for children with speech and language disabilities had been established in a paediatric public hospital in HCMC, as had support groups for parents of children with cleft lip and palate, and autism. Movement into the private sector was also described, with one participant providing SLP services as part of a multidisciplinary clinic that included a paediatrician, psychologist, audiologist, and physiotherapist.

Participants had also moved into new professional positions. The Vietnamese government’s heightened focus on developing and supporting access to rehabilitation services in the public health sector (Vietnam MOLISA, 2014) had supported two PRG members to commence roles as “rehabilitation specialists” in a tertiary public hospital in HCMC. Further, one PRG member who had recently retired was actively engaging with the profession as a training consultant in SLP.

Subtheme 1.3: Educating others

Providing education about the SLP profession was consuming increasing amounts of participants’ time and took many forms, including media appearances, in-servicing to colleagues, and community education sessions throughout Vietnam. Preliminary findings from SLP research commenced by several of the participants in late 2013 and information about new SLP services had been showcased at local conferences in
HCMC, Da Nang, and Hanoi, and internationally in Singapore, China, Taiwan, and Australia.

The training of health workers, special education teachers, and day care workers in aspects of SLP that had commenced in 2013 had been extended to regional provinces of HCMC and to the Mekong Delta, Nha Trang, and Da Nang. As in 2013, participants described these training sessions as employing a “train the trainer” model (Orfaly et al., 2005) where theoretical and skills training was offered to professionals who were already providing SLP services but with limited knowledge about the profession. These sessions spanned one day to several weeks, often required repeated visits over time, and on occasion were conducted jointly with graduates from the second PNTU SLP training program.

6.1.4.2 Theme 2: Developing identity

Factors influencing the participants’ professional identity are reflected in the subthemes of dual professional roles and establishing a profile.

6.1.4.2.1 Subtheme 2.1: Dual roles

In 2013, the daily clinical practice of all but two of the 13 research participants had encompassed dual professional roles, that is, practising in their primary roles of physiotherapist, doctor, nurse, or accountant and as a speech-language pathologist. This remained the case in 2015, as described by Ms. Mai:

At our hospital, the staff members do not focus on one [profession]. Unlike in Mr. Jach’s hospital where they only focus on speech therapy, in my hospital if there are other things that come up like physiotherapy, we have to do it too.

Large caseloads and multiple competing demands were the norm. Mr. An’s comment summarises participants’ reflections on the impact of these demands:
If I work with patients I have to see them every day. But if I get caught up with that, I don’t have time to develop resources. But at the same time if I focus too much on developing resources I can’t see as many patients. I have the option of bringing it home [pause] but then it affects the family, and it affects my health.

To better meet these work demands, changes to work practices had been made:

When I first graduated, I invested a lot of time in speech therapy, so I would do both, working in [my primary role] and as a speech therapist. But for the past year I’ve pretty much completely stopped doing speech therapy, only the part that is relevant to inpatients. I only provide speech therapy to the patients that I see [in my primary role]. (Mr. Duc)

6.1.4.2.2 Subtheme 2.2: Establishing a profile

Increasing client numbers and regular requests for education and training about the profession were attributed to greater stakeholder awareness of the profession in HCMC and its provinces. However, as described by Ms. Mai, heightened recognition was not universal:

I only see a small number of speech therapy patients. My problem is that few people know about speech therapy, to refer patients to us. For example, doctors and other professionals, they just don’t know about us. And if we see patients for speech therapy, we must still write about speech therapy in the [patient] file as part of our physiotherapy notes. Also, Vice Directors or Directors do not know they need to recruit speech therapists.

The professional profiles of several participants now also directly influenced the type of SLP work they did. Ms. Lac spoke of how increased recognition of her experience and skills afforded her opportunity to review the SLP research emerging in Vietnam: “They [university staff] know of my skills in speech therapy so I was asked to participate in research studies on Vietnamese child language development as a reviewer”. Further, the
profile and recognition of the profession was explicitly tied to participants’ professional satisfaction, as described by Mr. An:

There are many people who really respect us, they think “Oh, he knows a profession that no one else knows about” so they give us lots of respect. I like it when I’m respected for the knowledge I have. But at the same time there are a lot of people who don’t know anything about the profession, and I would like them to respect me just as the others.

6.1.4.3 Theme 3: Confidence to practise

This theme draws focus to participants’ reflections upon the information available to guide their practice and their sense of surety in meeting the expectations of clients and colleagues.

6.1.4.3.1 Subtheme 3.1 Knowledge

Lack of contextually relevant information and tools to support the management of communication and swallowing disabilities in Vietnam continued to pose challenges:

We don’t have therapy or assessment tools for Vietnam. And in terms of creating an assessment form for patients [pause] it’s difficult because if we translate a form from a foreign language, it’s inappropriate in terms of culture and what we evaluate. And to create one for Vietnam will take a long time.

(Mr. An)

Information that may have been relevant to the Vietnamese context, such as theory informing practice, remained difficult to access due to not being in the Vietnamese language. Further, lack of experience in policy development and in advocating for the profession was limiting service development:

[We need to] develop policies and promote services for speech therapy, we need to promote the profession to people and influence the people who make the decisions. Because there are a lot of issues, such as money, a speech
The professional development and mentoring offered by international SLP colleagues continued to be highly valued and was supporting the acquisition and consolidation of new knowledge and skills; however, as in Phase 1 of the research, participants described workload demands and competing priorities as limiting their engagement with these activities. Despite this, participants’ discussions reflected a heightened confidence to practice; those who were specialising in discrete areas of SLP practice spoke with authority about technical aspects of their work and its effectiveness, and of their active pursuit of new knowledge to inform practice:

I now feel more confident when I meet new patients. Before I worried that I wouldn’t know how to treat the patients, particularly if they couldn’t swallow. Sometimes this is still a problem, but I feel more confident to try different things, to find the answer. (Ms. Minh)

6.1.4.3.2 Subtheme 3.2: Managing expectations

Participants’ confidence to practise SLP had previously been challenged when clients and families ceased treatment for reasons that were unclear to the participants, viewing this as an inability to meet patient “expectations”. In 2015, this was described in terms of the “trust” and “interest” users of SLP services had in the profession:

Honestly, for adult patients with head and neck cancer, patients don’t tend to follow through with their [speech] therapy. They go for a few sessions and then they stop. It might be that they distrust the service. Or some patients, they might say that they will come and then they don’t. I wonder if it’s because of their interest. (Mr. Duc)

Further, four participants argued that SLP services and resources for children were “easier” to develop than for adults:
Parents are very concerned about their children . . . they would follow their child their whole life. But if it’s an adult then the family will support them for one or two years and then they’ll just let go. It’s because the other person needs to go to work to earn money, they can’t bring the patient all the time because if they do then nobody is taking care of the children. (Mr. An)

I know working in the paediatric field, it’s quite easy to get funding from overseas, but for adults it’s a lot harder. So, if we try and develop the profession using funding from overseas, paediatrics is going to thrive, but the adult field is going to get stuck. (Ms. Lac)

The expectations of colleagues for evidence to inform the practice and efficacy of SLP also continued to challenge:

If we’re talking [to doctors] about something, they’ll ask, “Where did you get this from?” And if we say the practice shows good outcomes, then they ask, “How does it work?” So, the general tendency nowadays in medicine is that we need evidence and that’s a huge challenge. (Mr. An)

6.1.4.4 Theme 4: Progressing the profession.

This theme reflects participants’ suggestions as to how awareness of the profession could be heightened in Vietnam.

6.1.4.4.1 Subtheme 4.1: Advancing professional recognition

In October 2014, the first Vietnamese Speech Therapy Club was established under the auspices of PNTU. Several of the research participants sat on the club’s executive committee and described the club as the “foundation” of a professional association for SLP in Vietnam. Key club responsibilities included coordinating a professional development program for the graduates and advancing recognition of the profession through awareness raising and advocating for persons with communication and swallowing disabilities. Further, through its association with PNTU, the club afforded
legitimacy to the participants’ work by acting as a conduit through which the research and other activities of PRG members could be promoted in their workplaces:

If we develop an information brochure about speech therapy through the Speech Therapy Club and we show our hospitals that the brochure has already been approved by the Scientific Committee of Pham Ngoc Thach University, the hospitals will approve it. (Ms. Bich)

Education of others was also paramount to advancing professional recognition—“We must do presentations or talks about the effectiveness of our work”—as was sharing information, resources, and professional experiences with each other and with colleagues to support the mutual development of skills and expertise. However, as in Phase 1 of the research, educating others presented its own challenges:

I think it [educating others] lies somewhere between the black clouds and the blue skies. It’s the overload of speech therapy patients and the overload of students coming to learn about speech therapy, so it’s a challenge as well as an opportunity. (Mr. Jach)

Finally, research in SLP was continuing to advance recognition of the profession. Research that commenced in 2013 to identify norms for Vietnamese speech and language acquisition had resulted in the publication of information booklets for the public and for other professionals providing SLP services, and the development of intervention materials for children with speech sound disorders. Distribution of these resources was contributing to recognition of the profession with a range of stakeholder groups throughout Vietnam, including the local government in HCMC and the national government based in Hanoi.

The Ho Chi Minh City Government recommended that we sell the booklets [on speech development] at all the hospitals, centres, schools, kindergartens and maybe even put them in the bookstores in Ho Chi Minh City. And also,
maybe in Hanoi because they [the Vietnamese government] have been informed of the booklets in Hanoi. (Ms. Minh)

6.1.4.4.2 Subtheme 4.2: Leading the way

This subtheme highlights participants’ perceived responsibilities as the pioneers of the Vietnamese SLP profession to guide it into the future. In 2014, participants had spoken of their desire to be “more active” in raising the profile of the profession and of the need for someone “to act as a guide and to draw the graduates together as a group”. Whilst a designated leader had yet to be formally identified, the appointed chairperson of the Speech Therapy Club had to a degree assumed this role. Yet, a need for still “greater commitment” from all the PNTU graduates was voiced, a commitment that would see them prioritise promotion of the profession above other competing demands. Further, participants discussed how commitment to the profession could be demonstrated not only through advocating for the profession but through lifelong learning, “not just filling knowledge gaps”, and increased independence and autonomy in practice: “If we always ask for things we will never be independent”.

Learning about and engaging in research was also promoting the participants as leaders in their field by supporting their future independence in the conduct of research. Several participants expressed a desire to partner with universities and local researchers throughout Vietnam to facilitate long-term research collaboration and to raise the profile of the SLP profession within the tertiary education sector, important steps to establishing future tertiary education programs in SLP. There was also interest in completing higher degrees in SLP overseas, as these would support the establishment of locally based bachelor and master’s degrees in SLP, but financial, language, and other constraints were limiting factors. However, partnering with SLP clinicians in different
regions of Vietnam who had already commenced such study was creating opportunities for national collaboration in research and service development:

In Hanoi, we already have Ms. Chau who’s doing a PhD on speech sound disorders in children so in the future we should consider how we can help the North and the South [of Vietnam] to cooperate with each other. (Ms. Lac)

6.1.4.5 Theme 5: Feelings

The enjoyment and sense of satisfaction obtained when engaging with clients and families, applying SLP knowledge, and effecting positive change was described at length, as reflected in Ms. Lac’s comment: “I like helping children develop. It’s that inner feeling when you make a difference. I feel satisfied, I feel happy when I see the effectiveness of my work”. The development of new knowledge and the sharing of skills and knowledge with others were also highly valued and supported persons other than the participants to “make a difference”:

I really like sharing my knowledge with colleagues, within and outside the hospital, and in the provinces. I also like having the opportunity to share my knowledge and my work with many other people—parents, teachers, carers—because this will mean they too can help. (Ms. Bich)

“Connecting” with clients and families was described as supporting mutual learning: “One thing about liking the job is when you like it you learn a lot from others. Like I learn love from parents, I learn sacrifice and I learn knowledge”. Further, this sense of connection was closely tied to the sharing of experiences and altruism:

I want to volunteer in different provinces—maybe we can take leave [from work] or work on Saturdays or Sundays. Because first, I want to address the [patient] overload, but I also want to share my experiences with the community. I want to give back; we have a responsibility to give back. (Mr. Jach)
6.1.5 Discussion

This study employed visual research methods to explore the professional practice of a group of Vietnam’s first locally trained speech-language pathologists at three years following their graduation. It sought to elaborate upon findings from an earlier research phase as a means of documenting the evolution of their work, the challenges they faced, and opportunities to progress their practice. This research has drawn focus to the evolving nature of the participants’ work as characterised by increasing awareness of the profession and a heightened confidence to practise. Expansion of clinical services and engagement in research presented opportunities to progress practice, whilst systemic factors such as lack of contextually relevant resources, limited professional recognition, and a lack of local SLP academics continued to pose challenges. The development of relationships with clients and families and effecting positive change brought meaning to participants’ work and afforded them a deep sense of personal and professional satisfaction.

Participants’ descriptions of their foundational professional activities highlighted an ongoing focus on the delivery of services within a medical model approach to health and disability, that is, SLP interventions defined in terms of the communication disorders of clients or their SLP diagnosis and sessions conducted mostly in a labour-intensive manner, for example, 1:1 or small groups. As noted in 2013, this was expected given how health services are generally provided in Vietnam (Adams, 2005) and the structure of the SLP training program completed by the research participants (Atherton et al., 2013). Whilst it was acknowledged that impairment-based services remain important, their ability to support individuals’ full engagement in society was limited (Wickenden, 2013). As such the participants’ increasing focus upon community-based education and training about communication and swallowing disabilities was an
important component of their work. CBR programs have been established in all of Vietnam’s 63 provinces and cities and function primarily to provide health and other services to provincial and rural areas where most of the Vietnamese population live (Mijnarends, Pham, Swaans, Van Brakel, & Wright, 2011). The education and training of workers at these facilities in aspects of SLP will develop a cadre of “mid-level workers” (WHO, 2010) with skills to deliver services to persons in the local community and raise awareness about communication and swallowing disabilities. However, exploration of the utility of CBR to inform the development of the profession must address previously identified threats to the sustainability of CBR services in Vietnam that include financial constraints, limitations in human resourcing, lack of infrastructure, and changing community and political environments (Mijnarends et al., 2011).

The extent to which a profession is considered “scientific” by the public and government influences the degree to which decision-makers are open to supporting the growth of a profession. Leung and Zhang (1995) argued harnessing the profile of professions that are already established and underpinned by an accepted evidence base may support new professions to grow; thus, whilst the balancing of dual professional roles was posing challenges to the participants, it might also be heightening the legitimacy of their work as speech-language pathologists. Their engagement in research will also enhance their legitimacy by building contextually relevant evidence to inform the practice of SLP in Vietnam. Researcher capacity has, however, been identified as a limiting factor to research conducted in the Vietnamese health system (Kagan et al., 2016); it has also slowed the development of the SLP profession in other countries (Bondoc, Mabag, Dacanay, & Macapagal, 2017). It is therefore encouraging that several participants in this study had commenced research in partnership with local and international colleagues that would develop the future research capacity of the SLP
community in Vietnam and support greater awareness of the Vietnamese SLP profession, locally and internationally. Targeted education organised through the Speech Therapy Club could also address this need and over time reduce reliance upon international ties that have the potential to impose research questions and priorities that may be irrelevant to the Vietnamese context (Leung & Zhang, 1995). Further, should recommendations for funding of SLP research in Vietnam be realised (Eitel et al., 2017), research training, the conduct of research, and dissemination of its findings may be supported long term.

Expansion of the participants’ work into the private health sector was expected. Privately based SLP services are commonplace in the major cities of Vietnam (Eitel et al., 2017), and as people in Vietnam become more affluent, greater demand for different forms of service delivery will follow (McPake & Mensah, 2008). However, loss of trained SLP professionals to private clinics has the potential to impact service development in the public sector, an issue already of concern to other health-related professions in Vietnam and in countries where resources are limited (WHO, 2017). A range of factors including financial, workload, and access to training opportunities and equipment may be at play (Witter, Ha, Shengalia, & Vujicic, 2011). Ongoing research to support understanding and timely management of these issues in Vietnam is critical and would be further informed by investigation of the impact of these issues upon allied health professions such as SLP.

Barriers to the development of services for PWD include lack of human resources and limited funding (WHO, 2017). The scarcity of suitably qualified SLP academics in Vietnam is slowing development of the profession by delaying the commencement of university-based training programs, an issue relevant to other professions in Vietnam.
(Hugman, Durst, Loan, Lan, & Hong, 2009) and to emergence of the SLP profession elsewhere (Lian & Abdullah, 2001). Further, limited financial resources will impact service development by restricting access to materials and equipment (Leung & Zhang, 1995). The recent commitment by the Vietnamese government to train and employ greater numbers of rehabilitation personal, including speech-language pathologists (Vietnam MOLISA, 2014) will support a future cadre of SLP clinicians, as will meeting recommendations to increase the number of formally trained speech-language pathologists in Vietnam via bachelor and master’s programs (Eitel et al., 2017; USAID, 2018). Further, postgraduate study undertaken in international contexts will ensure appropriately trained Vietnamese academics are available to teach into SLP programs into the future.

The meaning of terms for emotions in Asian languages have been found to reflect similar constructs in English (Alvarado & Jameson, 2010; Romney, Moore, & Rusch, 1997), and so it is with a degree of confidence that participants’ words to describe their “feelings” about their work may be viewed as they are understood in English. The reflections of PRG members therefore suggest that despite numerous challenges, their work affords pride and satisfaction. Effecting positive change and developing relationships with clients have been found to contribute to job satisfaction and professional confidence (Loan-Clarke, Arnold, Coombs, Bosley, & Martin, 2009), yet those aspects of practice affording frustration to the research participants—that is, limited professional recognition, lack of resources, and clients ceasing therapy—have the potential to impact professional engagement into the future (Randolph, 2005). To this end, the mentoring offered by international colleagues remains important as it will support clinical expertise (including specialisation) and skills in reflection and reasoning (American Speech-Language-Hearing Association, 2008). Further, through
engagement in mentoring and in education regarding mentoring, the capacity of the SLP graduates to become mentors themselves will be increased and contribute to their future autonomy in this aspect of professional work.

Finally, participants’ reflections upon clients’ experiences when engaging with their services provided novel insights. It was not within the scope of this research to explore motivations for seeking therapy and of treatment-seeking behaviours in Vietnam, nor whether the services provided by PRG members were meeting the needs of clients. However, greater understanding of the experiences and perceptions of persons with communication and swallowing disabilities and their families in Vietnam, how disability is situated within their lives, the types of services they seek (if any), and factors influencing service access will inform understanding of the perceived benefits of SLP and service development priorities. This information will also support the development of services that are culturally and contextually relevant and address key challenges to the profession that include its current practice being informed by Western paradigms of communication and swallowing disabilities.

There are several limitations to this study. The reflections of the seven research participants may not be representative of the 11 PNTU 2010–2012 graduates who did not participate in this research, nor of future graduate cohorts. However, as previously stated, the aim of this research program was not to learn of the experiences of the broader SLP community in Vietnam but to explore in depth the experiences of a group of the first graduate cohort as the pioneers of the profession. Further, the seven research participants had expressed interest in being actively involved in the research; thus, the focus of the research was on their journeys. It is acknowledged that several of the research participants sat on the executive committee of the Speech Therapy Club, and
this may have influenced the opinions and ideas expressed by the other PRG members. Regarding the research data, analysing it using a framework informed by pre-existing data may have limited the emergence of new or different aspects of the participants’ experiences. Further, research conducted with the support of an interpreter may have impacted the authenticity of the data: Measures undertaken to address this included member checking and cross-checking of the accuracy of the translation. Finally, the previous relationship between the researcher and the participants may have influenced the research: The researcher sought to “bracket” or place her previous knowledge and experience aside (Rolls & Relf, 2006) by keeping a detailed reflective diary documenting her reactions and thoughts in relation to the research.

6.1.6 Conclusion

Findings from the 2015 research workshops represent the PRG members defining their own experiences, giving voice to the evolution of their practice. Focus was drawn to aspects of their journeys that reflected the experiences of other pioneering speech-language pathologists, such as balancing dual professional roles, limited research capacity, and lack of opportunities for higher education. This research also highlighted context-specific factors shaping the participants’ work: an expanding private health system, threats to the viability of CBR, and disparities in access to funding for paediatric and adult services. Recent pledges of financial and technical support from an international agency will see the commencement of SLP university degrees in the near future; this will support professional recognition at a government level and increase the cadre of qualified professionals into the future. In the meantime, the education and training provided by the participants is raising awareness of communication and swallowing disabilities in Vietnam. Future research exploring the benefit of CBR as a means of accessing SLP services in Vietnam is vital, as is research that informs
understanding of the perceptions and experiences of those in the community with communication and swallowing disabilities. This research highlighted the criticality of local knowledge and experience to informing initiatives that seek to foster the development of the SLP profession in Vietnam and support its sustainability into the future.
6.1.7 References


capability for clinical trials in developing countries. Public Health Reports, 131, 396–403. doi:10.1177/003335491613100305


Table 6.1. Process of Data Analysis 2015

<table>
<thead>
<tr>
<th>Stage of Analysis</th>
<th>Process</th>
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<tbody>
<tr>
<td>1. Developing familiarity with the data</td>
<td>a. Listened to the audio recordings of the consecutive English translation of the three meetings</td>
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<tr>
<td></td>
<td>b. Developed verbatim written transcripts of the English translation of the meetings</td>
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<td></td>
<td>c. Read and re-read the transcripts and the English-translated written comments/notes generated by the participants</td>
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<td></td>
<td>d. Developed analytic memos in response to the initial ideas about the data</td>
</tr>
<tr>
<td>2. Checking for accuracy of translation and transcript</td>
<td>a. Transcripts of English translation, audio recordings of the meetings, and participants’ written comments/notes provided to the research interpreter for cross-checking</td>
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<tr>
<td>3. Developing the analytical framework</td>
<td>a. A priori codes and categories generated from Phase 1 data utilised to form analytical framework</td>
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<td></td>
<td>b. Definitions of a priori codes and categories revisited by primary author to support re-familiarisation</td>
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<tr>
<td></td>
<td>c. Code titled Other added to framework to capture aspects of data found to sit outside the a priori codes</td>
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<tr>
<td>4. Applying the analytical framework</td>
<td>a. Participants’ written comments and data from meeting transcripts organised using analytical framework</td>
</tr>
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<td></td>
<td>b. Illustrative quotations included</td>
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<td></td>
<td>c. Memos made regarding decisions in relation to data organisation</td>
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<tr>
<td>5. Charting data into the framework</td>
<td>a. Data in each category summarised; illustrative quotes finalised</td>
</tr>
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<td></td>
<td>b. Codes in Other category grouped into conceptually similar categories and defined</td>
</tr>
<tr>
<td>6. Interpreting the data</td>
<td>a. Developed a mind map to visually represent the categories and their relationship to each other</td>
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<tr>
<td></td>
<td>b. Categories reviewed against Phase 1 themes and subthemes to ascertain whether they informed one of the Phase 1 themes or a new theme</td>
</tr>
<tr>
<td></td>
<td>c. Reshaped and expanded the Phase 1 themes to reflect the participants’ practice in 2015</td>
</tr>
<tr>
<td>Criteria</td>
<td>Definition</td>
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<td>-----------------</td>
<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>Credibility</td>
<td>How closely the research findings reflect the participants’ experiences</td>
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<tr>
<td>Dependability</td>
<td>Ability to replicate the research</td>
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<tr>
<td>Transferability</td>
<td>Extent to which the research findings could be applied to other contexts</td>
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<tr>
<td>Confirmability</td>
<td>Freedom from bias</td>
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</table>
### Table 6.3. Summary of Key Differences Between 2013/14 and 2015

<table>
<thead>
<tr>
<th>Theme</th>
<th>2013/2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Scope of practice</td>
<td>Daily professional practice of the SLP graduates</td>
<td><strong>Theme reshaped and expanded</strong></td>
</tr>
<tr>
<td><strong>Subthemes</strong></td>
<td></td>
<td><strong>Reshaped</strong></td>
</tr>
<tr>
<td>1.1 Stakeholder groups, users of services</td>
<td></td>
<td>Subthemes of stakeholder groups, users of services, and clinical services combined under “clinical services” to reflect their interrelatedness</td>
</tr>
<tr>
<td>1.2 Clinical services—roles and responsibilities</td>
<td></td>
<td><strong>Expanded</strong></td>
</tr>
<tr>
<td>1.3 Service management—department management, staff recruitment, and establishing new services</td>
<td></td>
<td>To include increased focus upon educating others in SLP</td>
</tr>
<tr>
<td>2. Developing identity</td>
<td>Factors shaping the early professional identity of the SLP graduates</td>
<td><strong>Theme expanded</strong></td>
</tr>
<tr>
<td><strong>Subthemes</strong></td>
<td></td>
<td>To include participants’ focus upon recognition and respect as components of establishing a professional profile</td>
</tr>
<tr>
<td>2.1 Dual roles—in first qualifications and as speech-language pathologists</td>
<td></td>
<td><strong>2015 subthemes</strong></td>
</tr>
<tr>
<td>2.2 Establishing a profile—impact of limited professional profile; activities undertaken to raise the profile of the SLP profession</td>
<td></td>
<td>2.1 Dual roles—in first qualifications and as speech-language pathologists</td>
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<tr>
<td></td>
<td></td>
<td>2.2 Establishing a profile—impact of limited professional profile; activities undertaken to raise the profile of the SLP profession; personal recognition and respect</td>
</tr>
<tr>
<td>3. Confidence to practise</td>
<td>Factors influencing confidence to provide SLP services</td>
<td>Theme reiterates all points from 2013/2014</td>
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<td>--------------------------</td>
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<tr>
<td><strong>Subthemes</strong></td>
<td></td>
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<tr>
<td>3.1 Knowledge—adequacy of knowledge for practice, impact of knowledge gaps, accessing knowledge to inform practice</td>
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<tr>
<td>3.2 Managing expectations—confidence in meeting the needs and expectations of stakeholders</td>
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<tr>
<th>4. Progressing the profession</th>
<th>Priorities for developing the profession into the future</th>
<th><strong>Theme reshaped and expanded</strong></th>
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<tbody>
<tr>
<td><strong>Subthemes</strong></td>
<td></td>
<td><strong>Reshaped</strong></td>
</tr>
<tr>
<td>4.1 Advancing professional recognition—initiatives to promote recognition at a government level, including professional representation and the identification of a SLP “leader”</td>
<td></td>
<td>Subthemes of advancing professional recognition and undertaking higher qualifications combined under “advancing professional recognition” to reflect their interrelatedness</td>
</tr>
<tr>
<td>4.2 Undertaking higher qualifications—in SLP and allied professions; a desire for specialisation</td>
<td></td>
<td><strong>Expanded</strong></td>
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<tr>
<td></td>
<td></td>
<td>To include an explicit focus upon the participants’ perceived role in progressing the profession</td>
</tr>
<tr>
<td><strong>2015 subthemes</strong></td>
<td></td>
<td><strong>2015 subthemes</strong></td>
</tr>
<tr>
<td>4.1 Advancing professional recognition</td>
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<td>4.1 Advancing professional recognition</td>
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<tr>
<td>4.2 Leading the way</td>
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<td>4.2 Leading the way</td>
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<tr>
<th>5. Feelings</th>
<th>New theme</th>
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<tr>
<td></td>
<td>Emotional responses to practising SLP</td>
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</table>
Chapter 7: 2016: Fourth Year of Speech Therapy Practice

This chapter reports Phase 3, which explored the graduates’ professional journeys since 2012 and their experiences of engaging in the research. Phase 2 had highlighted the utility of creative research methods to engage the participants in explorations of their work and had led to a reshaping and expansion of the framework conceptualising their work. In particular, it had highlighted a sense of personal responsibility and of a commitment to effecting positive outcomes for users of ST services. In the first research workshop of 2016, visual research methods were again introduced, this time to provide opportunity for the PRG members to reflect upon their professional journeys over the past four years and to depict them in creative ways.

7.1 Paper 4


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7.1.1 Abstract

Between 2013 and 2016, cross-cultural research utilising qualitative methodology was undertaken to explore the emerging profession of SLP in Vietnam. This article reports one aspect of the final stage of the research in which graphic elicitation techniques supported exploration of the professional journeys of five of Vietnam's first university-qualified SLP graduates. Participants were invited to draw their professional journeys as a river and to use the visual images as they described their experiences. Thematic analysis of the data identified five themes: a shared journey, a journey through obstacles, a vocation not just a job, lifelong learning, and the future looks bright. Several of the research findings confirmed those of previous studies exploring the emergence of new professions in underserved contexts such as Vietnam: limited human and contextually relevant resources, movement into specialisation and private practice, and the importance of higher education and university-based degrees as foundations for the future of a profession. New insights also emerged: the significance of others in the participants’ journeys, evolution of the SLP profession at multiple levels, and the critical importance of culturally safe practices and authentic collaboration between international partners. The drawings acted as a bridge to cultural and language differences, and afforded opportunity for a group of Vietnam’s first SLP graduates to reflect upon their professional journeys and represent their experiences in novel ways.
7.1.2 Introduction

It is estimated that over six million people, or 7.7% of the population in Vietnam are living with some form of disability associated with seeing, hearing, mobility, or cognition (United Nations Population Fund, 2011), though this number is suspected to be greater (Palmer, Groce, Mont, Nguyen, & Mitra, 2015). Nearly 3.8% of the population have difficulty with more than one of these domains, and 0.5% or approximately 400,000 persons report a loss of function in all four domains (United Nations Population Fund, 2011). PWD in Vietnam are at greater risk of poverty and poorer health relative to the wider Vietnamese population (Palmer et al., 2015) and experience difficulties accessing education and other essential services. They also face negative attitudes resulting from limited social awareness and understanding of disability (Tran, 2014).

The WHO (2006) defined the health workforce as “all people engaged in actions with the primary intent of enhancing health” (p. xvi). This definition includes allied health professions such as physiotherapy, SLP, occupational therapy, psychology, and social work. The allied health professions of physiotherapy, social work, and psychology are known and practised widely in Vietnam (Hayashi, 2010; Kassey, 2011; Oanh, 2002), but this is not the case for SLP. Until recently, services for persons with communication and swallowing disabilities in Vietnam have been provided by medical personal, nurses, physiotherapists, and other professionals as part of their daily practice. Many of these professionals had completed training in aspects of SLP as offered by visiting international speech-language pathologists or by local Vietnamese colleagues who had independently developed knowledge and skills in relation to communication and swallowing disabilities (McAllister et al., 2010). However, in September 2012, 18 Vietnamese health professionals graduated from a two-year SLP training program at
PNTU, HCMC, Vietnam, thereby becoming Vietnam’s first cohort of speech-language pathologists qualified to practise across the full range of SLP practice. All graduates worked in the public health sector, had primary qualifications in the fields of medicine, nursing, physiotherapy, and accounting, and had previously provided services to children or adults with communication disabilities as part of their daily professional practices (Atherton, Nguyễn, & Võ, 2013).

7.1.2.1 Positioning the research

The research reported in this paper represents one aspect of the final phase of a longitudinal, cross-cultural research program exploring the emerging profession of SLP in Vietnam through the experiences of a group of Vietnam’s first university-trained speech-language pathologists. The journeys of these graduates from training to professionalisation were considered critical to informing SLP service development in Vietnam, as the profession is not officially recognised by the Vietnamese government and there are no local role models to guide the profession or the graduates. Further, the knowledge and theory informing the training of these graduates was underpinned by Western constructs of the management of communication and swallowing disabilities, the utility of which was unclear in the Vietnamese context. The primary author had also contributed to the education of these graduates and sought to support their emerging practice through active engagement in research with them. To this end, research underpinned by an interpretivist worldview (Denzin & Lincoln, 2000) and informed by the tradition of phenomenology (van Manen, 2011) was commenced in 2013 to explore the experiences of these pioneering health professionals and to capture the complexity and nuances of their work (Atherton, Davidson, & McAllister, 2017). The research was also underpinned by a collaborative ethos (Kindon, Pain, & Kesby, 2010) seeking to privilege the graduates’ knowledge; an advisory group (later named the Participatory...
Research Group; PRG) comprising seven members of the 2012 SLP graduate cohort was convened in 2014 to guide the research over its duration, and creative research methods supporting participant-created data were introduced to position the graduates as co-creators of knowledge about their experiences (Atherton, Davidson, & McAllister, 2016).

7.1.2.2 Positioning participant-created data within the context of the research

Research methods producing participant-generated data such as photos, drawings, and similar artefacts have been described as enhancing principles of collaboration and empowerment in research by providing opportunity for individuals to represent their experiences in unique ways (Kingdon et al., 2010). Engaging in the act of producing a visual image allows time for individuals to reflect upon their personal experiences and to add to and alter their images as their reflection continues, thereby supporting greater personal insights into a phenomenon or experience (Guillemin & Drew, 2010). Moreover, when developing and discussing the images they produce, participants can choose what they wish to share (Copeland & Agosto, 2012).

In the current study, research methods supporting participant-generated data provided members of the PRG with opportunity to explore their experiences as speech-language pathologists in ways other than through more commonly used qualitative research methods of individual interviews and focus groups. Participants would also be able to represent their experiences in ways that were culturally meaningful to them and with reduced reliance upon an interpreter, important considerations in cross-cultural research (Kindon et al., 2010). Further, the visual data generated in the research had the potential to challenge any preconceived notions the researchers or others may have had about the
participants’ experiences; it would “make the familiar strange” (Mannay, 2010, p. 94) and draw focus to the participants’ stories as told explicitly by them.

7.1.3 Method

The final phase of the research program involved the conduct of two workshops in HCMC in November 2016. The research reported in this paper is from the first of these workshops, the specific aims of which were to

1. explore the evolution of the participants’ professional practices as speech-language pathologists since 2012;
2. identify factors that participants believed had influenced their journeys; and
3. explore the participants’ plans and aspirations for the future.

A further aim of the research was to consider the utility of drawing as a method to meeting these research aims.

Ethics approval for this study was granted by the University of Melbourne Behavioural and Social Sciences Human Ethics Committee, ID 1442056. All participants provided written consent for the workshop to be audio–digitally recorded, for photos to be taken during the workshop, and for publication of data generated in the workshop.

7.1.3.1 Participants

The seven members of the PRG consented to participate in the workshop; however, due to illness, two members were absent. Table 7.1 provides the demographic details of the five research participants.

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7 Ethics approval was not required in Vietnam as research participants’ engagement in the research was independent of their work organisations and other authorities.
7.1.3.2 Data collection

All data was collected by the primary author (“the researcher”). One week prior to the workshop, the participants were provided with a written outline (in Vietnamese) of the objectives of the workshop and its proposed duration, structure, and activities. The workshop outline was headed “Your journey as a pioneering speech therapist” and contained an image of a river with tributaries passing through a series of mountains, forests and plains, and flowing into the ocean. The workshop activity was described as follows:

This workshop will explore your professional journeys as speech therapists. You will be invited to draw your journeys, depicting amongst other things, factors impacting your work, important events in your journeys, and your plans and aspirations for the future. You will then be invited to describe your drawing to the other workshop participants.

The workshop venue was a private room in HCMC that was local to the participants. The interpreter, who had participated in the research since 2014, was present and provided both verbal and written interpretation; given a key component of the workshop activity and subsequent data were participants’ descriptions of their drawings, a consecutive rather than simultaneous style of verbal interpretation was provided to minimise disruption to participants’ narratives (Chen & Boore, 2010). Blank sheets of A3 paper and an array of art materials were made available from which the participants could construct their drawings: pencils, stickers, small coloured stones, pipe cleaners,
cork, wool, and pieces of material in the shapes of sea animals, people, and buildings. As the participants’ journeys as speech-language pathologists had spanned four years, the temporal nature of their journeys was of interest. Sheridan, Chamberlain, and Dupuis (2011) asserted that time and narrative are linked “in that narrative almost always involves time and requires a temporal component to be meaningful” (p. 554). Further, explicitly drawing attention to time may prod memories, support identification of seminal events, establish a link between past events and other events, and encourage reflection (Martyn & Belli, 2002). The participants in this study were therefore encouraged to construct their drawings utilising a timeline with the years from 2012 to 2016 displayed along the horizontal axis of their paper to represent the years from their graduation as speech and language therapists to the current year.

The workshop ran for 120 minutes, 40 minutes of which were allotted to the drawing activity. All participants chose the materials to construct their drawings after some deliberation and worked largely in silence other than when sourcing art materials from each other, at which time there was animated discussion about their progress with the activity. Once completed, participants were invited to describe their drawing to the larger group, having been asked to “Tell us about your stories”. As an aid to recollection, the researcher made written notes as the stories were being told, including details of participants’ narratives that referred to specific components of their drawing, for example, the meaning ascribed to an inanimate object, marine animal, or human figurine in a drawing. Following each story, questions were taken from other workshop participants; these generally related to key events represented in a drawing and the materials used to construct specific aspects of a drawing. The researcher then verbally summarised the notes she had taken of each story and sought clarification from the speakers as to the accuracy of her recollection and interpretation of their narratives.
7.1.3.3 Data

Data comprised the audio recording of the workshop, a verbatim transcript developed by the researcher of the English translation of the meeting, the five drawings produced by the participants and photos taken of these drawings, the researcher’s written summary notes and content of her research journal and reflective diary. In the transcript, pseudonyms replaced the names of the participants, the interpreter, and any persons and organisations referred to in discussions. Names of individuals and organisations in the drawings were removed to maintain anonymity.

7.1.3.4 Data analysis

A process of thematic analysis as described by Braun and Clarke (2006) was utilised to analyse the data. The researcher familiarised herself with the data through the development of the workshop transcript and repeated reading of the written dataset. The photographs of the five drawings and the workshop transcript were reviewed together, and aspects of participants’ narratives that related to specific details in their drawings, for example, comments about a component of a drawing, were written directly onto the photographs to support the researcher’s recollection of these details. Notes were then made onto the workshop transcript that reflected the researcher’s initial thoughts in relation to the data. Utilising a process of manual coding, initial codes were generated through an inductive or “bottom up” approach (Braun & Clarke, 2006, p. 83) that reflected the semantic or surface meaning of the data rather than a preconceived theoretical construct. The codes were next sorted into conceptually similar categories and a mind map (Wheeldon & Faubert, 2009) developed to visually represent the relationship between the categories and their relevance to the research. The categories were then grouped into subthemes and further refined, resulting in five overarching themes that represented the content of the dataset.
The drawings themselves were not analysed in detail. As stated previously, participants were invited to depict their professional journeys through drawing and then to use these to describe their experiences. In this sense, the drawings acted as prompts and supports to the participants’ descriptions and in doing so became part of the textual record of the workshop. However, the research also sought to survey how drawing supported the participants to represent their individual experience. To this end, details in the researcher’s workshop notes and in the workshop transcript that made specific reference to the ascribed meaning of different components of the drawings were highlighted for inclusion in discussion of the research findings.

7.1.3.5 Rigor

The four criteria proposed by Lincoln and Guba (1985)—credibility, dependability, transferability, and confirmability—were used to enhance the rigor of the research. Details of this process are described in Table 7.2.
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Definition</th>
<th>How Addressed in the Research</th>
</tr>
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| Credibility | How closely the research findings reflect the participants’ experiences | 1. Member checking the data—both at the workshop’s conclusion and in the final research workshop where the first author presented a summary of her interpretation of the participants’ narratives and drawings and sought feedback from the participants as to the accuracy of her interpretation  
2. Triangulating the different datasets—workshop transcript, visual images, first author’s field notes  
3. Checking the accuracy of the interpretation provided by the interpreter  
4. First author’s extended engagement in the field |
| Dependability | The ability to replicate the research                                        | 1. Detailed description of research process and decisions made in relation to the research                                                                                                                                                               |
| Transferability | The extent to which the research findings could be applied to other contexts | 1. Detailed or “thick descriptions” of the background to and context of the research; participant details, etc.                                                                                                                                 |
| Confirmability | Freedom from bias                                                            | 1. First author’s use of a reflective diary to “bracket” assumptions and past experiences in relation to the research context and participants, the research process, and the data  
2. Review and discuss the drawing descriptions with the participants  
3. File audit and review and discuss analysis between co-authors of this article |
7.1.4 Result

Five themes characterised the professional journeys of the participants and are reported in turn: a shared journey, a journey through obstacles, a vocation not just a job, lifelong learning, and the future looks bright. As the participants’ drawings do in themselves provide a visual interpretation of the textual data and offer a different medium by which the data might be viewed, they are reproduced below.

7.1.4.1 Theme 1: A shared journey

All participants described their journeys as shared and underpinned by the support of others. Their professional rivers were punctuated with human figurines, marine life, and inanimate objects that represented those who had in some way been part of or joined their journeys. Mr. An positioned a human figurine at the juncture of each year from 2012 to 2016 to draw attention to the continued support he had received:

There have been many, many people [pause] like international teachers that came to help me with my professional development, people from the university, my colleagues, my patients, and even my family [pause] so I have much support [pause] lots of support from many people throughout my journey.

Mr. Duc described how sharing his journey with others had buoyed him in difficult times:

For those years from 2013 to 2015, it was very difficult. But there was always one person, many people who stood by me even though it was through the mountains. I still had people who helped me; they stood in the mountains with me.

Journeys were also shared with the users of SLP services, and effecting positive change for clients and families encouraged participants to persist on their journeys. For Ms.
Bich, an increasing number of clients acted as motivation to continue her journey (Figure 7.1):

The red stars represent the patients, the increasing number of speech therapy patients. When I first graduated, there were not as many patients but eventually they increased. And my workload increased as well. So, I must keep going for the patients.

Figure 7.1. Ms. Bich’s drawing of her professional journey.

In Ms. Minh’s drawing, a whale swimming up river represented health professionals she had trained between 2015 and 2016 in aspects of SLP practice. These professionals were now providing services outside of HCMC and in doing so were raising the profile of the profession in the provinces. Mr. Jach, Mr. An, and Ms. Lac also depicted training others in SLP as part of their journeys, describing this as an important component of the profession’s future viability. Ms. Lac’s description summarises this sentiment:
Up here [in 2015] I had a project with another organisation where they invited me to teach. Teaching in terms of speech therapy for the teachers. And those teachers will join into the flow of the river to help speech therapy develop.

Finally, all participants represented Vietnamese SLP colleagues in their journeys. Ms. Minh, Ms. Lac, and Mr. An spoke of a camaraderie arising from the shared experience of being a pioneering speech-language pathologist in Vietnam, Ms. Lac commented that “I always have speech therapists by my side”, whilst Mr. An noted his participation in the research had supported collaboration with SLP colleagues: “It’s very good that we’re working in this [research] group and we see, we meet [with] each other. We need to support each other and share our experiences for we cannot make it on our own”.

7.1.4.2 Theme 2: A journey through obstacles

Numerous challenges had impacted participants’ journeys and were represented visually in diverse ways such as mountains, rocks, and trees blocking the flow of professional rivers and “nipping” river crabs. Many of the challenges identified in earlier phases of the research remained problematic, such as limited recognition of the profession and lack of contextually relevant resources to inform practice. Balancing professional roles in their primary professions and those of a speech-language pathologist was cited as a significant ongoing challenge, as described by Mr. Duc (Figure 7.2):

In the early stage the river is quite peaceful, and I achieved some outcomes. But can you see those mountains? They almost made me stop. I had to work in [my primary profession] and as a speech therapist, I had to convince many people and balance many things. It was very hard.
Mr. An described the problems he had encountered in his practice as a speech-language pathologist in terms of whether they had been anticipated:

Some obstacles can be predicted; they were in the river. For example, this [crab] is a patient; I could predict that a clinical case would be difficult for me. Or for example, the lack of understanding from colleagues or from other people about speech therapy [pause] I could predict those.

Ms. Lac also utilised crab figurines to represent clinical cases she had found challenging: (Figure 7.3):

These are the people [orange fish] who accompany me, the patients as well. But there’s a crab and a crab has two claws and sometimes they nip you [pause] they’re the severe [clinical] cases I can’t really do much with at all.
However, for Ms. Bich, the crabs represented professional colleagues who, whilst unfamiliar with the SLP profession, might be convinced of its worth:

This crab represents all the colleagues from other professions like doctors and physiotherapists but in a positive way, not a negative way. Because they’re people from outside the speech therapy profession, so sometimes their perspective, their way of thinking is not the same as ours. So some of them supported us, but some of them needed us to convince them.

7.1.4.3 Theme 3: A vocation, not just a job

A commitment to supporting the Vietnamese SLP profession into the future was expressed by all research participants; however, two participants communicated a heightened sense of personal responsibility to actively progress the profession. Mr. An and Mr. Duc spoke of having to explicitly choose between their primary professions and SLP, of a need to personally commit to the SLP profession, and the importance of
demonstrating its mastery. Further, Mr. An spoke of a love, a dedication to the profession, representing this as the river bank and the foundation of his professional practice river (Figure 7.4):

Underneath it [the river] there needs to be a bank, or river’s edge. Otherwise without that the river will sink. And something else [pause] we all have a previous profession apart from speech therapy, so I wrote here [on the river bank]: “love”. You need to love your patients, you need to love the profession, you need to love a lot of things. But not just a fling kind of love, it needs to be dedicated love.

Figure 7.4. Mr. An’s drawing of his professional journey.

Mr. Duc also spoke of his commitment to the profession, but professional and personal challenges had dogged his journey as represented by the mountains in his drawing. When reflecting upon his experiences of developing the SLP profession in his workplace, he recalled a personal conflict arising from having to prioritise one profession over another:
From late 2013 to 2014, I had many difficulties, mountains. I had to work in [another profession], I also had to work as a speech therapist, and I had to decide between them. To master a profession, it’s very hard to do two things at the same time. If I give up everything to do the other then it’s difficult, but then choosing is also difficult. You need to prioritise. But how do you do that? Can I choose both? Can I choose one?

7.1.4.4 Theme 4: Lifelong learning

This theme draws attention to participants’ representations of professional and personal learnings throughout their journeys. They described undertaking professional development, engaging in research to develop contextually relevant resources and tools, and providing clinical training for colleagues. Further, three participants had commenced postgraduate studies in fields not directly aligned with the SLP profession, which would support their work as speech-language pathologists into the future.

As journeys progressed, an increasing role in the education of others was highlighted and, whilst facilitating the learning of others, also supported personal learning:

I’ve been providing lots of education and training to others and because of that my knowledge and my skills have become better. So, I put my skills here [in 2016] as flowers. At first they were not really flowers, but now you can think of them as flowers. (Ms. Lac)

Ms. Lac also described personal learnings arising from the challenges she had faced on her journey and represented these in her drawing as water flowing past obstructions in her professional practice river:

Even though it’s not big, I still consider it an obstacle, which is my language, my English abilities. And at this point [2013], when I have to do study on my own and read books on my own, because of my limited English it takes a lot of time to read books. But even though it takes a long time it is still a good outcome that I’ve achieved. My English started to develop.
Education and mentoring from international SLP colleagues and international travel that informed understanding of different models of professional practice, service development, and delivery also supported participants’ learning:

I’ve had some opportunities to study abroad [pause] they are the planes [in the drawing] [pause] and they provided me with opportunity to see how they [international organisations] organised their work and the activities that were necessary to progress the profession. These organisations developed through a long journey and they needed to be active, to have the initiative to work by themselves, work on their own. And that helped me, when I returned [to Vietnam], when I’m faced with a difficulty, I feel less likely to give up. (Ms. Bich)

Contributing to the development of other professions in Vietnam such as rehabilitation and occupational therapy supported mutual learnings: “The knowledge I have in speech therapy was very helpful to another project. On the other hand, I also learned a lot from that project [pause] like the stages of a project [pause]. . . and working in a team” (Ms. Bich).

Finally, participants described learnings arising from their engagement with clients:

One thing that I’ve learned from them [the patients] is to always think positively. And I always remind them to think positively. It also means talking about the positive prospect of the profession into the future. We must be positive. (Ms. Bich)

7.1.4.5 Theme 5: The future looks bright

A sense of moving forward, of the profession continuing to develop and of having a “bright” future was reflected in all participants’ narratives. Rivers becoming waterfalls, increasing numbers of fish in the rivers, and shining suns represented participants’ future aspirations. Three participants described the inaugural meeting of the Vietnam Speech Therapy Club in 2014 under the auspices of PNTU as the launch of a national...
Vietnamese SLP association and an important milestone in the development of the profession. Initial functions of the club were to act as a medium through which “formal” recognition for the new graduates and the profession could proceed and as a place where the graduates might meet and access professional development and collegial support. At the time of the study, however, the Speech Therapy Club had met on only one occasion, an issue of concern to several of the participants:

We know it’s important that the club meet, for us to work together for the profession, but sometimes it is difficult. We need to be committed, to make the effort to meet because as a group we will be stronger. (Mr. An)

The opening of SLP departments and clinics were also seminal to the future viability of the profession. Ms. Minh envisaged opening a SLP clinic in the hospital where she worked, representing this as a building at the top of a widening river (Figure 7.5):

*Figure 7.5. Ms. Minh’s drawing of her professional journey.*
Three participants represented and described continuing to engage in professional development and transitioning to specialisation in discrete areas of SLP practice as supporting their “lifelong learning” (Mr. An, Mr. Duc and Ms. Lac). Partnering with local and international organisations to conduct and support future research and service development would also support learning:

Into the future there might be some outside [international] support. Last year I met [with an international organisation] and they invited me to work with children who have a repaired cleft lip and palate. At that point [2015] I was too rushed, but this year they called me again and possibly there might be a speech therapist from the USA coming here to discuss how to help these children. (Ms. Lac)

Whilst still in their infancy, formal initiatives to address the lack of suitably qualified professionals to meet the demand for SLP services in Vietnam and to train future cadres of SLP practitioners were positive steps in progressing the profession. Several participants described the importance of colleagues undertaking higher research degrees in SLP to support SLP university programs in the future, and it was hoped that the recent interest shown by an international government organisation would offer long-term financial and technical support. Mr. Duc depicted the future of the profession as tributaries flowing into an ever-widening river, representing the different ways in which the profession could be advanced:

From now on I don’t know when the mountains will end. But whenever we get through the mountains there will be a waterfall. And I can help progress the profession, for sure. Because even though I don’t do clinical work [in SLP] at the moment, progressing the profession is not just about clinical work, there’s also research.
Finally, there was a commitment to working together: “We’ve done so much on our journeys. And we need to continue to work together. Because at the end, the sun, the bright sun will shine” (Mr. An).

7.1.5 Discussion

The research presented in this paper represents one aspect of the final phase of a longitudinal cross-cultural research program conducted over four years exploring the emerging practice of SLP in Vietnam through the experiences of a group of Vietnam’s first SLP graduates. Findings from the research provided rich evidence of an evolving professional practice influenced by a wide range of factors both individual to and shared between participants. Resilience, the role of others, and effecting positive change were integral to the participants’ everyday practice. Educating others, the conduct of research, and completion of higher degrees in SLP were progressing the profession but would require an ongoing commitment from the SLP graduates and the international SLP community to ensure a future solid foundation.

Previous research exploring the development of SLP in contexts similar to Vietnam identified limited understanding and recognition of the profession, the balancing of dual professional roles, and lack of culturally and contextually relevant resources as challenges facing practitioners (Cheng, Olea, & Marzan, 2002; Karanth, 2002; Lian & Abdullah, 2001). The study participants represented these challenges in their narratives and drawings and depicted them as sources of professional and personal tension. However, whereas in earlier stages of the research program where similar challenges were described as threatening the viability of the participants’ professional practice (Atherton et al., 2017), in this final research phase they were portrayed as affording personal and professional growth. Indeed, all participants communicated a sense of
strength and resilience to meet the challenges and of continuing to move forward. Resilience or the ability to adapt to difficulties in one’s life is recognised as an essential component of professional longevity (Hodges, Keeley, & Grier, 2005). In “helping” professions such as SLP where multiple challenges and stresses are present, resilience may be represented by an ability to persist when challenged, to be flexible, and to remain optimistic and professionally engaged (Grant & Kinman, 2014). All the research participants’ narratives reflected these attributes, of new perspectives emerging in response to the challenges they faced, of adversity reframed as opportunity, and of actively and optimistically looking to the future.

In Western societies, the support of others and strong social networks are paramount to fostering professional resilience, contributing to feelings of connectedness and empathy and to reduced levels of personal and work-related stress (Tusaie & Dyer, 2004). It was clear from the participants’ narratives that the support of others had buoyed them throughout their journeys, and a “community of learning” (Stoll, Bolam, McMahon, Wallace, & Thomas, 2006) had developed over time through which they garnered professional support and engaged in activities that contributed to their growth as individuals and as a group. Participants’ use of “we” in their narratives suggested group experiences and processes held particular relevance (including their engagement as a group in the current research) and, like the support of family, friends, and international colleagues, would continue to do so into the future. This finding is somewhat at odds with there being only one meeting of the Speech Therapy Club, particularly as a key role of the club was to act as a medium through which the SLP graduates could access collegial support. Several of the PRG members acknowledged the need to meet formally, but “difficulties” had prevented this. It is possible that given multiple competing demands, there was not time to meet; it is also possible that more culturally
specific factors influenced attendance. In an earlier research phase, social hierarchy as
favoured in Vietnam (Nguyen, Terlouw, & Pilot, 2005) was considered a possible
influence upon the research findings, specifically, whether younger and/or less
professionally experienced research participants deferred to more experienced group
members (Atherton et al., 2017). The frequency of Speech Therapy Club meetings may
have been guided by the availability of senior members; if so, contact and networking
through less formalised means, such as special interest groups, might have created more
opportunity to meet. Other factors not discussed by the participants might also have
influenced the regularity of meetings. It is important therefore that when seeking to
support the development of the profession in unfamiliar contexts the international SLP
community explore with its partners how initiatives that best reflect local context might
be introduced. Further, collaboration informed by knowledge of preferences for
engagement will support culturally safe engagement and the development of both
systems-level and local frameworks for service development that are relevant and more
likely to be sustainable.

Taylor (2011) proposed that for a profession to grow, it must do so at three distinct
levels: at an individual level when practitioners are supported to develop the
competencies they need to practice their trade, at an organisational level when decisions
are made about the development of a service at a specific location, and at a systems
level through legislative change, research, and professional regulation and
representation. The participants in this study described growth or evolution of the
profession at all three levels: at a local level through access to professional
development, organisationally through the opening of SLP departments in workplaces,
and at a systems level through the Vietnam Speech Therapy Club, the conduct of
research, and the commencement of higher research degrees. Completion of higher
degrees was identified in an earlier research phase as a key priority for the Vietnamese SLP profession (Atherton et al., 2017). Urgency in meeting this objective was heightened in 2014 following a Vietnam Ministry of Education decision that at least one lecturer with a PhD degree and three with master’s degrees staff all bachelor degree programs (Pham, 2014). Completion of higher degrees in SLP will for the foreseeable future be at international universities; thus, continued support through mentoring and engagement in research with international colleagues, and fiscal assistance from foreign and nongovernment agencies and international universities will remain paramount.

Further, international SLP associations have a role to play in supporting their Vietnamese colleagues’ engagement with the broader SLP international community; specific initiatives might include providing access to resources that support the Vietnamese SLP community to remain abreast of developments in the field of SLP, research grants, association memberships at reduced financial cost, and both formal and informal professional networking opportunities such as through access to mentoring and attendance at international conferences.

All the narratives reflected a commitment to the SLP profession and satisfaction afforded through new learnings and effecting positive change for clients and families. Research in Western contexts suggests that many practitioners in “helping” professions have a strong sense of personal commitment to their work (Stalker, Mandell, Frensch, Harvey, & Wright, 2007), and that subjective or psychological factors such as job satisfaction, increased self-awareness, and adaptability are what motivate individuals who view their work as a vocation or a “calling” (Hall & Chandler, 2005). Work as a vocation has been defined in numerous ways; put simply, it is self-directed or internally motivated work and seeks to contribute to a better world (Wrzesniewski, 2003). More complexly, it is “an approach to a particular life role that is oriented towards
demonstrating or deriving a sense of purpose or meaningfulness and that holds other-oriented values and goals as primary sources of motivation” (Dik & Duffy, 2009, p. 428).

Whilst it is unclear how relevant the concept of vocation is in the Vietnamese context, Dik and Duffy (2009) suggested that both vocation and calling are likely to have relevance cross-culturally but may be expressed in different ways; for example, in a collectivist society such as Vietnam (Nguyen et al., 2005), greater meaning and satisfaction might be associated with contributing to society in general rather than at an individual level. In the current research, affecting a tangible difference in the lives of others heightened participants’ satisfaction and acted as a motivation to their work. Further, participants stated responsibility to progress the profession into the future, and their commitment to lifelong learning suggests their choice of SLP as a career was informed by a sense of personal and professional purpose. To this end, continued access to professional development that supports skills development and opportunities to demonstrate the effectiveness of SLP work in Vietnam will heighten confidence to practise and foster ongoing satisfaction in work.

In keeping with the assertion that the meaning of an image is necessarily informed by its component parts and the context in which it is produced (Guillemin & Drew, 2010), discussion now turns to how these aspects may have influenced the participants’ drawings and narratives. Guillemin and Drew (2010) asked researchers to consider the impact of the audience upon the construction of an image; in the current study, the original audience were members of the PRG and the researcher who was previously known to them as their teacher. The pre-existing relationship between the researcher and participants may have influenced what the participants felt comfortable to represent.
and discuss, an issue explored in an earlier research phase where the presence of the researcher was described in terms of its potential to limit what participants expressed (Atherton et al., 2017). However, it is also possible that the longitudinal nature of the research program supported a sense of trust to be developed over time and encouraged participants in this final study to reveal aspects of their journeys they may previously have chosen not to. The relationships between the participants themselves may have similarly influenced the drawings and narratives. One member of the PRG, Ms. Bich, who occupied a senior professional position, had expressed apprehension about drawing her journey: “I can depict it with words but not with pictures”. Upon being reassured that there was no set way to develop a drawing other than to use the timeline, Ms. Bich had responded, “I will draw [pause] I will draw a draft first before I put it on the paper”. It is possible that Ms. Bich’s hesitancy stemmed from her senior position in the group and/or relationship with the researcher; specifically, the drawing activity may have created potential for embarrassment and “loss of face”. Face in Vietnamese culture is closely linked to social roles and positions and presentation of self in terms of socially approved and accepted attributes. People may lose face when they fail to show that they possess certain competencies and qualities that a role requires (Nguyen, 2015). In the case of Ms. Bich and indeed all the PRG members, the potential to lose face due to not being able to represent their journeys visually as they would like or not wishing to reveal all aspects of their journeys may have shaped the visual information and narratives they provided. Here, as in the earlier discussion of the Speech Therapy Club meetings, the impact of culture upon participation in activities, and including the cultural appropriateness of research methods and techniques of data generation, must be considered.
Distributing the workshop outline prior to the session afforded time for participants to consider how they might depict their journeys and in doing so likely influenced the content of the drawings. However, Guillemin and Drew (2010) argued that time to reflect also supports representation of experiences in a different way to that when a response is sought immediately, such as via an interview. Further, encouraging participants to represent their professional experiences as a river, and providing art resources that included marine animals, necessarily determined how participants represented aspects of their journeys. Yet even with these predetermined parameters, participants’ individual drawings revealed novel aspects; inanimate resources such as pipe cleaners and pieces of cork were utilised to represent a diversity of concepts, whilst those resources that clearly represented marine animals symbolised similar concepts across the drawings, such as crabs representing professional challenges and whales representing persons who supported the participants’ journeys. These latter resources might therefore be considered common metaphors for the participants’ shared experiences. Those components of drawings that were represented by one participant but not another, for example, the steeply peaking mountains that dominated Mr. Duc’s drawing, could be considered representative of the diversity of participants’ experiences.

Finally, the issue of validity in visual research has received much attention in the literature (Clark & Morriss, 2015; Copeland & Agosto, 2012). It is not within the scope of this article to explore these issues in detail; however, it is important to highlight that visual images may have multiple meanings (Clark & Morriss, 2015; Guillemin & Drew, 2010), and that interpretation will be informed by the lens through which an audience views an image, including the lens assumed by the image maker and the audience. To support transparency in data analysis and interpretation in this study, the participants’
drawings were reproduced in this article in an unaltered state (except when altered to preserve anonymity) so that the reader may utilise them when considering the analysis presented.

7.1.5.1 Limitations

The experiences of the five participants in this study may not be representative of the other members of the first graduate cohort of Vietnamese speech-language pathologists; exploration of factors limiting participation may reveal novel insights to inform future research. The influence of the pre-existing relationship of the researcher and the participants, and of the importance of “face” in the Vietnamese culture, is again acknowledged. Whilst the researcher undertook a detailed analysis of the participants’ commentary of their drawings, it is acknowledged that her previous knowledge of the participants’ professional practice may have influenced the themes identified in the data. Member checking as to the accuracy of the researcher’s interpretation and the keeping of field notes and a detailed research diary supported reflection upon these issues. Further, it is possible that drawing as a research method limited the findings of the research. However, as argued by Guillemin and Drew (2010), visual research methods offer an alternative way of exploring and understanding a phenomenon and in doing so may lead to novel insights that would not have emerged through dialogue alone.

Acknowledging that “analyses of the visual are still primarily word based” (Guillemin, 2004, p. 287), the impact of the interpreter upon the data must be considered. The potential for loss of intended or explicit meaning of the participants’ and researcher’s messages has been described in earlier phases of the research (Atherton et al., 2016, 2017) and remains relevant to this current study. The interpreter’s orientation to the workshop objectives and activities supported her preparation for the workshop and
provided opportunity for clarification of terms and concepts. The audio recording and transcript of the workshop were reviewed by the interpreter for accuracy and amendments made when considered necessary. Finally, member checking by the researcher as to her interpretation of participants’ narratives provided the participants and the interpreter with opportunity to correct misunderstandings in interpretation of the data.

7.1.6 Conclusion

This study highlighted the evolving nature of the work of a group of Vietnam’s first university-qualified speech-language pathologists. Findings confirm those of previous studies exploring the emergence of new professions in underserved contexts such as Vietnam: challenges to practice posed by lack of human and other resources, movement into specialisation and private practice, increasing emphasis upon and commitment to the training of others, and the importance of establishing university-based degrees. The participants’ drawings and narratives have however revealed new insights: of others’ significance, the profession’s evolution at multiple levels, and the critical importance of culturally safe collaboration between international partners. This study revealed that whilst individual and group challenges lie ahead for both the participants and SLP profession in Vietnam, the participants’ shared vision is one of optimism and of moving forward.

With respect to the research methods, the use of drawing supported the participants’ active engagement in the research as co-creators of knowledge. It provided a means by which they could represent their experiences in ways that were meaningful to them and reduced reliance upon verbal communication and the role for the interpreter. The art resources acted as tools to highlight both shared and individual experiences, and
engaging in the act of drawing supported the building of rapport between the participants. It is possible that the images prompted the participants to reflect upon their personal experiences and those of their colleagues, affording new insights and shared points of reference. Representing the participants’ experiences through both drawing and narrative supported the researcher to avoid representing the participants’ experiences as homogenous or as “the” experience of being a pioneer speech-language pathologist in Vietnam. It is unclear whether verbal description alone would have enabled such richness in detail to be communicated nor the uniqueness of participants’ journeys to be represented.

Research seeking the experiences and opinions of key stakeholders, such as organisational management and government, professional colleagues such as teachers, and persons other than speech-language pathologists who provide SLP services in Vietnam, will extend the findings from this study. However, of most pressing need is research that informs understanding of the nature and extent of communication and swallowing disabilities in Vietnam, and of what persons with communication and swallowing disabilities desire in terms of services. Such research is critical to guiding service development that seeks to be contextually relevant and sustainable. As part of this research, it will be important to explore how a profession that is underpinned by Western paradigms of health and disability might develop or indeed “fit” within the Vietnamese context. Finally, whilst findings from this research reflect the Vietnamese context, research exploring the utility of these research methods and findings in contexts outside of Vietnam may offer insights for service development in other underserved populations.
7.1.7 References


7.2 Final Research Workshop (Paper 5)

The drawings and accompanying narratives of the PRG members’ journeys over four years revealed that factors shaping their experiences as pioneering speech-language therapists were diverse and individually unique, but also shared with each other. The drawings highlighted aspects of their individual journeys that were most salient to them; they also revealed a shared vision of progressing the ST profession in Vietnam into the future. As a means of drawing the research program to a close, in the final workshop of the research program, the PRG members explored their experiences of participating in the research.


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7.2.1 Abstract

Purpose: This qualitative descriptive study explored the experiences of a group of Vietnamese speech-language pathologists who collaborated in a longitudinal research program with an Australian researcher. Conducted between 2013 and 2016, the research program sought to document the development of the SLP profession in Vietnam through the experiences of Vietnam’s first university trained speech-language pathologists.

Method: Utilising a series of questions, seven participants explored their experiences of engaging in the research and the advice they would offer others who were considering involvement in cross-cultural research. Qualitative content analysis was used to analyse the data.

Result: Four main categories of experience were identified: capacity building, team work and group processes, cross-cultural issues, and advice for others. Uncertainty as to the collaborative ethos of the research design informed recommendations for future researchers and participants. The relationship between the researcher, interpreter and participants was considered critical to successful engagement in cross-cultural research.

Conclusion: This research illuminated the perspectives of the research participants and highlighted a complex interplay of factors informing and shaping participation in cross-cultural research. Researchers engaging in research within contexts that are not their own must consider how the research can proceed in a culturally safe manner and support findings that are responsive and reflective of local context.
7.2.2 Introduction

There is limited understanding of the experiences of research participants, yet there are important reasons why this should not be so. Researchers have an ethical obligation to ensure research participants’ interests are protected, that researchers “[take into] account the risks of harm and the potential benefits of research to participants and the wider community” (National Health & Medical Research Council, 2007, p. 9). Exploring and developing understanding of the impact of participants’ engagement in research is a way of meeting this obligation (Dennis, 2014). An awareness of research participants’ motivations and potential outcomes of research will also support research aims to be realised (Dennis, 2014). From a practical perspective, researchers need to know and understand the most appropriate ways to conduct research, and what approaches maximise participant engagement (Liamputtong, 2010). Finally, unless a participant is harmed in some way, their views are generally not sought, yet inferring experience indirectly from research findings may fail to draw attention to the intricacies of an experience and how this may have impacted the research (Dennis, 2014).

Much of the literature informing understanding of research participation describes the experiences of persons in Western and European countries (the Minority World) who participate in research with researchers of the same culture (Carrera, Brown, Brody & Morello-Frosch, 2018). Within this literature, research experiences are generally framed in terms of motivations for participation and a balancing of cost-benefit, or examined through a critical conscious-raising lens where participation in research has supported new personal insights and awareness for participants (Korth, 2002). Descriptions of participant experiences may also be juxtaposed with those of the researcher, as occurs in research employing participatory research methodologies that seek to be collaborative and support learnings for both the researcher and the participants (Kidd & Kral, 2005).
The experiences of participants from developing countries (the Majority World) who engage in research with foreign researchers are less well reported, and when they are, are generally framed in terms of motivations for participation and derived benefits (Kass, Maman & Atkinson; 2005; Osamor & Kass, 2012). Yet there is growing awareness that the experiences of these participants are likely to be different from those whom share the same culture as researchers, and that this difference may impact the validity of research findings arising from cross-cultural research (Marshall, 2006).

Misunderstanding of research aims and anticipated outcomes in cross-cultural research or research … “that takes place across, or between, cultures and includes research undertaken by non-indigenous researchers into the lives of indigenous people” (Gibbs, 2001, p. 674) have been found to be widespread and on occasions have contributed to a sense of having been deceived and of mistrust of Western researchers (George, Duran & Norris, 2014; Molyneux, Peshu & Marsh, 2005). Research methodologies from Western or European contexts may not be “culturally aligned” (Ozano & Khatri, 2018, p. 199) with those of a majority world, for example conducting focus groups in contexts where discussion of issues with strangers is not common practice (Yellard & Gifford, 1995) or when seeking participants’ active engagement in research when such behaviour may challenge cultural norms related to social hierarchy (Stanton, 2014). Methodologies may also be embedded with notions of colonialism and Eurocentric philosophies and paradigms (Bartlett, Iwasaki, Gottieb, Hall & Mannell, 2007; Smith, 2005) that result in misrepresentation of local or indigenous knowledge and the marginalisation of those for whom the research is intended to benefit (Denzin, Lincoln & Smith; 2008; Liamputtong, 2010). Further, power structures that exist when researchers from wealthier, high income countries engage in research in minority world contexts may generate knowledge that lacks authenticity and relevance, and reflect researcher notions
of participant experiences (Liamputtong, 2010). Finally, cross-cultural research generally requires the support of an interpreter, yet the presence of an interpreter and the process of translation may alter research data (Temple & Edwards, 2002; Wong, Koziol-McLain & Glover, 2018). These concerns raise important questions regarding the legitimacy of knowledge claims arising from cross-cultural research, and how context and culture may shape the experiences of participants who engage in this research.

Within the field of SLP, there is increasing recognition of the importance of utilising research methodologies that are culturally aligned with those of research participants. Participatory research methodologies such as participatory action research (Kemmis, McTaggart & Nixon, 2013) have been described as supporting authentic cross-cultural collaboration and communication by providing opportunity for a research agenda to be guided by participants (Kindon, Pain, Kesby, 2010). These methodologies have been utilised in cross-cultural SLP research exploring the experiences of indigenous persons with aphasia and their families in Australia (Armstrong et al, 2017; Hinkley, Boyle, Lombard & Bartels-Tobin, 2014); they have also been utilised in SLP research in Vietnam (Atherton, Davidson & McAllister, 2016). Research underpinned by decolonising research methodologies, defined as “methodology guided by the values, knowledge, and research of indigenous people” (Liamputtong, 2010, p. 23) has guided SLP research exploring the experiences of persons with aphasia and their families in New Zealand (McLellan, McCann, Worrall & Harwood, 2014), community supports for persons with communication disabilities in Fiji (Hopf, McLeod, McDonagh, Wang & Rakanace, 2018), and the development of SLP resources for use in Australian aboriginal communities (Armstrong et al., 2017). However, whilst use of these methodologies is critical to informing understanding of the experiences of indigenous persons with
communication disorders, the research experiences of these participants are not explicitly described. Indeed, to the current authors’ knowledge there is no research reporting the experiences of persons from indigenous and Majority World contexts who have engaged in research with SLP researchers from Minority World contexts. It is to this body of knowledge that the research reported in this paper seeks to add.

7.2.3 Positioning the research

This paper reports the final phase of a longitudinal cross-cultural research programme exploring the developing profession of SLP in Vietnam through the experiences of Vietnam’s first university-qualified speech-language pathology graduates. The entire research programme was conducted between 2013 and 2016 and involved a group of the graduates and the primary author, an Australian researcher, engaging as co-researchers to explore the graduates work (Atherton, Davidson & McAllister, 2016; 2017; 2018; 2019). As described earlier, research conducted in cross-cultural settings may bring with it processes of knowledge production and conceptualisation that could misrepresent the experiences of participants and contribute to their marginalisation and exploitation. To address these concerns, research methodology supporting the active involvement of the participants in the current research was introduced in 2014 through the convening of the PRG (Atherton et al, 2016) to guide the research over its duration. Further, visual research methods were introduced to remove reliance upon verbal communication alone and provide scope for the participants to represent their experiences in novel ways (Atherton, et al, 2018; 2019).

This paper reports the final stage of phase three of the research. The aim of this stage was to garner the research participants’ reflections upon their experiences of engaging in a longitudinal cross-cultural research project with an Australian researcher. A second
aim was to seek the advice the participants would offer others considering participation in cross-cultural SLP research. Ethics approval for this study was obtained through the University of Melbourne, Behavioural and Social Sciences Human Ethics Committee, ID: 1442056. All participants provided written consent to participate in the study and for photos and other material pertaining to them to be published. Pseudonyms have replaced the names of the participants and the interpreter as a means of de-identification.

7.2.4 Method

A qualitative descriptive study (Sandelowski, 2000) was undertaken to explore the research experiences of the seven PRG members. This form of study was chosen because it allowed for a low inference but rich description of the experiences of participants to emerge in their own words (Sandelowski, 2000). Staying close to the words of the participants and ensuring simultaneous translation by an experienced interpreter would reduce the opportunity for misrepresentation of the participants’ experiences as might have occurred if they were re-presented in more abstract or highly interpretative terms (Sullivan-Bolyai, Bova & Harper, 2005).

The demographic details of the participants are presented in Table 7.3.

<table>
<thead>
<tr>
<th>Primary Qualification</th>
<th>Years Since Primary Qualification</th>
<th>Workplace in HCMC</th>
<th>Principle Clinical Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine: 4</td>
<td>Range: 11–32</td>
<td>Acute tertiary hospital: 5</td>
<td>Paediatrics: 3</td>
</tr>
<tr>
<td>Physiotherapy: 3</td>
<td>Mean: 15.2</td>
<td>Community based: 1</td>
<td>Adults: 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Acute tertiary hospital and private practice: 1</td>
<td></td>
</tr>
</tbody>
</table>

Two days prior to the workshop, an outline of the workshop aims (in Vietnamese) was provided to the seven PRG members. The outline invited them to interview each other
about their experiences of participating in the research. Peer interviewing (McDermid, Peters, Jackson & Daly, 2014) was selected as the method of data collection for several reasons: the PRG had collaborated as a group since 2014 and it appeared to the primary researcher that a sense of collegiality and trust had developed which would support group members to communicate freely about their experiences (Atherton et al, 2019). Secondly, the participants had been actively involved in data generation throughout the research and the process of interviewing maintained this collaborative ethos; thirdly, in earlier discussions about their research experiences, all participants had indicated they had conducted interviews, for example, as part of ‘quality assurance’ activities at their workplaces. Seven questions for them to consider:

1. What motivated you to join the research?
2. What were your expectations of being involved in the research? Were these met?
3. What were some of the challenges of being a participant in the research?
4. What have been some of your learnings from your involvement in the research?
5. What was it like conducting the research with the support of an interpreter?
6. What is one word/concept that would summarise your experience in the research?
7. What advice might you have for others considering participating in a cross-cultural research project such as this one?

The workshop was held in HCMC in November 2016. The seven members of the PRG and a qualified interpreter who had supported the research programme since 2014 attended the research workshop which ran for two hours. The session commenced with the researcher reviewing the interview questions with the PRG to clarify the aims of the questions; a short briefing regarding how the participants would conduct their
interviews, including using follow-up and probing questions to explore issues raised by their peers was also provided. PRG members were then invited to select one of the questions, write down their answer to it, and interview the other six group members with that question. At the completion of the activity, each participant would have seven responses to their question. Prior to the interviews, the researcher indicated that any written notes made during the interviews would be included as the research data, and as such, recording of information that could identify individual PRG members was to be avoided. To foster an environment where the participants felt comfortable to respond to the questions in an open manner, the researcher was seated a distance from them and interacted only when asked a question about the activity.

Over a 40-minute period, participants moved around a central table to interview each other, occasionally breaking off into pairs (Figure 7.6).
When the interviews were complete, each participant developed a written summary of the main points from their interviews and presented this summary as a three minute verbal presentation. After each presentation, time was provided for comments and queries.

For the final part of the activity, PRG members considered how they might communicate or disseminate their experiences of participating in the research to others; all agreed that a PowerPoint presentation would support dissemination of the information to the widest audience. The presentation was to be composed of seven slides, each summarising the responses to a question. A title for the presentation was also considered; however, given the workshop had been running for two hours, a decision was made to conclude the workshop at that point. Over the following week, participants agreed to a title for the presentation and forwarded their individual slides to
the interpreter who developed the presentation in both Vietnamese and English and emailed copies to the group and the researcher. The researcher then sought feedback from the PRG regarding the presentation content to ensure it authentically represented the interview data and their experiences. The presentation is displayed in the supplementary material (Section 7.2.9). In keeping with the collaborative ethos that had underpinned the research program over its duration, in 2018 the PRG and the researcher again collaborated to develop the key findings from the workshop into an oral presentation which was co-presented by a member of the PRG and the researcher at an international SLP conference that year.

7.2.4.1 Data

Data from the workshop comprised the:

1. verbatim transcript of the English translation of the participants’ verbal presentations and their discussions of how to disseminate this information to others;
2. English translation of the written notes made by participants as they interviewed each other;
3. PowerPoint presentation, with title and the seven slides developed by the PRG following the workshop;
4. researcher’s field notes and reflective diary.

7.2.4.2 Data analysis

A process of qualitative content analysis (Elo & Kyngäs, 2008) was used to analyse the data. Whilst supporting a comprehensive description of the experiences of the participants to emerge in their own words, this form of data analysis also allowed for
quantification of data, i.e., a counting of responses from participants that were similar in relation to each of the seven interview questions.

The primary author read the verbatim transcript and other data sources on multiple occasions to obtain a general understanding of the content before commencing initial coding. All meaningful text units, i.e., text that may have informed understanding of the participants’ experiences were coded; each code was then compared with other codes, combined into categories where appropriate and reconfigured, resulting in four main categories. In this way, the categories evolved from the data inductively rather than being informed by a priori knowledge or framework (Elo & Kyngäs, 2008). The final stage of analysis involved studying and linking the relationships and patterns amongst the categories as a means of characterising the research experiences of the participants.

7.2.6.3 Rigor

The criteria of credibility, dependability, transferability, and confirmability (Lincoln & Guba, 1985) informed the rigor of the research. Credibility, or how closely the research findings reflected the experiences of the participants’ was supported by remaining close to the research participants’ words (Sandelowski, 2000). Methodological triangulation, or ‘the combining of dissimilar techniques for data collection about the same phenomenon’ (Tuckett, 2005, p. 38) further enhanced the credibility of the findings. Specifically, data from the workshop—the transcript, the participants’ interview notes, the PowerPoint presentation developed by the participants, and the researcher’s field notes and reflective diary was coded and categorised separately and then systematically examined as one dataset for common categories as a means of illustrating congruence across the data and to eliminate areas of overlap or repetition. Credibility was also supported by the collaborative ethos of the research that enabled the participants to
contribute to the data collection and its analysis (Creswell, 2000). Providing details of the research process and data analysis would enable replication of the research (dependability), whilst description of the background to and context of the research highlighted its relevance to other contexts (transferability). Finally, the keeping of a reflective diary by the primary researcher supported reflection upon processes and assumptions that might bias the research (confirmability).

7.2.5 Result

Four core categories characterising the participants’ research experiences were identified in the data: capacity building, team work and group processes, cross-cultural issues, and advice for others. Each is described below. As participant responses to the interview questions were anonymous, it was also not possible to attribute comments to specific individuals, however, it was evident when participants were verbally summarising their interview findings that direct quotations were being provided. These comments are presented in quotation marks.

7.2.5.1 Theme 1: Capacity building

The opportunity to develop research skills that would enhance personal research capacity and support the development of the SLP profession in Vietnam motivated all participants to engage in the research. Several indicated that greater research experience and skill would heighten their profiles as leaders of the SLP profession in Vietnam by improving the quality of research they engaged in and adding to the evidence-base for the SLP profession. It would also opportunity to reflect upon the development of the SLP profession in Vietnam, to identify challenges to its progression and to plan solutions. Further, the research would add to what the participants had previously learnt in their university studies about SLP. The participatory nature of the research
methodology also acted as a motivation for joining the research—participants described being ‘curious’ and ‘excited’ by the proposed format of the research and how it might inform their future professional practice and research endeavours.

A general lack of experience in conducting research and in participatory research specifically was described as limiting several participants’ understanding of how the research was relevant to them and/or the SLP profession in Vietnam. Reflective of findings from an earlier research phase (Atherton et al, 2016), difficulties establishing a shared understanding of the principles underpinning the research, namely that of ‘participation’ and collaboration’ and how these might be represented in the research impacted understanding of the overall research aims. One participant indicated their lack of understanding about the participatory nature of the research had limited what they had personally gained from the research.

Lack of familiarity with qualitative research, how it was conducted and its utility to support the participants work was also described. A similar issue had been identified in an earlier research phase when PRG member expressed that ‘I don’t know about other professions but in the medical field usually people [in Vietnam], they might not like to use …qualitative [research methods]’ (Atherton et al, 2016, p. 110). An expectation that engagement in the research would help develop the SLP profession in Vietnam was considered difficult to measure given the nature of the research outcomes and the duration of the research being ‘too short to measure change.’ Engaging in the research had also posed significant time demands for most of the participants, leading to difficulties balancing work, family and other commitments with research meetings and completion of research activities within agreed time frames.
Despite these challenges, research participation had strengthened participants’ understanding of research processes in general and in qualitative research specifically. A better understanding of how to plan and conduct qualitative research was indicated, of the importance of assuming a ‘step-wise approach’, ‘developing abstracts to report research’, and ‘analysing data in different ways’. New knowledge and skills in qualitative research were described and included awareness of different forms of data collection, the importance of ‘adjusting research plans and goals when necessary’ and being flexible. Words used to describe the participatory aspect of the research included ‘strange’ (two participants), ‘specific but flexible’, ‘relevant’ and ‘innovative when using diagrams and drawing to express our thoughts and clarify what we meant’. Engagement in the research would also be useful in their future work.

7.2.5.2 Theme 2: Team work and group processes

The value of the research in supporting team and group processes dominated participants’ responses to the interview questions. The opportunity to gain experience in teamwork as informed their decision to join the research—having the chance to share information, ‘to hear the opinions and ideas of a group of people (Vietnamese and a foreigner) who have a mutual interest in developing speech therapy in Vietnam’ and to learn from each other. A Vietnamese proverb quoted by one participant reflected this sentiment: “One tree cannot make a mountain; three trees together will make a high one.”

The challenges to successful teamwork were however significant. Several PRG members indicated that when the research commenced they did not possess the necessary skills to contribute as a member of the group, that ‘in Vietnam we do not know how to work in teams’. One member suggested that the different primary
professions of PRG members and their level of seniority in their professions may have impacted who and how members engaged with the research. Challenges were also described in relation to the conduct of group meetings—when PRG members were not consistent in their attendance or were late arriving, research progress was delayed.

Technical skills such as note taking, developing meetings summaries and forward planning for meetings were identified as new practical skills arising from research participation. Working as a team and learning how to conduct and participate in group activities were also key learnings. The importance of establishing rules to guide the group and adhering to these and to group processes were stated in terms of ‘…professionalism, that is, being on time for meetings, being prepared, and listening to others’ opinions’. One participant also described how team work could support group solidarity: ‘[Working as a team] increases the chance of meeting each other and improving our solidarity, of being able to learn from each other’s ideas and work together’.

7.2.5.3 Theme 3: Cross-cultural issues

Not unexpectedly, the experiences of the participants were shaped by the cross-culture nature of the research. A desire to work with a foreign researcher, ‘to know how research is conducted in a foreign country’ motivated all participants to engage in the research, as did ‘to know how to develop cooperation between two countries.’ A desire to support the researcher motivated three participants, as reflected in the following comment: ‘I [participated to] support the researcher; I am honoured to be able to contribute to the research’. One participant considered their engagement in a cross-cultural, qualitative research project as a ‘novelty’, whilst six participants cited improved English skills as a motivation.
The cross-cultural nature of the research posed challenges that were both systemic and related to language and culture. Systemic challenges included the unreliable internet connection for the Skype meetings that took place when the researcher was in Australia, resulting in meeting delays and cancellations. The locations chosen by participants for these meetings also posed problems—one participant described having to travel a long distance within HCMC to attend these meetings. Further, the conduct of research across different time zones created difficulties when mutually suitable meeting times were sought.

7.2.5.3.1 The role of the interpreter

The language difference between the researcher and participants required the support of an interpreter, and participant reflections upon this aspect of the research provided novel insights into the role and impact they perceived the interpreter to have upon the research. All PRG members described personal attributes—willingness to ‘sacrifice’ personal time, ‘diligence’ and ‘dedication to the research’ as distinct advantages of the interpreter’s participation. Specific technical aspects of her work were also spoken of positively and included providing adequate time for PRG members to speak and the interpreter’s willingness to ‘listen actively.’ One participant described the interpreter’s role as bridging the cultural differences between the researcher and PRG members: The interpreter… ‘communicated all ideas, including cultural differences’.

Several challenges engaging in research requiring an interpreter were also described—these related to the logistics of translation and the interpreter’s technical knowledge of the research topic. Meetings were unable to proceed without the interpreter and translation was described as time-consuming, ‘it takes twice as long’. The duration of face to face meetings was often extended, and/or the amount of content covered in
meetings was less than anticipated. Further, all written communication required translation, thereby further slowing progress. Several participants also indicated that in group discussions it was difficult for all participants to have their comments communicated, viewing this more as a problem of researching as a group rather than a reflection of the interpreter’s skills. One PRG member expressed concern that if an interpreter was not familiar with the content and terminology of the research, this had the potential to ‘affect the accuracy of research, particularly qualitative research’.

7.2.5.4 Theme 4: Advice for others

PRG members overwhelmingly encouraged others to participate in cross-cultural research, offering both practical advice and that which related to the personal attributes of research participants. Engagement in cross-cultural research would support the development of general knowledge and skills in research and the learning of ‘different ways of thinking and solving problems [as] foreigners do’. If participating as a member of a research group, there would be opportunity to ‘learn a lot about teamwork and from each other’; however, punctuality and arriving at meetings prepared, asking questions about the research and engaging in a ‘fair’ manner was paramount.

The personal attributes of persons participating in cross-cultural research were also important. One PRG member advised that research participants should not be worried or afraid that the task would prove too difficult, but they should be ‘brave’, ‘fair’, possess a positive attitude and ‘embrace’ the experience. They should also be aware that they were representing their culture and therefore should ‘be responsible’. To this end, understanding the culture of researchers and researchers’ understanding participants’ culture was considered vital: ‘You must have a clear understanding of the two parties’ language, culture and law’. Finally, ‘independent thinking’ and a willingness to ‘speak
what you think’ would support participants to learn as much as they could from the experience, particularly when research methods and ideas were unfamiliar: ‘You need to ask questions to clarify the things that you don’t understand in the research, for example, what is the meaning of the research?’

PRG members also agreed that the experience of engaging in cross-cultural research would be different for everyone. A comment made by one of the participants’ draws focus to this:

“It’s very interesting because there’s not a lot of overlap about the words we have used to describe our research experiences. Usually there would be lots of overlap, but there’s not much in this case. Which proves research brings different emotions, different feelings to different people”.

Diversity of experience also extended to how the research participants described their individual experiences, as highlighted in one of the final discussions of the workshop:

PRG member 1: Harvesting. We are harvesting what we want from the research. It means whatever we expected to have from the research, we have harvested it.

Researcher: Yes, I think I understand. That word is not in common use in English unless when farming the land [PRG members laugh]. So it’s interesting that you used that word. It’s a very [pause] rich word.

PRG member 1: Because in Vietnam it’s different [pause] like in Vietnam, even when you study, you have harvested something [laughing gently].

PRG member 2: Like we’ve achieved something, then it means we harvest something.

PRG member 3: Maybe you can say “outcome”?

PRG member 4: In Vietnamese, “harvest” means something that you can [pause] that is tangible, something that you have obtained.
PRG member 5: How about we just use the word “achieve”?

PRG member 1: The person who said this idea is not talking about something that you get after [emphasis added] the research; it is the act [emphasis added] of harvesting, the act [emphasis added] of obtaining something, that’s what it means by harvesting. So together we have all [emphasis added] been harvesting.

7.2.6 Discussion

This study sought the reflections of a group of pioneering Vietnamese speech-language pathologists who participated in a longitudinal, cross-cultural research program with an Australian researcher. The participants framed their research experiences in a variety of ways, speaking of the benefits to themselves, the broader SLP community and to the researcher. In this sense, their motivations for joining the research echo findings from previous studies suggesting research participation is informed by a diverse array of factors that are both personal to participants but also seek to benefit others. However, the reflections of the participants’ in this study also suggest that factors shaping their research experiences were interrelated and linked to their motivations for joining the research, the challenges they encountered, and the learnings that arose from their participation (Figure 7.7).

![Figure 7.7. Conceptualisation of factors influencing participants’ research experiences.](Figure 7.7. Conceptualisation of factors influencing participants’ research experiences.)
Participants’ motivations for joining the research were informed by the aspects of their professional practice that posed challenges to them, such as the conduct of research in SLP and their limited experience in teamwork and in practicing SLP generally. Engagement in the research posed a further set of challenges that included learning about qualitative research methods, working with a foreign researcher, and managing their time. Yet rather than acting as barriers to participation, a desire to address these challenges motivated PRG members to actively engage with and contribute to the research process. Their engagement also contributed to personal and group learnings that supported them to better meet the challenges of their work. Thus, the drivers to participation were juxtaposed with the challenges that arose and learnings that ensued throughout the research process. Conceptualising the experiences of PRG members in this way highlights a complexity of factors shaping participation in cross-cultural research that extend beyond motivations for engagement or a weighing up of costs and benefits. Further, in the current study the juxtaposing of motivations, challenges and learnings draws focus to broader aspects of the participants’ work that relate to their professional priorities and the values underpinning their work—a commitment to the Vietnamese SLP profession through engagement in lifelong learning and to a shared purpose or “professional learning community” (Stoll, Bolam, McMahon, Wallace & Thomas, 2006, p. 222) that was supporting group collaboration and reflection, and an active forging of professional identity.

Participatory group members described their engagement in the research in positive terms and encouraged others to ‘embrace the opportunity’. Their advice was practical but also of a personal nature, identifying the attributes of ‘bravery’, ‘fairness’ and ‘possessing a positive attitude’ as underpinning the ‘rewards’ that would ensue from research. Selection of research participants was an important process as ‘they must
represent the culture…be responsible for their culture’. Vietnamese culture is described as valuing loyalty and duty to one’s family, community and country, and avoiding conflict or actions that may result in shame. Education and lifelong learning are highly valued and support the continued enlightenment of individuals (Jamieson, 1993). The reflections of PRG members draw focus to these cultural values, of a commitment to learning as a means of furthering self and community, and of supporting the endeavours of others to do likewise. The potential for shame as may arise when the actions of another causes embarrassment would be avoided if those participating in cross-cultural research remained aware that they were representing not only themselves, but their broader community. These reflections offer unique insights into the motivations of the research participants and highlight for foreign researchers the criticality of ensuring research processes and practices do not place participants at risk of cultural harm (Liamputtong, 2010). Further, achieving successful cross-cultural collaboration is a shared task, as reflected in the advice offered by one PRG member to others considering engaging in cross-cultural research: ‘You must have a clear understanding of the two parties’ language, culture and law.’ To this end, foreign researchers entering communities in which they wish to conduct research have an obligation to take time to gain an understanding of the context and people, and foster relationships that support trust and mutual understandings, for it is within this space that research might proceed in a mutually supportive and culturally safe manner.

This research has highlighted the complexity of the interpreters’ role in cross-cultural research. Participants spoke positively of the interpreter’s technical skills but they also questioned whether the impact of translation upon the research might be a limiting one: ‘If the interpreter does not have the speciality knowledge, it will affect the accuracy [of the research], especially in qualitative research.’ This comment highlights the
importance of checking the accuracy of translation, such as through back translation (Chen & Boore, 2010), member checking (Morse, 2015) and discussion of research concepts and ideas (Croot, Lees & Grant, 2011). However, the participants also recognised the interpreter’s role as that of a facilitator or “cultural broker” (Temple & Edwards, 2002, p. 844) who helped bridge the cultural differences of the researcher and the participants. A comment by one of the PRG members reflected this notion: ‘[she] interpret[s] all the ideas of the members, including cultural differences’. This role was first highlighted in phase one of the research programme when discussion arose regarding the name given by the researcher to the research advisory group—participants had been adamant that:

“advisory group… is not something that exists in Vietnamese research [pause] this means that people are higher than you, telling you/advising you what to do, so that’s not right in the Vietnamese context. [The participants] say they are part of the research, they are participating. So Participatory Research Group describes the role very well” (Atherton et al, 2016, p. 113).

Similar issues arose for concepts underpinning the research, such as the meaning of ‘collaboration’ (Atherton, et al, 2016); the discussion between the researcher and PRG members’ about their different understandings of the notions of ‘exploring, progressing and harvesting’ further highlight this issue. Several authors propose that differences in the understanding of concepts, ideas and phenomena as may arise in cross-cultural qualitative research result from the “triple subjectivity” of cross-cultural research knowledge creation (Temple & Edwards, 2002, p. 6); i.e., the knowledge of the researcher, the knowledge of research participants, and the knowledge of the interpreter. Within this paradigm, all knowledge is ‘situated’ within or shaped by the unique experiences of the individual—their culture, gender, language, previous experiences and pre-conceptions (Caretta, 2015), and how individuals interpret the meaning of ideas,
concepts and phenomenon will necessarily be informed by these. In research where understanding of concepts and ideas is necessarily influenced by language and culture, potential for misunderstanding and misrepresentation of information is heightened. To this end, engagement by all members of the research team—the foreign researcher, the research participants and the interpreter—in extended discussion and dialogue throughout the research process is critical to supporting mutual understanding of research processes and knowledge, and the authentic representation of participant experiences. Further, explicit acknowledgement of the impact of translation upon the research will draw focus to the intimate role of interpreters in the creation of research knowledge (Temple & Edwards, 2002).

Finally, this research has highlighted that when engaging in research in unfamiliar contexts, researchers must consider how the methodologies they employ shape the expectations of participants, the conduct of the research, and its outcomes. The collaborative nature of the research supported meaningful outcomes for both the researchers and research participants—the research has raised awareness of issues shaping the progression of the SLP profession in Vietnam as considered relevant by the participants, and publication of the research has raised the professional profile of the authors. The collaborative ethos of the research supported mutual learnings—skills in participatory cross-cultural research, teamwork, and the development of group unity and collaboration that extended to the researcher. Participants’ reflection upon the research as a process of ‘exploring, progressing and harvesting’ highlights this diverse array of ‘research fruits’. However, the unfamiliar nature of the research also challenged the participants’, in terms of their role in the research and its anticipated outcomes; it also raised concerns regarding the positioning of the participants and the researcher, i.e., the use of ‘advisory’ was “not right in the Vietnamese context”. Further, when conducted
over distance, the research was impacted by time differences and technology. Such outcomes again highlight the criticality of foreign researchers reflecting upon how the research they seek to undertake is relevant to and aligns with the context and culture of research participants, both in terms of the methodology used and the research objectives. Consideration of these factors and the active forging of cross-cultural relationships based on mutual understanding will support research that is culturally safe and relevant, and foster outcomes that authentically reflect local knowledge and needs.

7.2.6.1 Limitations

There are several limitations to this study. The seven questions seeking the experiences of the participants structured the type and range of responses; further, the nature and limited duration of data collection likely resulted in data saturation or “collecting data until no new information is obtained” (Morse, 1995, p. 147) not being achieved—extended time to collect data and other forms of data collection may have yielded more detailed and diverse responses, including additional aspects of participants’ experiences. The pre-existing relationship of the researcher as the participants’ former teacher may have influenced what the participants were willing to reveal; specifically, it is possible that a sense of obligation to the researcher who had previously been their teacher shaped how PRG members communicated their research experiences. The impact of the teacher-student relationship was highlighted as a source of potential bias in the first research phase, that is, perceptions in Asian societies of the teacher as a respected figure: “…a teacher is ranked second after the king and above the father; the king-the teacher-the father” (Nguyen, Terlow & Pilot, 2005; p.406) may have influenced what research participants were willing to disclose. A desire to maintain a ‘positive face’, “to be admired and approved of by other people” (Nhung, 2014, p. 223) and avoid the risk of contributing to others losing face was also previously explored as an aspect of
Vietnamese culture possibly influencing the research (Atherton et al, 2018). In the final research meeting, PRG members may have sought to maintain face for themselves and for the researcher by reflecting upon their research engagement in positive terms. The research methods employed in the workshop reinforced this dynamic; specifically, the researcher conducted the research and its evaluation, and whilst the participants as interviewers supported the anonymity of responses, there may have been concern that comments perceived as criticism of the research could be attributed to individuals. Future research that builds on participant involvement in data generation and analysis would support authenticity in evaluation. Finally, the potential of the research findings to be impacted by the process of translation is again acknowledged.

7.2.7 Conclusion

To the authors’ knowledge this is the first study exploring the experiences of a group of Vietnamese health professionals engaging in a collaborative, cross-cultural research programme with an Australian researcher. Findings suggest that participation in the research was influenced by hopes for personal gain, a desire to advance the profession of SLP in Vietnam, and to support the personal endeavours of the researcher. However, participants’ research experiences were not informed only by realisation of their motivations for being involved, but by a complex interplay of factors that emerged as the research progressed and afforded professional and personal benefits into the future. The criticality of spending extended time discussing the purpose of a study and how it will be conducted will address expectations that may not be met and support findings that are responsive to the local context. Future research focusing upon the role of the research interpreter, challenges they face and the strategies they employ to meet the demands of their work will better support preparation for cross-cultural research and the authenticity of knowledge that emerges.
7.2.8 References


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Table 7.5. *PowerPoint Presentation 2016*

### Speech Therapy Pioneers’ Experiences of Participating in a Cross-Cultural, Qualitative Group Research Project

#### Motivations to Join the Research
1. Relevant to the profession I’ve just studied
2. Continuing the development of the speech therapy profession in Vietnam
3. Gain experience and skills in conducting research
4. Having the opportunity to look back at my work and what’s in the future in terms of developing speech therapy in Vietnam
5. Being able to suggest action plans
6. Learning about teamwork, knowing how to share, learning from each other
7. A novel idea
8. To support the researcher
9. An honour to be involved

#### Research Expectations and Outcomes

**Expectations**
1. Understanding more clearly and gaining experience in conducting research
2. Knowing how to conduct research in the area of speech therapy
3. Collecting more ideas and opinions from a group that has a common interest in developing the speech therapy profession in Vietnam
4. Knowing research methods in other countries
5. Knowing how to coordinate research between two countries
6. Teamwork
7. Sharing ideas and experience
8. Arranging/organising ideas and work

**Outcomes**
1. Successfully achieved (6/7)
2. Entirely (5/7)
3. Partially (1/7)
4. Unsuccessful (1/7): Qualitative research is too strange and too new so did not understand clearly how to conduct the research

#### Research Challenges
1. Time management—self and the group; research meetings
2. Understanding the research (at the beginning)
3. Teamwork skills (2/7)
4. Lack of knowledge and experience in speech therapy and research
5. PRG members have different occupations; they think in different ways
6. Researcher is not in Vietnam
7. Limited English skills
Learnings From the Research

1. Teamwork experience
2. How to conduct qualitative research
3. How foreigners work
4. Professionalism
5. Looking back and thinking about the future
6. How to express ideas beyond speech and writing
7. Improving foreign language skills

Advantages and Disadvantages of Research Conducted
With An Interpreter

Advantages
1. Interpreting all the ideas of the members, including their culture
2. Allowing time for other members to speak; listening actively
3. Dedicated, proficient, sacrificing personal time

Challenges
1. Time consuming
2. Dependent upon the interpreter’s availability
3. If the interpreter does not have the specialty knowledge, it will affect the accuracy of qualitative research

One Word/Concept to Summarise the Experience

Member 1: New and strange (mới lạ)
Member 2: Difficult
Member 3: Creative
Member 4: Wonderful/great/excellent; widened my view
Member 5: Strange and meaningful
Member 6: Cooperative and historic
Member 7: Exploring, progressing, and harvesting

Advice for Others
1. You should do it—you’ll have the opportunity to learn from foreigners, different ways of thinking and solving problems.
2. You need to ask questions to clarify the things you don’t understand about the research.
3. You must have a clear understanding of the two parties’ language, culture, and law.
4. You should always prepare your ideas beforehand; you should think independently, have a clear point of view, and be responsible.
5. Selecting members to join a research group is very important—they must represent the culture; they have to be responsible for their culture.
6. Don’t be afraid; it is an opportunity to gain experience.
Chapter 8: Summary and Synthesis

8.1 Introduction

This doctoral research, undertaken over four years, explored the emerging practice of ST in Vietnam through the experiences of a group of Vietnam’s first university-trained speech therapists. Six studies explored the nature of the graduates’ work over time, factors shaping their work, and the challenges they faced as they sought to progress ST practice in Vietnam. This study also explored the utility of participatory research methods to support the graduates in their work.

The emergence of rehabilitation professions, including ST, in the Majority World is known to be influenced by drivers of change and barriers to service development as described in Chapter 2. Many of these, such as structural challenges posed by a country’s economic development, limited infrastructure, and population size are shared by emerging professions. Some are specific to the ST profession that relate to language. Attempts to describe and understand these factors have until now been largely informed by researchers and authors who are outsiders to the context about which they write. These reports are generally commentaries and opinion papers and have represented factors shaping the emergence of professions in the Majority World as static rather than evolving and changing over time. These reports have also not considered the experiences of the professionals who pioneer new professions in these contexts. The body of research reported in this thesis aimed to move beyond these limitations to provide an in-depth understanding of the experience of pioneering the ST profession in Vietnam and factors shaping emergence of the profession as told by a group of Vietnam’s first ST graduates. In doing so, it sought to further inform understanding of
factors shaping the emergence of ST and other rehabilitation professions in cross-cultural contexts.

The narrative review of the literature reporting the development of rehabilitation services in Majority World contexts was undertaken using the change theory framework proposed by McNamara (2005) and Burnes (2009) and extended by Wylie et al. (2013). The use of this framework was supported by its currency in the literature reporting factors that may shape ST service delivery in low and middle income countries (Hopf & McLeod, 2015; Wylie et al., 2013). A narrative review of literature reporting the economic, sociopolitical, and health status of Vietnam and its people, including PWD and of the current state of the ST profession in Vietnam, was also provided to position the research in Vietnam. Findings suggested that several of the factors supporting the emergence of rehabilitation professions in the Majority World are shared by the ST profession in Vietnam. This review also identified that the ST profession is rapidly developing in Vietnam, but little is known of context-specific factors shaping its emergence. An agenda for the research reported in this thesis was generated as an outcome of this literature review, the overarching research question being “What are the experiences of being a pioneering speech therapist in Vietnam?” Two subquestions further informed this question: “What is the evolving nature of the graduates’ professional practice over time, and what are the barriers and facilitators to their work?”

Given the nature of the research questions, a qualitative research approach was chosen. A discussion and critique of the methodology employed in the research was provided in Chapter 3. A social constructivist and participatory research paradigm was chosen for its alignment with the underlying values and beliefs of the researcher, and with the
research questions. In addition, a description and rationale for the chosen research strategy was provided.

This longitudinal research program was undertaken in three phases. Phase 1 comprised two separate stages: Stage 1, in which a series of small group interviews and an individual interview were conducted with 13 of the 18 Vietnamese ST graduates in 2013 where they explored their professional practice at one year following their graduation. Data from these interviews were analysed thematically to provide an in-depth description of the participants’ practice at that time and to provide a naturally occurring basis from which to consider the evolving nature of their work. This research stage led to the development of a framework or model conceptualising the participants’ work that was informed by four key themes: scope of practice, developing identity, confidence to practise, and progressing the profession. Several of the factors identified as shaping the participants’ early work as speech therapists had been previously described in the literature reporting the development of rehabilitation professions in the Majority World: balancing dual professional roles, lack of normative and contextually relevant data and resources to inform practice, poor awareness of the profession that limited professional recognition and the number of people seeking services, and lack of higher education opportunities. Findings also revealed novel aspects of the graduates’ experiences: anxiety and self-doubt about their professional competence, a desire to work collectively to progress the profession, and a diversity of professional priorities and ambitions. The methods and findings of the interviews conducted in 2013 were described in detail in Chapter 4.

Stage 2 of Phase 1 of the research was conducted in 2014 and involved three cycles of collaborative research. In the first cycle, in-depth individual interviews were conducted
with eight of the graduates, seeking insights into their work at two years following their graduation. These graduates had expressed interest in participating in the research as members of an advisory group to guide the research over its duration. The second research cycle involved convening the PRG and initial meetings of the group to explore the focus of the research. The final cycle was completed between July and October/November 2014 when the PRG and I met via Skype and in HCMC to discuss how the research might proceed. Data from this stage of the research were analysed thematically using both a deductive and inductive approach so that participants’ current practices could be compared to 2013 and new aspects identified.

This stage of the research revealed that the conceptual framework developed in 2013 remained representative of PRG members’ experiences in 2014 but required refinement to reflect increasing client numbers and new client groups, new models of service delivery, greater involvement in the training of others in ST, and the commencement of research to develop normative data for Vietnamese speech and language development. A heightened sense of confidence to practise was communicated by participants, as was a desire for ongoing CPD that would position them as educators and mentors for future local ST practitioners.

Findings from Phase 1 also raised awareness of the complexities that may arise in the conduct of research across cultures. The integral role of the interpreter was highlighted as a member of the research team who was actively contributing to knowledge arising from the research and as an intermediary through which understanding of key concepts and principles underpinning the research was made possible. Context-specific challenges that included unreliable internet technology and the conduct of research across different time zones also arose and limited how frequently the PRG and
researcher met to progress the research. Further, due to expanding caseloads and professional responsibilities associated with increasing recognition of their work, PRG members’ availability to actively engage with the research lessened over time and called for revision and adaption of the research methods. The methods and findings of the interviews and outcomes of the PRG meetings in 2014 were described in detail in Chapter 5.

Phase 2 of the research involved gathering information about the work of the (now) seven PRG members in 2015, at three years following their graduation, as a means of further examining the evolving nature of their work. Data were collected in a series of workshops conducted in HCMC in September 2015, during which visual methodologies were introduced to support the PRG members’ continued engagement in the research and reduce reliance upon the interpreter. Textual data from the workshops were analysed thematically using a mixed deductive and inductive approach to highlight changes to the participants’ work since 2014. Findings were that the framework conceptualising the graduates’ work remained relevant to their practice but as in 2014 required reshaping and expanding to highlight new aspects of their professional practice, their increasing focus upon raising awareness of and educating others in ST, and their perceived responsibilities as the pioneers of the profession to guide it into the future. Further, a new theme of feelings was added to the framework to reflect the satisfaction and enjoyment that PRG members communicated about their work. The methods and findings of the workshops were described in Chapter 6.

Phase 3, the final phase of the research, comprised two workshops in HCMC in October 2016 where the PRG reflected upon their professional journeys from 2012 to 2016 and upon their participation in the research. In the penultimate workshop, the five members
of the PRG present at the workshop visually depicted their professional journeys as a river and used these images to describe their experiences. An inductive thematic analysis was performed on the textual data. Findings confirmed those of earlier research phases where factors shaping the participants’ work, such as dual professional roles, level of professional recognition, and access to contextually relevant resources and professional development, were identified. Findings also highlighted the evolving nature of the graduates’ professional practice over time. They had developed skills and confidence in their work, ST departments had been established, they were attracting local and international recognition, and at the level of government, plans were underway for future university ST training programs in Vietnam. The significance of others in the participants’ journeys and the importance of supporting culturally safe research practices between international partners were highlighted. A sense of resilience and looking to the future formed part of all the participants’ journeys.

In the final workshop, PRG members interviewed each other about their experiences of participating in the research. A process of qualitative content analysis employing an inductive approach was applied to the data. The findings identified a complex relationship between the participants’ motivations for joining the research, the challenges they encountered through their participation, and the benefits they obtained. PRG members described the participatory nature of the research as challenging their notions of how research should be conducted, and this had shaped their reflections upon its utility to support their work. The research findings again highlighted the interpreter as a central figure in the research—both as a technician and, as the research evolved, a member of the research team. Cultural and contextual factors such as the participants’ perceived responsibility to progress the profession had shaped their research experiences, and their reflections again highlighted the importance of ensuring research
practices were culturally relevant and safe. Participants advised that attributes of bravery, fairness, and a positive attitude were important for those considering participating in cross-cultural research. The methods and findings of both 2016 workshops were described in Chapter 7.

This research has heightened understanding of factors supporting the emergence of the ST profession in Vietnam by researching the experiences of a group of Vietnam’s first university-qualified speech therapists over four years. The research has also increased understanding of how participatory research methods can both enhance and pose challenges to collaboration in cross-cultural research. The implications of these findings are explored in the final section of this thesis. The strengths and limitations of this research are also discussed, and areas for future research are identified.

8.2 Contribution to the literature

This longitudinal, cross-cultural research program has supported a detailed picture of the work of the Vietnamese graduates to emerge over time. It has revealed that the graduates’ experiences are diverse, shared but also individual, and influenced by structural, personal, interpersonal, and cultural factors. This research has supported the development of a framework conceptualising the work of Vietnam’s first ST graduates, and in doing so has added to the existing literature by providing a textured and accessible description of the experience of pioneering a new profession in a cross-cultural context. A visual representation of this framework is provided in Figure 8.1. In keeping with the analogy of the bamboo tree or cây tre that was introduced into the research in 2015 (Chapter 5), the key themes or aspects of the participants’ experiences—scope of practice, developing identity, confidence to practise, progressing the profession, and feelings—are represented as five canes of a cây tre, the subthemes
are limbs emerging from the canes, and primary categories informing the subthemes are foliage on the cây tre limbs. As presented, the five canes suggest that the participants’ practice may be conceptualised as individual components; in one sense, this is a true reflection as each cane on its own is an important theme or concept representing the participants’ work. However, “grounding” the canes within the base of the professional practice tree draws focus to their role as a unified structure supporting and strengthening the crown of the cây tre, the ST profession in Vietnam. The “pruning” of the cây tre from its initial conception in 2013, and its elaborations or growth over the duration of the research, has highlighted the evolving nature of the participants’ work and the nuances of their experiences. In its current form, the professional practice tree represents growth underpinned by a solid foundation and of strength and resilience into the future, whilst mindful of the need for continued nurturing and “fertilisation”.
Figure 8.1. Conceptualisation of the PRG members’ professional practice.
Findings of this research lend support to the notion that there are a set of shared challenges encountered by practitioners who introduce rehabilitation professions into low and middle income countries. These relate to previously described systemic factors such as the sociopolitical and economic status of a country, degree of professional recognition by community and government, and access to training and higher education. These factors shaped the Vietnamese graduates’ practice early in this research (Chapter 4); their continued impact over time has highlighted them as long-term challenges (Chapter 7). Given this, rehabilitation professions already established in Vietnam and in other Majority World contexts may offer insights for the development of the ST profession in Vietnam and more globally. Emergence of the social work profession in Vietnam has been documented from its early beginnings to its formal recognition by government and as such offers a context-specific example through which to consider the future of the ST profession in Vietnam. Hines et al. (2010) identified four key factors relevant to the professionalisation of social work in Vietnam: a distinctive body of knowledge informing practice, local university degrees, a professional association, and the adoption of a code of ethics. The allocation of a job code by the Vietnam Ministry of Health in 2004 was a seminal step to the professionalisation of social work in Vietnam as it acknowledged the legitimacy of the profession and led to the development of laws and policies to protect practitioners; it also supported financial remuneration for practitioners that was reflective of similar professions (T. Nguyen et al., 2010). However, prior to allocation of a job code, university degrees and other forms of training in social work were established in cities and rural regions, a professional association was convened, and university curriculum developed. The experiences of the ST practitioners in this study reflect development of the profession at all these levels: the initial meetings of the Speech Therapy Club were acting as a precursor to a
professional association, research had commenced to develop knowledge to inform practice, and the commencement of university degrees was scheduled for 2019 and 2020. A similar process of development has also been described for the ST profession in other Majority World contexts (Ahmad et al., 2013; Karanth, 2002). Thus, the development of the ST profession in Vietnam appears to be following that of established professions elsewhere in that it is occurring in stages and sharing important milestones. Collaboration between the ST and social work professions in Vietnam is likely to offer local ST practitioners and other stakeholders, including the international ST community, valuable insights into how the profession could be progressed into the future both locally and in other international contexts.

This longitudinal research has drawn focus to new aspects of professional practice that have not been described previously for practitioners introducing rehabilitation professions into Majority World contexts. These include proactive engagement in raising awareness of the profession through a diverse range of initiatives, a multipronged approach to the training of others in aspects of ST, and a forging of professional identity as individuals and as a professional group. Taylor (2011) advised that growth of a profession must occur at individual, organisational, and system levels for it to become sustainable; further, recognition of a profession will follow when there are “leaders” in the field who have a vision for a profession and possess wide-ranging professional competencies that include marketing and advocacy skills, and a willingness to collaborate with stakeholders. This research has highlighted that PRG members view their role as leaders of the ST profession in Vietnam and that they are actively pursuing this role in diverse ways—through expansion of their professional practice as speech therapists, engagement in research, pursuit of higher education, and active collaboration with the international ST community. These initiatives highlight the utility of individual
and group engagement and action informed by a shared experience—that of being one of Vietnam’s first university-trained speech therapists whose motivations and engagement in activities to progress the profession appear tied to their unique position.

The reflections of the PRG members suggest that their confidence to practise was integral to their experiences and that, over the duration of the research, it waxed and waned in response to the different challenges they encountered. Early challenges to confidence reflected limitations in professional knowledge and ability to effect positive change for clients; they later focused upon the perceived attitudes of service users as to their “trust” in the profession. In the penultimate research workshop, participants spoke of a heightened confidence in their skills and in the future of the profession. These are novel insights as they extend understanding of the experiences of pioneering professionals to personal attributes and motivations. As described throughout this research (Chapters 4, 5, and 6), they also confirm the utility of mentoring and other forms of professional support for new practitioners and for those seeking to develop and extend professional practices in novel contexts.

In keeping with the notion of professional support, the importance of “others” to the participants’ journey has been highlighted. In 2013, a call was made for the graduates to join as one to develop the profession; in 2014, the Speech Therapy Club was convened as a place to meet colleagues; the theme of feelings was added to the professional practice tree in 2015 to emphasise connection with clients and the sharing of experiences with colleagues; and in 2016, professional colleagues, educators, and personal “others”—family and friends—were represented in all participants’ drawings. Social support or “everyday actions that convey care and concern” (Moores & Fitzgerald, 2017, p. 1109) are considered an important coping resource as they reflect
empathy and a desire to lessen the stress or burden of another. Several models of occupational stress have been proposed (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001; Siegrist, 1996), and central to their tenet is that individuals who encounter work pressures with little access to personal support are likely to experience strain that leads to professional burnout and attrition. Whilst the relevance of these models of occupational stress to the Vietnamese context is not known, the PRG members’ emphasis upon the support they received from others suggests it to be central to their work and to have buoyed them on their journeys. The longitudinal nature of the research has highlighted that support may be in many forms, some which remains constant and others that move in and out over time in response to professional and workload pressures and the unpredictable nature of professional practice that is constantly changing and evolving.

Feelings as an aspect of the participants’ journeys was a unique finding. The literature review revealed that a sense of responsibility may drive pioneering professionals, and that the degree of emotion experienced by practitioners may relate to culture (Davis et al., 1992). In the current research, PRG members spoke of their responsibility to progress the profession that stemmed both from a perceived privilege of completing training in ST and from an obligation to “give back”. They spoke of an “expectation” to meet the demands of their work and of disquiet when they perceived not being able to do so. These were not passing references to obligation but suggested a duty that brought with it a significant weight. Emotions of pride, passion, and love for their work were communicated over the duration of the research and, together with “bravery”, were identified as essential when engaging in cross-cultural research. Whether these emotions reflect a “broad professional and societal orientation” (Davis et al., 1992, p. 1170) is unclear; however, they draw attention to personal perceptions that may be shaped by
traditional roles, values, and beliefs. As described previously (Chapters 5 and 7), avoidance of losing face may be tied to these values. The longitudinal and participatory nature of this study has supported an understanding of these less “tangible” factors to emerge: through extended engagement and dialogue and the use of research methods that have supported exploration of the PRG members’ experiences in different ways.

Findings from this research support the call by several authors for exchange of information between countries and local and international professionals to build a knowledge base of factors shaping ST practice in different contexts (Hartley, 1998; Staley & Hopf, 2016). A website developed by Dr. Caroline Bowen is possibly the most comprehensive information source currently available (www.speech-language-therapy.com); it provides information about ST in Sub-Saharan Africa, Cambodia, and Vietnam and links to the websites of organisations and special interest groups interested in and/or supporting the development of the ST profession in Majority World contexts. However, due to the rapidly developing status of the profession (McAllister et al., 2013; Nguyen Thi Ngoc et al., 2016; Salter & Yeoh, 2017; Wylie et al., 2016), information is changing quickly, and work is likely being undertaken that is not yet reported. Further, not all information is globally accessible. Over time, collation of information at a central point and in multiple languages could act as an “evidence base” to guide the development of ST services in low and middle income countries—this could include the experiences and advice of local professionals who provide services for PWCD, information about local groups and stakeholders engaging with and supporting these services, and challenges present in different contexts and how they have been previously addressed.
Mirroring calls by McAllister et al. (2013), this research has identified a need for strong international collaboration between universities, practitioners, and ST professional bodies to support the development of the ST profession in Vietnam. Hines et al. (2010) described transfer of knowledge, ideas, and resources from the international community to Vietnam as building the number and capacity of social workers providing services in rural regions of Vietnam and supporting the commencement of vocational skills training and postgraduate training programs. The research participants’ experiences in this study indicate that international collaboration is building their capacity to provide ST services; it is also supporting the delivery of a professional university curriculum that will qualify local professionals to meet the growing need for ST services in Vietnam (MCNV, 2017). However, as has been the case for social work in Vietnam and ST in other Majority World contexts, and as reflected in the research participants’ priorities, knowledge informed by local context and culture must guide these initiatives.

Indigenisation or the “conscious development of ways of thinking about and doing [a profession] that are grounded in the culture of a specific national context” (Hugman et al., 2009, p. 185) has received much attention in the development literature (Law & Lee, 2014; T. Nguyen et al., 2010; Rankopo & Osei-Hwedie, 2011; Ugiagbe, 2014) as it speaks to the legitimacy of a profession or practice within a given context; it also speaks to issues of power and control that may drive the introduction of practices embedded in Western and Eurocentric paradigms into new contexts (Nguyen Thi Ngoc et al., 2016). In the current research, participants spoke of the need for culturally relevant information and resources to support their work, and for this information to inform future ST training programs. Knowledge creation through research is progressing in Vietnam, but as described throughout this thesis, the research skills of the participants and of researchers in the Vietnamese health sector are limited. Continued engagement in
research with support from international partners will be vital as local practitioners seek to develop an evidence base for their future practice.

This research has revealed that increasing awareness of a profession may act as a facilitator to service development but also pose challenges. Activities undertaken by PRG members to promote their work and develop their professional identity changed in form and increased in intensity over time—in 2013, they were educating local professional colleagues about ST, in 2014, training in aspects of ST was being provided, and in 2015 and 2016, initiatives included travelling throughout Vietnam, media appearances, and presenting at international conferences. However, these activities significantly increased workloads, the outcomes of which were threefold: limited ability to engage with professional development opportunities, a balancing of multiple competing demands, and movement away from clinical practice. All have the potential to lead to professional dissatisfaction, burnout, and attrition (Loan-Clarke, Arnold, Coombs, Bosley, & Martin, 2009). Several courses of action are therefore proposed that reflect the Vietnamese context but may also have relevance in other international contexts: access to flexible professional development opportunities that are informed by practitioners’ preferences for engagement, in-country education and training that is closely aligned with the practice demands of local practitioners, and targeted research that explores the utility of different models of service delivery. Each is now discussed in turn.

Access to a suite of professional development opportunities that move emphasis away from in-person attendance as generally offered by visiting international colleagues is recommended, including online resources, learning modules and activities, and discussion forums. In Vietnam, local internet services are generally good, widely
available, and low cost, and would allow clinicians to engage in learning at their own pace and at suitable times. It is acknowledged that these resources will require a significant time commitment to develop and maintain; however, if developed jointly, the capacity of local practitioners and that of the international ST community would be enhanced through mutual skill development and greater awareness of context-specific factors shaping practice and access to information in different contexts. Further, the capacity of the local ST community to provide professional development is increasing (Chapter 7) and into the future will reduce reliance upon international colleagues for professional development.

To align clinical education opportunities with practitioners’ current work demands, visiting international colleagues are encouraged to join their Vietnamese colleagues as they travel to the provinces to educate and train others. This would support professional development that is contextually relevant and incorporated into the daily work of local practitioners; it might also encourage multidisciplinary work through engagement with other rehabilitation workers in these contexts. Greater understanding by the international community of the challenges to the development of services in different contexts and of the opportunities available within these contexts would ensue. Learnings would be reciprocal—as proposed by several authors, the international ST community has much to learn from practitioners who provide services in resource-limited contexts and in ways that extend beyond impairment-based services (Wylie, 2014; Law et al., 2014). Further, as with access to professional development, local capacity to provide clinical education opportunities will increase as graduates from future ST university programs move into the local workforce.
Finally, continued exploration of the utility of different models of service delivery is required. This would reflect the recommendation of the *World Report in Disability* (WHO & World Bank, 2011) for delivery of services in varied ways and by workers who have different levels of training. As described in Chapter 2 of this thesis, CBR facilities are present in all provinces of Vietnam. It is of note therefore that the participants in this research did not refer to CBR when describing their work outside of HCMC. This may merely reflect language translation; that is, the participants were providing education and training in CBR programs but this was translated as “working in the provinces” (Chapters 6 and 7). It is also possible that their work was limited to educating professionals who were already providing ST services such as physiotherapists and doctors. As described in Chapter 2, provision of ST services through CBR in Malaysia, Ghana, Zimbabwe, and other countries of the Majority World has supported greater access for PWCD; exchange of information and experiences between these countries and Vietnam would allow for exploration of the utility of strategies across contexts. Further, threats to the sustainability of CBR in Vietnam will impact delivery of services for PWCD—as argued in Chapter 6, research to enhance understanding of these factors is critical so that the ST profession may address them proactively. Finally, research to guide the roles and responsibilities of CBR workers in the delivery of services for PWCD and their information and training needs will build a workforce equipped to meet the needs of the Vietnamese context.

In this section, I have discussed the key findings from this research in relation to the barriers and facilitators to the development of the ST profession in Vietnam. In the following section, I discuss the challenges posed by conducting longitudinal research in the cross-cultural context of Vietnam.
8.3 Conducting longitudinal research in a cross-cultural context

8.3.1 Practicalities and processes of research

The conduct of this research posed challenges that relate to the demands of moving between countries and cultures, and the evolving nature of a longitudinal research program. Significant forward planning was necessary to arrange suitable times for the PRG members and I to meet, both in Vietnam and when I was home in Australia, to plan the research meetings and for the resources for these meetings to be developed. This required extended and repeated correspondence between the PRG members, the interpreter Ms. Tran, and I as all communication required translation. Temple and Edwards (2002) counselled that researchers must meet with interpreters to discuss the research so that there is a shared understanding of the research questions and how data are to be collected. To this end, Ms. Tran and I communicated via Skype and email to discuss the translation of research materials prior to their distribution to PRG members and how the research meetings were to be conducted. After each point of data collection, we spent time debriefing. Whilst supporting the rigor of the research (Temple & Edwards, 2002), this process was very labour intensive and time consuming and, particularly in the early stages of the research, took longer than I had planned.

Several authors have described “culture shock” arising from moving back and forth between cultures when engaging in longitudinal research (Cole, 2004; Goodson & Phillimore, 2004; Hammersley & Atkinson, 1995). This was not a significant issue for me; I had lived in HCMC for a number of years and was familiar with the city and the Vietnamese culture. However, I did find conducting research in the busy and noisy environment of HCMC demanding, and I looked forward to returning to my hotel room each evening. Re-engagement with the PRG members also occurred fairly quickly due
to our familiarity; on the other hand, as we became more comfortable as a group, we sought to “catch up” about each other’s lives. This meant that research meetings had to accommodate time both for maintenance of connectedness and for data collection, which on occasions contributed to workshop activities running over time or not being completed.

To ensure rich data collection, I met with the PRG members on more than one occasion during my visits. This necessitated preliminary analysis of data following each research workshop to inform planning for the next meeting, a demanding and at times time-pressured undertaking that has been described by other researchers conducting longitudinal, qualitative research (Thomson & Holland, 2003). My research diary documented the fatigue I experienced towards the end of each visit to Vietnam and how I struggled at times to re-engage with the research data immediately upon my return to Australia. Moving back and forth between Vietnam and Australia did however provide valuable time for reflection about the fieldwork. The data collection points in Phase 1b of the research were conducted in close succession and required analysis of data as soon as I returned to Australia from HCMC, and again following each Skype meeting; however, the later research phases were 12 months apart and allowed for analysis of the data over an extended time and planning of the next research phases and methods.

8.3.2 Changing roles, activities, and relationships over time

Researchers engaging in longitudinal qualitative research have described the development of “genuine familiarity” (Thomson & Holland, 2003, p. 242) with research participants, of a blurring of boundaries between research and friendship that requires a high level of reflexivity on researchers’ behalf to address the potential impact of the research on themselves and the research participants that may include emotional
attachment. Cole (2004) proposed that the degree of “closeness” between those involved in research will shift as the role of the researcher shifts—moving from someone who is perceived as an outsider researcher to someone researching with a community. My research diary details my reflections upon the changing nature of my relationship with the PRG over time, as noted in an entry I made in my journal after the second research workshop in Vietnam in 2015 (see Figure 8.2).

<table>
<thead>
<tr>
<th>PRG members appeared more at ease with me this evening – there was banter about us all being drenched by torrential rain that had just fallen and that I should be used to it. Mr Jach recalled how I would catch the same xe ôm [motorbike taxi] each day from work at the university – a thunderstorm would just have passed and I’d climb on the back of the motorbike with my raincoat and helmet on and off we’d go, water up to my ankles. His story brought laughter from everyone. As a group they seemed engaged and interested tonight, enjoying being together, and they seemed comfortable with me. The sense I had that PRG members might be becoming tired of the research wasn’t present tonight. It’s nice to see, I hope they’re enjoying the meetings and the research – the cay tre analogy worked well in the last meeting. But I’ll need to somehow balance our catch-ups with getting the research done …perhaps dinner after the meetings?</th>
</tr>
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<tr>
<td><strong>Dated 29 October, 2015</strong></td>
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*Figure 8.2. Reflection from personal journal, 2015.*

A summary of the changes I perceived in the relationship between the PRG and the doctoral researcher is provided in Table 8.1.
Table 8.1. *Changing Roles, Activities, and Relationships Over Time*

<table>
<thead>
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</thead>
<tbody>
<tr>
<td></td>
<td>(Prior to the Research)</td>
<td></td>
<td></td>
<td></td>
<td>(Following Conclusion of the Research)</td>
</tr>
<tr>
<td><strong>My role</strong></td>
<td>Western teacher</td>
<td>Recent teacher and new PhD researcher</td>
<td>PhD researcher</td>
<td>PhD researcher and colleague</td>
<td>Colleague and co-researcher</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>Program coordinator</td>
<td><strong>Data collection</strong></td>
<td><strong>Data collection</strong> through participatory research</td>
<td><strong>Data collection</strong> through participatory research</td>
<td>Dissemination of research findings</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Program management; delivery of teaching; assessment of students</td>
<td>Small group interviews; individual interview; participation in first meetings of the PRG; Skype meetings</td>
<td>Workshops with PRG; assisting PRG members with presentations at local and international conferences regarding ST in Vietnam</td>
<td>Workshops with PRG; accompanying PRG members to their presentations about ST at their workplaces</td>
<td>Development of academic paper and PowerPoint presentation about the research; joint presentation of findings at international ST conference</td>
</tr>
<tr>
<td><strong>Relationship</strong></td>
<td>Formal</td>
<td>Formal</td>
<td>Formal but reducing</td>
<td>Accepted</td>
<td>Accepted</td>
</tr>
</tbody>
</table>

Adapted from Cole (2004, p. 298).
Over time, I perceived the relationship between the participants and I to become one of mutual support and increasing acceptance of me as a colleague. The introduction of the visually based research methods in 2015 supported a less formal air in the research, shifting focus away from the structured approach that interviewing imposed. In 2015 and again in 2016, the visual research methods encouraged animated discussion and interaction between the PRG members and me, perhaps supporting a sense of collegiality and trust that enhanced engagement (Chapters 6 and 7). Further, as the research progressed, opportunity for acts of reciprocity arose, an important outcome as it speaks to issues of power in research (Liamputtong, 2008). As examples, when I was in Vietnam, PRG members would organise refreshments for meetings and arrange transport for me after our meetings. I was able to assist with their development of presentations about their work, and at their request, I accompanied them to the presentations. PRG members sent email messages of support and encouragement as I wrote this thesis, and I did the same as members of the group commenced new professional positions and commenced and completed higher research degrees. Facebook and Instagram also allowed sharing of events of common interest.

8.3.4 Issue of language

The issue of language translation represents one of the major overarching themes in the literature of cross-cultural research. (Shklarov, 2007, p. 529)

Throughout this research, I have discussed the challenges posed by the research participants and researcher being of different cultures and not speaking the same language—of my limited awareness of cultural norms and processes, differences in concepts and ideas, and the extra time taken in the research due to the need for an interpreter. I have also described my increasing awareness of the critical role of the interpreter, Ms. Tran (Chapters 5, 6, and 7). Notes made in my research diary in late
2014 reveal my early questions about Ms. Tran’s role and positioning in the research; I struggled to “fit” her as either an “insider” or an “outsider”—an insider from my perspective as a Western researcher and to the research participants as a Vietnamese person, but an outsider to the participants in not being one of Vietnam’s first speech therapists but an objective technician. The fluidity of the interpreter’s positioning, of her occupying “the space between” as termed by Dwyer and Buckle (2009, p. 60), challenged my early understanding of how interpreters “should” work. The longitudinal and participatory nature of the research both magnified and added clarity to this discord; there were multiple occasions of engagement between Ms. Tran and me, Ms. Tran and the PRG, and between Ms Tran, the PRG, and me, and, as evidenced in the reflections of the PRG members on their research experiences, over time Ms. Tran became a valued and trusted member of the research team. Further, as she became more familiar with the research and its aims, her role and positioning changed or transformed from technician to cultural navigator and colleague (Chapter 7), a role ascribed to interpreters by other cross-cultural researchers (Caretta, 2015; Temple & Edwards, 2002).

I feel it is important that I describe several personal insights from the work Ms. Tran and I did together that relate not to the impact of translation on research data, but to my perceptions of the challenges Ms. Tran encountered as the research interpreter. Ms. Tran commenced in the research when she was working as an interpreter to the Speech Therapy Training Program at PNTU. She had been recommended by Ms. Mai, the interpreter who was present at the 2014 individual interviews and inaugural meeting of the PRG but was no longer able to participate (Chapter 5). In late 2015, Ms. Tran communicated anxiety about her professional competency and the possibility that the quality of her translation was negatively impacting the research findings. Her anxiety was not something that I had considered, but it has been described in other contexts,
including in research conducted in Vietnam (Ivars & Calatayud, 2001; Turner, 2010; Tzu-Lin & Liao, 2012). Turner (2010) argued that “it is naïve to think that one’s research assistant is likely to voice concerns on interviewing style or their role openly, especially if they are dependent on the researcher for immediate employment, advancement in their career or a letter of recommendation” (p. 213). This was a key learning for me as it highlighted an ethical challenge that may arise in cross-cultural research that I had not considered, that of research practices potentially causing distress to interpreters and research assistants.

Further, when discussing Ms. Tran’s role in the research, I had only considered the technical aspects of translation—timing, note taking, and how long I would speak before pausing for her interpretation. I did not explore the challenges that might relate to her position as an insider to the research, such as being privileged to information that participants may have shared with each other but did not wish shared with me. The notion of interpreters as “gatekeepers” who have the power to grant or withhold access to information and research participants has received much attention in the literature as this speaks to issues of power and the positioning of the interpreter in the research (Edwards, 2013; Mistry, Berardi, Bignante, & Tschirhart, 2015; Ozano & Khatri, 2018). My awareness of this issue as potentially causing unease for Ms. Tran led me to reflect upon whether Ms. Tran had been adequately prepared for the role she had assumed. Again, ethical considerations of beneficence and nonmaleficence arise. To this end, I would offer researchers seeking to undertake cross-cultural research that requires an interpreter the following advice:

1. Prior to commencing research, explore with interpreters and other research assistants how they can be supported in their work in culturally and
contextually relevant ways, including how issues relating to the interpreter as an “insider” might be addressed.

2. Communicate to interpreters that they will not be asked to participate in activities that may compromise their position within a community; however, should a situation arise inadvertently, there will be a process in place by which they can identify these to researchers and for researchers to take advice as to their resolution.

The cross-cultural nature of this research has also caused me to reflect upon the role and influence of language upon this research more generally. Song and Parker (1995) suggested that the choice of language employed by researchers will structure the research process, not least because should the researcher not speak the research participants’ language, an interpreter will be required. As I spoke no Vietnamese and most of the research participants had only limited English, Vietnamese was the language chosen for the conduct of the research. However, on occasions throughout the research, two PRG members who possessed good English skills chose to speak to me in English; this initially occurred in the individual interviews in 2014 and then in PRG meetings when they were communicating directly with me. These same participants also assisted when there was difficulty with translation of concepts, particularly those related to ST. There are a couple of important issues here. First, I had assumed that all participants would prefer to speak in Vietnamese, though for these two participants, this was not the case. Second, their use of English in the PRG research meetings limited other members’ understanding of what was being discussed, requiring me to ask that they communicate in Vietnamese. My research journal documents the questions that this raised for me: Was their use of English demonstrating a desire for congruence with me and/or did it reflect a desire not to have their words translated by the interpreter?
Was their use of English tied to their positioning in the PRG? On the other hand, their competency in English was supporting Ms. Tran’s work, and thus, should I encourage this? I do not have answers to these questions, but rather they add further to the discussions in this thesis of the complexities of conducting and participating in cross-cultural research.

8.4 Reflecting on power

I have described reasons for undertaking research informed by a participatory ethos as being to dilute the power I held by nature of my position as the participants’ former teacher and as a Western academic, and to acknowledge the research participants’ agency. Foucault (1980, as cited in Cooper, 1994, p. 436) argued that power is exercised rather than possessed; however, I possessed power even before I began this research due to my previous relationship with the research participants. On arrival in Vietnam, I remained in power by designing and running the research. I also cannot say that the power I held at the beginning of the research was ever fully negated, as even in the final research workshop, several of the PRG members continued to call me Teacher Marie. However, Crigger, Holcomb, and Weiss (2001) contended that the notion of power may be less of a problem when researchers join or become part of a community, rather than entering a community unknown, and seek to partner with research participants. Further, as stated by Cassell (2002),

> Rarely do the people studied mistake the investigator for one of their own . . . but if you are there for some time as a living, reacting fellow human being, rather than a human pretending to be a disembodied fly on the wall, the people you are studying will create a space, a role for you. (p. 180)

To this end, the time I spent living in Vietnam and working with the graduates had afforded opportunity to build relationships and for me to develop an understanding of
the context and culture in which the research was being conducted. Participatory research methods allowed me to partner with the PRG in the research as a means of reducing the power I exercised. However, as arose in 2014 with concerns regarding the confidentiality of the participants and their clients\(^8\) (Chapter 5), despite my experience of the Vietnamese context, I still required guidance from the PRG to ensure the research did not cause harm. Since that time, I have wondered whether the willingness of the PRG members to raise this issue with me stemmed from our familiarity and trust in each other and thus reflected a more equitable sharing of power. It is noteworthy that in the final research workshop, the participants’ reflections highlighted successful cross-cultural engagement as a shared responsibility that requires researchers and those participating in research to develop a mutual understanding of each other’s cultures so that trust may develop (Chapter 7). This was an important insight as it highlights the criticality of culturally informed, open communication underpinned by reciprocity in trust and good will, whilst mindful of the advice of Mohatt (2004) that the imperative to engage in action to support trust in research must rest with the researcher in the first instance.

It is also not possible for me to say that power did not influence how PRG members engaged with each other. The degree to which PRG members participated in the research and revealed details of their experiences may have been shaped by social hierarchy and power relations between them (Chapters 4, 5, and 6). Edwards (2013) contended that cultural and language communities are diverse and do not share the same values related to behaviour, social positioning, or trust; they also encompass differences in social status and prestige. Further, Minkler (2004) argued that social relations are

\(^8\) Following queries raised by workplace directors, several members of the PRG had sought reassurance that their workplaces and the clients receiving their services would not be identified in the research.
inherently political and based on power differences; however, they may be addressed in research when there is opportunity for a diversity of experiences to be expressed. The introduction of visually based research methods was one means of encouraging the engagement of all PRG members in the research, particularly those members who held less senior professional positions. The iterative and evolving nature of the research sought to foreground the individual experiences of each PRG member whilst also seeing them as part of the broader experience of being a pioneering ST in Vietnam. To this end, I think the visual research methods were successful; however, I cannot be certain that the nuances of the experiences of any of the PRG members were ever fully revealed. As evidenced in the penultimate research workshop, the drawing activity was not welcomed by all participants, possibly due to its potential to reveal that which individuals sought to conceal (Chapter 7). An important personal learning from this research has been that findings from cross-cultural research will only ever provide a glimpse of an experience, and that this will be shaped by power and cultural influences that will not and never can be fully known by cross-cultural researchers.

8.5 Drawing the research to a close

Important issues that arise when seeking to draw longitudinal participatory research to a close include deciding at what point to finish data analysis and end a project. Both were relevant to this research. A difficulty with “analysis closure” may arise in longitudinal research when new perspectives from each research stage challenge or broaden the interpretations of previous data (Koro-Ljungberg & Bussing, 2013). To varying degrees, each new round of data collection in this study challenged the interpretations that the PRG and I had made of the findings from earlier research stages, and I found myself revisiting our analyses and findings. Thomson and Holland (2003) proposed that
meeting data saturation as is called for in qualitative research (Morse, 1995) may not be possible in longitudinal research due to the multiple ways in which data can be analysed, such as over time and across and between participants. However, it has been argued that the richness and complexity of collected data will create space for multiple voices and experiences to be heard that “keep interpretations and study conclusion in flux” (Koro-Ljungberg & Bussing, 2013, p. 426). It is hoped that the reporting of the findings from the current research reflect this outcome—as giving voice to the PRG members’ diverse and unique experiences and in a manner that remains open to alternative constructions of meaning.

As described in Chapter 3, ending a research project well is an important consideration in all research but particularly in research that has supported the development of personal relationships. Over time, trusting, reciprocal relationships had developed between the PRG, the interpreter, and me, and it was important that we discussed how to manage the formal ending of the research and how we might move forward. In early 2016, I had indicated via email to the PRG that 2016 would be the final research phase, and following that time, I would be focusing upon writing my thesis. In ensuing email correspondence, we explored possibilities of ongoing contact once I had submitted my thesis, such as my returning to Vietnam to teach into future university ST programs that they, too, would be teaching into. Several of the PRG members discussed their plans to visit Australia, and that they would look forward to catching up. Attendance at international conferences would also be possible, and indeed did occur in China and Australia. Prior to my return to Vietnam in November 2016, the PRG and I agreed that a formal celebration to acknowledge the end of our research together was required; to this end, on the evening of the 19 November 2016 after our final research workshop, we convened to a local Vietnamese restaurant to celebrate our work together.
8.6 Engaging in participatory research

This research sought to answer the following research question:

How might research underpinned by a participatory ethos inform understanding of the evolving nature of the graduates’ work and the barriers and facilitators to their work?

Throughout this thesis, I have described how the longitudinal and participatory nature of this research informed understanding of the graduates’ work by highlighting factors shaping their work as informed by their reflections. The methodology employed in this research privileged the participants’ experiences and their perceptions of how they can be best supported in their work; these relate to local initiatives and to the role of the global ST community. As revealed in the findings from the final research workshop, this research also supported practical outcomes for PRG members that will support their work into the future, which include research skills and experience in teamwork. Their learnings also extended to the cross-cultural nature of the research, of being exposed to “different ways of thinking and solving problems” (Chapter 7), and of the role of the interpreter.

However, the participatory nature of the research also posed challenges that threatened the viability of the research. These have been described throughout this thesis and include establishing a shared understanding of collaboration and participation in research, facilitating prolonged engagement in research, research conducted using technology and across different time zones, and balancing the priorities of the research with the priorities of the participants. The “messiness” and unpredictability of participatory research as termed by Baum et al. (2006, p. 856) certainly rang true at times, of uncertainty as to the research focus, of what collaborative research might
“look” like, and what the research outcomes would be. The PRG and I shared these uncertainties (Chapter 5) and, as revealed in the participants’ reflections of their research experiences, were never fully resolved.

From a personal perspective, in the early stages of the research I had sought to adhere to the principles of PAR—engaging in iterative cycles of reflection and action to effect positive change—but this proved elusive. An entry in my research diary in 2015 documents my early reflections upon this (see Figure 8.3).

*I really feel we were almost as a point where we would identify actions to take. But it feels like two steps forward, one step back. A lot of discussion about the challenges being faced and how to address these but no agreement as to what steps next to take. I’m not sure what has been achieved.*

**Dated 4 November, 2015**

*Figure 8.3. Reflection from personal journal, 2015.*

I had thought that the graduates’ active participation in the research would support them to engage in tangible “action” leading to positive changes in their work. However, as described Chapter 5, a range of factors, including the “tyranny of distance” and the complexity of PAR that required focused and repeated engagement over time, rendered PAR no longer appropriate. Further, as proposed by several authors, conducting participatory research in cross-cultural contexts may be more difficult than in other contexts due to language barriers and cultural differences, for example, when participatory research clashes with values of respect for social hierarchy (Healy, 2001; McNae & Strachan, 2010; McTaggart, 1999; Rowell, 2017). Whilst reflecting upon my frustration in 2015, it did provide insights that the PRG members were indeed engaging
with the research but were defining what they considered important to explore, that being the exploration and sharing of their personal experiences and their developing identities as pioneering speech therapists. Indeed, the notion of action for change was not their research priority but rather mine. A shift in research methodology was therefore required that supported PRG members to authentically engage in the research. As identified in the final research workshop, the opportunity to meet and to “reflect back and look forward” was a valuable outcome from the research (Chapter 7), confirming calls by Kemmis and McTaggart (2008) for participatory research methods that create communication opportunities and spaces where “critical” discussion and reflection might take place.

8.7 Contributions to knowledge and practice

This research has added to knowledge about how the ST profession is emerging and evolving in Majority World contexts, and in Vietnam in particular. It has revealed that a diversity of factors is shaping the profession and that these factors are shared across contexts and are contextually unique. This study has revealed that the personal experience of pioneering a new health profession in a Majority World context is also shaped by a range of factors, that initiatives to introduce the profession into novel contexts will be best informed by local practitioners. This research has highlighted that professional and personal support are integral to the work of pioneering professionals, and how and when this is accessed will change over time and in response to a range of influences. The participants in this study have revealed that their work to progress the ST profession has been underpinned by personal and professional motivations, but an overarching driver has been their commitment to effect positive change in the lives of PWCD and their families in Vietnam.
The three phases of research described in this thesis may offer guidance to those seeking to support the development of ST and other rehabilitation services in underserved contexts. Previous models for developing services have recommended who should be consulted and why (Hartley & Wirz, 2002) but not *how* information should be gathered. It is hoped that the examples in the five research papers arising from this research encourage researchers and those seeking to support the development of services in novel contexts to think collaboratively and creatively about how they might work with colleagues in contexts that are unfamiliar to them and likely to be cross-cultural.

Methodologically, the flexible and iterative nature of the research has led to the development of a framework conceptualising the participants’ work that has highlighted its evolving nature. Creative research methods have supported the research participants’ experiences to be represented in diverse ways and have addressed key challenges to cross-cultural research that relate to translation and the potential for misrepresentation of those experiences. Learnings from doing participatory research in a cross-cultural context relate to both the complexity of cross-cultural research in general and to engaging in research when the researcher and research participants are separated by language, time, and distance. Further, this research has highlighted that the experience of engaging in research will be shaped by personal motivations and learnings that arise from research.

### 8.8 Strengths and imitations of this research

A clear statement of the aims of this research has been provided, as has a strong rationale for the choice of methodology and the research methods employed. Measures have been employed throughout the research to address its rigor and are detailed in the relevant chapters of this thesis.
Limitations to this body of work have been reported in the individual papers arising from the research. They relate to my positioning in the research, in particular my previous relationship to the research participants and to the positioning of the individual PRG members. Limitations arising from the conduct of the research with an interpreter have been described, as has the potential for the PRG members not to be representative of the 2010 to 2012 graduate cohort. I have described the challenges that emerged with the participatory nature of this research and its conduct over time and across cultures.

Small sample size is a common criticism of qualitative research. However, qualitative research seeks to provide an in-depth, detailed understanding of an experience or phenomena as represented by an individual or group of individuals rather than a breadth of understanding. To do so, it should be conducted with a “culturally cohesive group” (Morse, 1995, p. 149) where participants share the characteristics being addressed in the research. Members of the PRG met this criterion. Further, in longitudinal research, small groups of participants are recommended so that wide-ranging exploration and documentation of experiences is possible.

Inability to generalise research findings is a further criticism of qualitative research (Firestone, 1993), yet the goal of qualitative research is not to generalise but rather to provide rich, contextualised understanding of an experience or phenomenon. Generalisability of qualitative research may however relate to its transferability from one setting to another, defined as occurring “whenever a person or group in one setting considers adopting something from another that research has identified” (Smith, 2018, p. 140). It speaks to whether findings from a piece of research are transferable to other settings. According to Lincoln and Guba (1985), this involves thick descriptions of the experiences of research participants, including direct testimonies, and presenting these
in a manner that is accessible to readers. Creative research methods may support transferability by “invit[ing] people into an experience and mov[ing] them to act upon what they have read or seen” (Smith, 2018, p. 141). In the current research, thick descriptions have been provided of the participants and supported by their words; the drawings produced by the participants provide a different medium by which to explore the utility of their experiences to other contexts.

8.9 Future directions

The research presented in this thesis has revealed areas for future research; these have been outlined in the five published papers and in this final thesis chapter. They include exploration to the utility of different models of service delivery in Vietnam, including CBR, and of the service needs and desires of PWCD in Vietnam. The views of other stakeholders such as government and employing organisations, other rehabilitation professions, and PWCD and their families as to their perceptions of how and what services could be provided by the ST profession would further inform service development needs and opportunities.

Exploration of the “cultural fit” of the ST profession in Vietnam is also required, including how its practice and the curriculum informing local university programs might be tailored to meet the needs of local context. Garnering the experiences of the social work profession in Vietnam will be important in this respect.

The role of the research interpreter is complex and not well understood. Research exploring the experiences of research interpreters will inform how they may be better
supported in their work. The perceptions of researchers engaging in cross-cultural research and of research participants as to the role of interpreters will also inform how researchers and research participants could support interpreters; it would also highlight gaps in researchers’ knowledge of working with interpreters and guide education opportunities.

8.10 Conclusions

This research provides an in-depth understanding of the experiences of a group of Vietnam’s first university-qualified speech therapists. Their professional journeys have been explored over four years, and a detailed, nuanced picture has emerged of context-specific factors shaping their work, of barriers and facilitators to their work, and how they have sought to progress the ST profession in Vietnam. Through an analysis of participants’ descriptions and narratives about their journeys, this research has built knowledge of how a rehabilitation profession may emerge in Vietnam. The participatory ethos underpinning this research has supported the PRG members’ experiences to be told in their own words, and in doing so has strengthened the authenticity of the direction taken in the research and of the research findings. Difficulties supporting engagement in research and blurred boundaries between me, the PRG members, and the interpreter have been described and have highlighted several complexities that may arise in longitudinal, cross-cultural qualitative research. This doctoral research has explored and documented the dynamic evolution of ST in Vietnam through the lens of a group of pioneers who have shared their perceptions and feelings in relation to their developing professional identity, their confidence to practise, and their future goals and ambitions as they progress the ST profession and its scope of practice in their own
cultural context. The findings of this research suggest a positive future for the ST profession in Vietnam and for the practitioners who engage in its practice; they have also highlighted collaborative, authentic engagement as critical to building the ST profession in novel contexts.
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doi:10.1002/nur.20253


doi:10.1080/10749039.2010.513752


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Appendices
Appendix A: HREC Approval Letters

Appendix A includes Human Research Ethics Committee approval from the University of Melbourne for the conduct of research at two separate points:

1. to access and analyse the data from individual interviews conducted with 13 of the graduates as part of the quality assurance program for the PNTU Speech Therapy Training Program;
2. to convene the PRG and engage in research with them.

Appendix A also contains approval for extensions to engage in research with the PRG.
Appendix A-1. University of Melbourne Human Research Ethics Committee approval letter, Part 1

12 May 2014

A/Prof B.J. Davidson
Artificial Intelligence and Cognitive Science
School of Health Sciences
The University of Melbourne

Dear A/Prof Davidson

I am pleased to advise that the Behavioural and Social Sciences Human Ethics Sub-Committee approved the following Project:

Project title: Perceptions of Vietnam’s first speech therapy graduates in their first year of clinical practice.

Researchers: A/Prof B.J. Davidson, Professor L. McAllister, M. Atherton

Ethics ID: 1441647

The Project has been approved for the period: 12-May-2014 to 31-Dec-2014

It is your responsibility to ensure that all people associated with the Project are made aware of what has actually been approved.

Research projects are normally approved to 31 December of the year of approval. Projects may be renewed yearly for up to a total of five years upon receipt of a satisfactory annual report. If a project is to continue beyond five years a new application will normally need to be submitted.

Please note that the following conditions apply to your approval. Failure to abide by these conditions may result in suspension or discontinuation of approval and/or disciplinary action.

(a) Limit of Approvals: Approval is limited strictly to the research as submitted in your Project application.

(b) Variation to Project: Any subsequent variations or modifications you might wish to make to the Project must be notified formally to the Human Ethics Sub-Committee for further consideration and approval. If the Sub-Committee considers that the proposed changes are significant, you may be required to submit a new application for approval of the revised Project.

(c) Incidents or adverse effects: Researchers must report immediately to the Sub-Committee anything which might affect the ethical acceptance of the protocol including adverse effects on participants or unforeseen events that might affect continued ethical acceptability of the Project. Failure to do so may result in suspension or cancellation of approval.

(d) Monitoring: All projects are subject to monitoring at any time by the Human Research Ethics Committee.

(e) Annual Report: Please be aware that the Human Research Ethics Committee requires that researchers submit an annual report on each of their projects at the end of the year, or at the conclusion of a project if it continues for less than this time. Failure to submit an annual report will mean that ethics approval will lapse.

(f) Auditing: All projects may be subject to audit by members of the Sub-Committee.

If you have any queries on these matters, or require additional information, please contact me using the details below.

Please quote the ethics ID number and the title of the Project in any future correspondence.

On behalf of the Sub-Committee I wish you well in your research.

Yours sincerely,

[Signature]

[Name]
Secretary, Behavioural and Social Sciences HESC
Phone: 6344 2067, Email: t.callahan@unimelb.edu.au

Cc: HEAG Chair - School of Health Sciences

The Office for Research Ethics and Integrity
The University of Melbourne, Level 1, 780 Elizabeth St Melbourne Victoria 3010 Australia
T: +61 3 9356 8557
W: www.orri.unimelb.edu.au
Appendix A-2. University of Melbourne Human Research Ethics Committee approval
letter, Part 2

20 June 2014

A/Prof B.J. Davidson
Audiology and Speech Pathology
The University of Melbourne

Dear A/Prof Davidson

I am pleased to advise that the Behavioural and Social Sciences Human Ethics Sub-Committee has approved the following Project:

Project title: Practitioner perspectives on the emerging profession of Speech Therapy in Vietnam
Researchers: A/Prof B J Davidson, Professor I Mcallister, M Atherton
Ethics ID: 1442955

The Project has been approved for the period: 20-Jun-2014 to 31-Dec-2014

It is your responsibility to ensure that all people associated with the Project are made aware of what has actually been approved.

Research projects are normally approved to 31 December of the year of approval. Projects may be renewed yearly for up to a total of five years upon receipt of a satisfactory annual report. If a project is to continue beyond five years a new application will normally need to be submitted.

Please note that the following conditions apply to your approval. Failure to abide by these conditions may result in suspension or discontinuation of approval and/or disciplinary action.

(a) Limit of Approval: Approval is limited strictly to the research as submitted in your Project application.

(b) Variation to Project: Any subsequent variations or modifications you might wish to make to the Project must be notified formally to the Human Ethics Sub-Committee for further consideration and approval. If the Sub-Committee considers that the proposed changes are significant, you may be required to submit a new application for approval of the revised Project.

(c) Incidents or adverse effects: Researchers must report immediately to the Sub-Committee anything which might affect the ethical acceptability of the protocol including adverse effects on participants or unforeseen events that might affect continued ethical acceptability of the Project. Failure to do so may result in suspension or cancellation of approval.

(d) Monitoring: All projects are subject to monitoring at any time by the Human Research Ethics Committee.

(e) Annual Report: Please be aware that the Human Research Ethics Committee requires that researchers submit an annual report on each of their projects at the end of the year, or at the conclusion of a project if it continues for less than this time. Failure to submit an annual report will mean that ethics approval will lapse.

(f) Auditing: All projects may be subject to audit by members of the Sub-Committee.

If you have any queries on these matters, or require additional information, please contact me using the details below.

Please quote the ethics ID number and the title of the Project in any future correspondence.

On behalf of the Sub-Committee I wish you well in your research.

Yours sincerely,

Mr Tony Callahan
Secretary, Behavioural and Social Sciences HESC
Phone: 8344 2067, Email: t.callahan@unimelb.edu.au

Cc: HEAG Chair - School of Health Sciences

The Office for Research Ethics and Integrity
The University of Melbourne, Level 1, 780 Elizabeth St Melbourne Victoria 3010 Australia
T: +61 3 8344 8957
W: www.orei.unimelb.edu.au

Annual Report - Ethics Application 1442056.1

From: themisPROD-noreply@unimelb.edu.au

To: bronwynd@unimelb.edu.au; marieaetherton@yahoo.com.au; lindy.mcallister@sydney.edu.au

Date: Tuesday, 3 February 2015, 12:29 pm AEDT

Title: Practitioner perspectives on the emerging profession of Speech Therapy in Vietnam
Researchers: A/Prof B J Davidson, Professor L Mcallister, M Aitheron
Ethics ID: 1442056

Annual Report - Ethics Application 1442056.1

From: themisPROD-noreply@unimelb.edu.au

To: marieaetherton@yahoo.com.au

Date: Tuesday, 15 December 2015, 3:14 pm AEDT

Title: Practitioner perspectives on the emerging profession of Speech Therapy in Vietnam
Researchers: Professor L Mcallister, A/Prof B J Davidson, M Aitheron
Ethics ID: 1442056
Appendix B: Legislation and Policy Informing the Rights of Persons With Disabilities in Vietnam

Appendix B summarises aspects of legislation and policy informing the rights of PWD in Vietnam.
## Appendix B. Legislation and policy informing the rights of persons with disabilities in Vietnam

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiative</th>
<th>Detail Relating to People with Disabilities</th>
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</thead>
<tbody>
<tr>
<td>1990</td>
<td>First Asian country to ratify the <em>United Nations Convention of the Rights of the Child</em> (United Nations, 1990)</td>
<td>Article 2: Nondiscrimination: Children should not be discriminated because of race, colour, language, religion, national or ethnic origin, disability, or other status. Article 23: Children with disabilities should receive the care, resources, and support so that they can live a full and independent life.</td>
</tr>
<tr>
<td>1992</td>
<td>Adoption of amended <em>Constitution of Vietnam by the National Assembly</em>; amended in 2001</td>
<td>Article 59: The state and society shall create the necessary conditions for children with handicaps to acquire general knowledge and appropriate job training. Article 67: War invalids shall enjoy favourable conditions for their physical rehabilitation, shall be given employment suited to the state of their health, and assistance in securing stable living conditions. Elderly persons, disabled persons, and orphans with no family support are entitled to assistance from the state and society.</td>
</tr>
<tr>
<td>1998</td>
<td><em>Vietnam Ordinance on Disabled Person</em> is adopted by the Standing Committee of the Vietnam National Assembly</td>
<td>Purpose of Ordinance: to define the responsibilities of family, the government, and society regarding people with disabilities and stipulate the rights of people with disabilities. Provisions within the Ordinance included those related to health services and other care; cultural education for people with disabilities; job training and employment; access to culture, physical training, sport activities, and public works; state management of the protection and care for people with disabilities, benefits, and response to violations.</td>
</tr>
<tr>
<td>2001</td>
<td><em>Vietnam National Co-ordinating Council on Disabilities (NCCD)</em> established pursuant to the provisions of the Ordinance on Disabled Persons (1998)</td>
<td>National government body to coordinate ministry and agency action on disability at a national level. Comprises representatives from government ministries, committees, national and local government organisations, and representatives from self-help groups for people with disabilities. Key responsibilities: collaborate with relevant bodies to assess the effectiveness of disability policies and programs, to evaluate the implementation of polices regarding disability, and support the development of laws, polices, standards, and technical and financial initiatives for people with disabilities.</td>
</tr>
<tr>
<td>Year</td>
<td>Initiative</td>
<td>Detail Relating to People with Disabilities</td>
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<td>------</td>
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</table>
| 2003 | *Biwako Millennium Framework (ECOSOC, 2002) endorsed* | Action committed towards inclusive, barrier-free societies in Asia and the Pacific. Five key strategies:  
  • Supporting movement away from a charity-based to a rights-based approach to disability;  
  • Strengthening mechanisms for effective policy formulation and implementation related to disability;  
  • Improving the availability and quality of data and other information on disabilities for policy formulation and implementation;  
  • Promoting disability-inclusive development and strengthening community-based approaches to disability, including the prevention of the causes of disability; and  
  • Rehabilitation and empowerment of people with disabilities. |
<p>| 2008 | <em>Community-based Functional Rehabilitation Strategy tabled</em> | Implementing community-based rehabilitation; improving staff expertise, particularly local health care workers in the early identification of person with disabilities and the delivery of rehabilitation services. |</p>
<table>
<thead>
<tr>
<th>Year</th>
<th>Initiative</th>
<th>Detail Relating to People with Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>National Law on Persons with Disabilities enacted by the National Assembly of Vietnam</td>
<td>Mandating equal rights for persons living with disabilities in Vietnam through access to appropriate accommodation, health care, rehabilitation, education, vocational training, employment transportation, and information technology. Provides criteria for classifying types of disabilities, levels of disability severity.</td>
</tr>
<tr>
<td>2012</td>
<td>Ministry of Education and Training release inter-ministerial circular #58 mandating the development of Inclusive Education Resource Centres</td>
<td>Resource centres to support early identification and intervention for children with disabilities, including parent and teacher support.</td>
</tr>
<tr>
<td>2013</td>
<td>Release of Ministry of Health Circular No. 46/2013/TT-BYT: Outlining specific structures and functions of rehabilitation services</td>
<td>Article 4: Roles and responsibilities of rehabilitation specialists—specific reference to speech and language therapy—definition of the profession of “speech and language therapy” and the role of a “speech and language therapy technician”.</td>
</tr>
</tbody>
</table>
| 2014 | United Nations Convention on the Rights of Persons with Disabilities is ratified by the Vietnam government | Four articles specifically address communication:  
Article 4: General obligations—Promote research, development, and availability of new technologies that assist access to information;  
Article 9: Accessibility—people with disabilities have the right to access information and communication;  
Article 21: Freedom of expression and opinion, and access to information—people with disabilities have the right to express themselves, including the freedom to give and receive information and ideas through all forms of communication, including through accessible formats and technologies, sign languages, Braille, augmentative and alternative communication, mass media, and all other accessible forms of communication.  
Article 24: Education  
a. Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;  
b. Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;  
c. Ensuring that the education of persons, and in particular children who are blind, deaf, or deaf blind, is delivered in the most appropriate languages and modes and means of
<table>
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<tr>
<th>Year</th>
<th>Initiative</th>
<th>Detail Relating to People with Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>Vietnam National Plan on Rehabilitation Development is released</td>
<td>Commitment to the development of rehabilitation services and staff to meet the needs of persons with disabilities; specific reference to “speech therapy”: 2.3 (b). 100% of rehabilitation departments and sections include in their curricula content that relates to professional title as specified in article 4 of Circular no. 46/2013/TT_BYT, including: rehabilitation specialist, rehabilitation nurse, Bachelor of Medical Technology, Bachelor of Speech Therapy, physical therapist, activity therapist, speech therapist, orthopaedic instrument specialist. 2.3 (d). 85% of rehabilitation hospitals have sufficient professional titles as specified by Article 4 of the Circular no. 46/2013/TT-BYT.</td>
</tr>
<tr>
<td>2016</td>
<td>SDGs adopted by Vietnam</td>
<td>SDG4: Ensure inclusive and quality education for all and promote lifelong learning. SDG10: Reduced inequalities within and among countries.</td>
</tr>
<tr>
<td>2016</td>
<td>Expansion of Vietnam National Insurance scheme to cover 248 services, including those for rehabilitation</td>
<td>Initial policy coverage for rehabilitation services listed 33 services. In June 2016, this expanded to 248 services covered by insurance. Category D of insured services encompassed speech therapy, including 13 different services/techniques covering communication and swallowing.</td>
</tr>
</tbody>
</table>

Appendix C: Interview Topic Guides

Appendix C contains the interview guides used in Study 1 (conducted in 2013) and Study 2, Part 1 (conducted in 2014).
Appendix C-1. Topic guide for Study 1 (2013)

1. Please describe a typical day for you as a speech therapist. What is a normal day of speech therapy practice for you?

2. Think back to when you first graduated from PNTU. Could you describe how well prepared you felt to practice speech therapy upon graduating?

3. Could you tell me about a client you have seen for speech therapy and the impact your intervention had with this client?

4. What do you think are the priorities/most important things for you in the next 12 months in relation to your practice of speech therapy? Why?

5. What do you think are the priorities/most important things for the profession of speech therapy in Vietnam over the next 12 months? Why?

Probes:

Can you tell me more..?

Can you give me an example..?

Why do you think that is?

1. Please describe for me a typical working day for you; what does it involve?

   Prompt: What type of caseload do you have; what do you do that does not involve direct patient treatment?

2. Last time we spoke it was one year since you graduated from PNTU. At that time, I asked you about your early work as a speech therapist, what you were doing, things you were enjoying, and some of the challenges you faced. You spoke about: [choose areas discussed by participant in 2013]
   a. X
   b. X
   c. X

   Do you feel these aspects of your work in 2013 remain relevant to your practice in 2014? How?

   Prompt: Do you feel your typical working day is different to 12 months ago? If so, how has it changed?

3. Several key ideas and themes were identified in the interviews I had with you and with the other graduates in 2013. Some of these were: [choose several]:
   a. A sense of pride at being one of the pioneering speech therapists in Vietnam;
   b. At times confidence in knowledge and skills, other times doubts;
   c. Concern regarding the limited understanding of the people you work with and the community about the SLP profession;
   d. Lack of normative data and difficulty accessing information about speech therapy assessment and treatment techniques;
   e. A desire for further professional development;
f. The importance of establishing a professional association.

Would you consider any or all of them as relevant and important to you now? If so, which ones, why? Which ones are not so relevant now and why?

4. Are there some other points/issues/comments you would like to discuss?

Prompt: Are there any important themes or factors that have not been raised yet?

5. If you had to identify 3 key priorities in relation to progressing your professional practice and the profession of speech therapy in Vietnam, what would they be?
Appendix D: Outlines for Research Workshops

Appendix D-1 contains the outline for 2015 research workshops.

Appendix D-2 contains the outline for the 2016 workshop in which the participants explored their professional practice over the previous four years.

Appendix D-3 contains the outline for the 2016 workshop in which the participants explored their experiences of engaging in the research.
## PARTICIPATORY RESEARCH GROUP WORKSHOP

September/October 2015 in Ho Chi Minh City, Vietnam

<table>
<thead>
<tr>
<th>TITLE OF WORKSHOP</th>
<th>“A day in your professional life”</th>
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<tbody>
<tr>
<td>DATE &amp; TIME</td>
<td>29/10/15; 04/11/15</td>
</tr>
<tr>
<td>LOCATION</td>
<td>Mr Cafe</td>
</tr>
<tr>
<td>DURATION OF WORKSHOP</td>
<td>2 hours</td>
</tr>
<tr>
<td>FACILITATOR</td>
<td>Ms Marie</td>
</tr>
<tr>
<td>INTERPRETER</td>
<td>Ms Tran</td>
</tr>
<tr>
<td>PARTICIPANTS</td>
<td>Members of the Participatory Research Group</td>
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</table>

**AIMS OF WORKSHOP**

To continue to explore your work as speech therapists. To identify:

- the roles & activities you are currently performing in your work - the activities that form the “foundation” of your work;
- the things of your work that you enjoy and would like to develop further
- the things that have changed about your work over the past 12 months
- challenges to your work
- new ideas and suggestions to develop your practice as speech therapists.

The information we discuss will help us to consider ways in which your practise as speech therapists can be supported and further developed.

### Legend

- **Brown**: Current professional roles & responsibilities - the roots of the tree
- **Green**: The things you enjoy about your work
- **Blue**: The aspects of your work that have changed over the past 12 months
- **Grey**: Challenges to your work/a problem/factors limiting your work – Grey skies
- **Yellow**: New ideas & suggestions to develop your practice as speech therapists
- **Exclamation mark icon**: Important ideas

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# BUỔI HỘI THẢO VỚI NHóm CÒ VN
Tháng 09/Tháng 10 năm 2015 tại Thành phố Hồ Chí Minh, Việt Nam

<table>
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<th>TƯA ĐỂ CỦA BUỔI HỘI THẢO</th>
<th>“Một ngày trong công việc của bạn”</th>
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<td>NGÀY &amp; GIỜ</td>
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<td>NGƯỜI TRÌNH BÃY</td>
<td>Ms Marie</td>
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<td>PHIỆN DỊCH VIỆN</td>
<td>Ms Tran</td>
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<td>THÀNH VIÊN THAM DỰ</td>
<td>Thành viên của Nhóm cố vấn</td>
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<td>Mr Duc Mr Jach Ms Bich Mr An</td>
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<td>Ms Lac Ms Minh Ms Mai</td>
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<th>MỤC TIÊU CỦA BUỔI HỘI THẢO</th>
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<tr>
<td>Để tiếp tục tìm hiểu công việc của các bạn trong vai trò chuyên viên Âm ngũ три liệu. Để xác định:</td>
</tr>
<tr>
<td>• những vai trò &amp; hoạt động mà hiện tại các bạn đang làm trong công việc của các bạn – những hoạt động “nên tăng” trong công việc của các bạn;</td>
</tr>
<tr>
<td>• những gì các bạn yêu thích trong công việc của các bạn và muốn phát triển thêm</td>
</tr>
<tr>
<td>• những gì đã thay đổi trong công việc của các bạn trong hơn 12 tháng qua</td>
</tr>
<tr>
<td>• những thách thức trong công việc của các bạn</td>
</tr>
<tr>
<td>• những ý tưởng và đề xuất mới để phát triển việc hành nghề của các bạn trong vai trò chuyên viên Âm ngũ три liệu.</td>
</tr>
</tbody>
</table>

Những thông tin mà chúng ta thảo luận sẽ giúp chúng ta xem xét các phương thức nhóm hỗ trợ và phát triển hơn nữa việc hành nghề của các bạn trong vai trò chuyên viên Âm ngũ tri liệu.

<table>
<thead>
<tr>
<th>Chú giải</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brown</strong> (Màu nâu): Những vai trò &amp; trách nhiệm công việc hiện tại</td>
</tr>
<tr>
<td><strong>Green</strong> (Màu xanh lá): Những gì các bạn yêu thích về công việc của các bạn</td>
</tr>
<tr>
<td><strong>Yellow</strong> (Màu vàng): Những khả năng đã thay đổi trong công việc của các bạn trong hơn 12 tháng qua</td>
</tr>
</tbody>
</table>

*Bài**atispaced* | **Comment card** (Thẻ bình luận): Những lời nhận xét hoặc câu hỏi |
|------------------|-------------------------------------------------------------------|

Biểu tượng dấu chấm than = những ý tưởng quan trọng
### PARTICIPATORY RESEARCH GROUP WORKSHOP 1

**NOVEMBER 2016**

<table>
<thead>
<tr>
<th>TITLE OF WORKSHOP</th>
<th>“Your journey as a pioneering speech therapist”</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td>Sunday 13th November, 2016</td>
</tr>
<tr>
<td>TIME &amp; LOCATION</td>
<td>Mr Cafe</td>
</tr>
<tr>
<td>DURATION OF WORKSHOP</td>
<td>2 hours</td>
</tr>
<tr>
<td>FACILITATOR</td>
<td>Ms Marie</td>
</tr>
<tr>
<td>INTERPRETER</td>
<td>Ms Tran</td>
</tr>
<tr>
<td>PARTICIPANTS</td>
<td></td>
</tr>
<tr>
<td>Mr Duc</td>
<td>Mr Jach</td>
</tr>
<tr>
<td>Ms Bich</td>
<td>Mr An</td>
</tr>
<tr>
<td>Ms Lach</td>
<td>Ms Mai</td>
</tr>
<tr>
<td>Ms Loan</td>
<td></td>
</tr>
</tbody>
</table>

To explore your journeys as the pioneering speech therapists of Vietnam. Using the imagery of a flowing river, you will be encouraged to construct your journeys as speech therapists along a timeline from 2010-2016, depicting:

- key events in your journeys;
- opportunities and challenges that have arisen throughout your journeys;
- occasions of breakthrough, of taking significant steps forward;
- periods of increased activity, and periods of rest;
- the people you have met along your journey, the places you have travelled to;
- the achievements you have made throughout your journey;
- what lies downstream, beyond 2016, and how you will navigate downstream.

The workshop will conclude with reflection upon the past 4 years and consideration of opportunities for the future.
# HỘI THẢO NHÓM NGHIÊN CỨU THAM GIA 1
## THÁNG 11 NĂM 2016

<table>
<thead>
<tr>
<th>TIÊU ĐỀ HỘI THẢO</th>
<th>“Hành trình cuối của bạn trong vai trò chuyên viên Ám ngữ trị liệu tiên phong”</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGÀY</td>
<td>Chủ nhật ngày 13 tháng 11 năm 2016</td>
</tr>
<tr>
<td>THỜI GIAN &amp; ĐỊA DIEM</td>
<td>Xác định sau</td>
</tr>
<tr>
<td>THỜI LƯỢNG CỦA BUỔI HỘI THẢO</td>
<td>2 giờ</td>
</tr>
<tr>
<td>NGƯỜI TỔ CHỨC</td>
<td>Cô Marie</td>
</tr>
<tr>
<td>PHIÊN DỊCH VIỆN</td>
<td>Bà Tam</td>
</tr>
<tr>
<td>THÀNH VIÊN THAM DỰ</td>
<td>Mr Duc  Mr Jach  Ms Bich  Mr An  Ms Lac  Ms Minh  Ms Mai</td>
</tr>
</tbody>
</table>

Nhằm tìm hiểu những hành trình của các bạn trong vai trò những chuyên viên Ám ngữ trị liệu tiên phong của Việt Nam. Sử dụng hình ảnh một dòng sông đang chảy, các bạn được khuyên khám phá chuyến hành trình của các bạn trong vai trò chuyên viên Ám ngữ trị liệu trong khoảng thời gian từ năm 2010-2016, trong đó mô tả:
- Những sự kiện chính trong hành trình của các bạn;
- Những cơ hội và thách thức đã phát sinh trong suốt chuyến hành trình;
- Những cơ hội tốt phá, những cơ hội đưa ra những bước tiến đáng kể;
- Những khoảng thời gian hoạt động gia tăng, và những khoảng thời gian nghỉ ngơi;
- Những người các bạn đã gập trong chuyên hành trình, và những nơi các bạn đã đến;
- Những thành tích/thành tựu mà các bạn đã đạt được trong suốt chuyến hành trình;
- Những gì năm ở vùng hạ lưu, vùng xa hơn năm 2016, và các bạn sẽ định hướng khi đến vùng hạ lưu như thế nào.
Buổi hội thảo sẽ kết thúc với những suy nghĩ, suy ngẫm (reflection) về 4 năm qua và xem xét những cơ hội trong tương lai.
# PARTICIPATORY RESEARCH GROUP WORKSHOP 2

**NOVEMBER 2016**

<table>
<thead>
<tr>
<th>TITLE OF WORKSHOP</th>
<th>‘Reflecting upon your participation in the research’</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td>Saturday 19th November, 2016</td>
</tr>
<tr>
<td>TIME &amp; LOCATION</td>
<td>Mr Cafe</td>
</tr>
<tr>
<td>DURATION OF WORKSHOP</td>
<td>2 hours</td>
</tr>
<tr>
<td>FACILITATOR</td>
<td>Ms Marie</td>
</tr>
<tr>
<td>INTERPRETER</td>
<td>Ms Tam</td>
</tr>
<tr>
<td>PARTICIPANTS</td>
<td>Members of the PRG</td>
</tr>
<tr>
<td>AIM</td>
<td>This workshop will explore your experiences of participating in this research project.</td>
</tr>
<tr>
<td></td>
<td>• What motivated you to join the research as a member of the PRG?</td>
</tr>
<tr>
<td></td>
<td>• What were your expectations of being involved in the research? Were these met?</td>
</tr>
<tr>
<td></td>
<td>• What were some of the challenges of being a participant in the research?</td>
</tr>
<tr>
<td></td>
<td>• What have been some of your learnings from being involved in the research?</td>
</tr>
<tr>
<td></td>
<td>• What was it like conducting the research with the support of an interpreter?</td>
</tr>
<tr>
<td></td>
<td>• What advice do you have for others considering participating in a cross-cultural research project such as this one?</td>
</tr>
<tr>
<td></td>
<td>• What is one word/concept that would summarise your experience in the research?</td>
</tr>
<tr>
<td></td>
<td>PRG members might like to consider how they could communicate to others their experiences of participating in the research. This might take the form of a poster, banner or PowerPoint presentation to present at a future meeting of the Speech Therapy Club or at a Speech Therapy conference, or another form.</td>
</tr>
</tbody>
</table>

---

1. What is the experience of practising speech therapy in Vietnam?

2. What are the barriers and facilitators to the practice of speech therapy in Vietnam?

3. What are the key professional priorities and actions for speech therapy in Vietnam as identified by the participatory research group?
### HT THÁO NHÓM NGHIÊN CỨU THAM GIA 2
#### THÁNG 11 NĂM 2016

<table>
<thead>
<tr>
<th>TIÊU ĐỀ HỘI THẢO</th>
<th>‘Suy ngẫm về sự tham gia của bạn vào đề án nghiên cứu’</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGÀY</td>
<td>Thứ bảy ngày 19 tháng 11 năm 2016</td>
</tr>
<tr>
<td>THỜI Gian &amp; Địa Điểm</td>
<td>Mr Cafe</td>
</tr>
<tr>
<td>THỜI Luôn CỦA BƯỞI HỘI THẢO</td>
<td>2 giờ</td>
</tr>
<tr>
<td>NGUỒI TỔ CHỨC</td>
<td>Ms Marie</td>
</tr>
<tr>
<td>PHIÊN ĐỊCH VIỆN</td>
<td>Ms Tam</td>
</tr>
<tr>
<td>THANH VIỆN THAM DỰ</td>
<td>Mr Duc, Mr Jach, Mr An, Ms Lac, Ms Bich, Ms Minh, Ms Mai</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MỤC TIÊU</th>
<th>Buổi hội thảo này sẽ tìm hiểu những trải nghiệm của các bạn về việc tham gia vào đề án nghiên cứu này.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Điều gì đã tạo động lực cho các bạn tham gia vào đề án nghiên cứu trong vai trò thành viên của nhóm PRG?</td>
</tr>
<tr>
<td></td>
<td>• Những mong muốn/mong đợi của các bạn là gì khi tham gia vào đề án nghiên cứu? Các bạn có đạt được những mong muốn/mong đợi này không?</td>
</tr>
<tr>
<td></td>
<td>• Một số khó khăn/thách thức khi tham gia vào đề án nghiên cứu là gì?</td>
</tr>
<tr>
<td></td>
<td>• Khi tham gia vào đề án nghiên cứu, các bạn đã học được những gì?</td>
</tr>
<tr>
<td></td>
<td>• Các bạn cảm thấy như thế nào khi tiến hành nghiên cứu với sự hỗ trợ của một phiên dịch viên?</td>
</tr>
<tr>
<td></td>
<td>• Các bạn có những lời khuyên gì cho những ai đang xem xét việc tham gia vào một đề án nghiên cứu xen lên nên vận hóa như thế nào?</td>
</tr>
<tr>
<td></td>
<td>• Các bạn có thể dùng một từ/một khái niệm gì để tóm tắt lại trải nghiệm của các bạn trong đề án nghiên cứu?</td>
</tr>
</tbody>
</table>

Các thành viên nhóm PRG có thể muốn xem xét cách họ có thể trao đổi với người khác về trải nghiệm của họ khi tham gia vào đề án nghiên cứu. Viết này có thể diễn ra dưới hình thức một tấm ảnh áp phích (poster), một tấm biểu ngữ (banner) hoặc một bài thuyết trình powerpoint để trình bày trong buổi họp của Câu lạc bộ Ám ngữ trị liệu hoặc trong hội nghị Ám ngữ trị liệu trong tương lai, hoặc dưới một hình thức khác.

---

![Group photo](image_url)
HỘI THAO NHÓM NGHIÊN CỬU THAM GIA 2
THÁNG 11 NĂM 2016

ngành lọc tài liệu và thông tin

Phân chia, phân nhóm
Lập nhóm
Lập nhóm
Lập nhóm
Lập nhóm

Quan sát
Observe
Ant
Plan
Reflect

Phân chia, phân nhóm
Lập nhóm
Lập nhóm
Lập nhóm
Lập nhóm

Quan sát
Observe
Ant
Plan
Reflect

Quan sát
Observe
Ant
Plan
Reflect

1 2 3

4 5 6

2/2
2016
Appendix E: Worked Example of Data Analysis 2014, Part 1

<table>
<thead>
<tr>
<th>Participant</th>
<th>Theme</th>
<th>Subtheme</th>
<th>Illustrative Quotes (Referenced by Line of Transcript)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Mai</td>
<td>Scope of practice</td>
<td>Description of caseload</td>
<td>I treat both inpatients and outpatients. Outpatients usually have language problems due to stroke. (Line 12)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Description of services provided</td>
<td>I work at my department for six months seeing outpatients for speech therapy, for assessment and treatment. I will see outpatients for 3 days of the week. Then I have to go upstairs to take care of inpatients for six months. Again, assessment and treatment but mainly for physiotherapy. (Line 10)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Service management</td>
<td>We are also providing CPD [continuing professional development] to others, workshops about basic advice, how to talk to patients and families; not detailed information about specific techniques to use in specific situations. (Line 94)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Developing identity</td>
<td>And there are outpatients who are discharged from the hospital, but they have swallowing problems. They come back to see us. And they ask whether we can go to visit them at home. The families ask us to go and see the patient at home. (Line 28)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Researcher: And do you go to their homes? (Line 29)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes, so the family of the patient asked me to go to their house. But because they live quite far from my house, Ms Bich went. (Line 30)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Establishing a profile</td>
<td>I think we have a bigger caseload for speech therapy patients now, because some people, they are knowledgeable, they know about speech therapy. And they come to the hospital to see us. We also receive referrals. (Line 22)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Researcher: So do you feel you are getting more referrals from the doctors? (Line 23)</td>
</tr>
<tr>
<td>Participant</td>
<td>Theme</td>
<td>Subtheme</td>
<td>Illustrative Quotes (Referenced by Line of Transcript)</td>
</tr>
<tr>
<td>-------------</td>
<td>-------</td>
<td>----------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Confidence to practise</td>
<td>Knowledge</td>
<td></td>
<td>It’s not like the doctors officially refer the patients to me or to us for speech therapy. It’s just that when I go to see inpatients, the doctor usually tells me, “If you see any problems with the patient’s speech and you know how to deal with that, you can help them.” (Line 24)</td>
</tr>
<tr>
<td></td>
<td>Managing expectations</td>
<td></td>
<td>I don’t think I’m quite satisfied with my skills at the moment. I still have many things to learn, such as the steps to take when something I’m doing is not working or when I see a patient and I do not know what to do. (90)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Joining the research will help me develop my own knowledge about research. (Line 115)</td>
</tr>
<tr>
<td>Progressing the profession</td>
<td>Advancing professional recognition</td>
<td></td>
<td>I think in order to help develop the speech therapy profession we need to have a [Speech Therapy] Association, an Association as soon as possible so more people know about us. (Line 106)</td>
</tr>
<tr>
<td></td>
<td>Undertaking higher qualifications</td>
<td></td>
<td>I can’t do more study now because I’m too busy and my English is not good but one of our colleagues plans to undertake a Masters’ Degree in speech therapy. (Line 109)</td>
</tr>
</tbody>
</table>

**Other**
The [Speech Therapy] Club must have a leader. But the choice of a leader is very important. A leader must be able to motivate others as motivation will lead to action. If lacking motivation, there will be no action. The problem is we are all very busy. This affects our motivation. (Line 115). (later coded under ‘advancing professional recognition’).
Appendix F: 2014 Paper in Vietnamese

Gây dựng sự hợp tác – Một sân kiến nghiên cứu tham gia với những chuyên viên Âm ngử trợ liệu đầu tiên của Việt Nam

Building Collaboration - A Participatory Research Initiative with Vietnam’s First Speech-Language Pathologists
Authors

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The University of Melbourne

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Department of Audiology and Speech Pathology
The University of Melbourne

Professor Lindy McAllister
Professor and Associate Dean, Work and Integrated Learning
The University of Sydney
Bối cảnh của đề án nghiên cứu này

Context of this research

Bài viết này mô tả một đề án nghiên cứu hợp tác giữa tác giả chính và những học viên Ân ngữ trị liệu (ÂNTL) đã tốt nghiệp đầu tiên của Việt Nam nghiên cứu về việc hành nghề ÂNTL mới phát triển tại Việt Nam. Việc sử dụng những phương pháp nghiên cứu hợp tác đã tạo cơ hội cho những ‘tiếng nói’ của các học viên ÂNTL đã tốt nghiệp đầu tiên của Việt Nam được lắng nghe, và tạo cơ hội để những trải nghiệm của họ được đặt vào vị trí nghiên cứu, thay vì tác giả chính sử dụng bất kỳ ý tưởng, ý kiến nào mà tác giả chính có thể đã có về bản chất công việc của họ.

This paper describes a collaborative research project between the primary author and Vietnam’s first speech-language pathology (SLP) graduates exploring the emerging practice of SLP in Vietnam. The use of collaborative research methods created opportunity for the ‘voices’ of Vietnam’s first SLP graduates’ to be heard, and for the research to be guided by their experiences rather than by any ideas the primary author may have had about the nature of their work.

Chuẩn bị cho việc nghiên cứu hợp tác

Preparing for collaborative research

Tác giả chính nhận rằng những học viên đã tốt nghiệp người Việt Nam chính là những người phù hợp nhất để mở bộ cảnh công việc của họ và xác định những yếu tố ảnh hưởng đến việc hành nghề của họ. Do đó, tác giả chính đã đến TPHCM vào tháng 06 năm 2014 để thiết lập nên một ‘Nhóm Cố vấn’ (sau này được gọi là ‘Nhóm Nghiên cứu Tham gia’ (NNCTG)) bao gồm những cử nhân học viên của Chương trình Đào tạo ÂNTL PNTU 2010-2012
Đảm bảo văn cho luận án tiếu sê trong 24-30 tháng tới. Tác giả chính đã chiêu mò những câu học viên có hùng thủ trong số 18 cầu học viện ÂNTL để tham gia vào các buổi phòng vấn cá nhân với tác giả chính nhằm nghiên cứu việc hành nghề chuyên môn của họ hai năm sau khi tốt nghiệp, nhằm xác định những ưu tiên hiện tại về chuyên môn của họ, và nhằm tham gia trong vai trò thành viên của NNCTG. Tầm câu học viên đã đồng ý tham gia.

Acknowledging the Vietnamese graduates are best placed to describe the context in which they work and identify factors influencing their practice, the primary author travelled to HCMC in June 2014 to establish an ‘Advisory Group’ (later named the ‘Participatory Research Group’ (PRG)) comprising graduates from the 2010-2012 PNTU SLP Training Program to advise the PhD research program over the next 24-30 months. Expressions of interest were sought from the 18 SLP graduates to participate in individual interviews with the primary author to explore their professional practice at two years post-graduation, to identify their current professional priorities, and to participate as members of the PRG. Eight graduates consented to participate.

Tiến hành nghiên cứu hợp tác
Engaging in collaborative research

Ba ‘chủ kỳ’ của nghiên cứu hợp tác đã được hoàn thành vào năm 2014.

Three ‘cycles’ of collaborative research were completed in 2014.

Chủ kỳ 1 Tổ chức bộ cảnh
Cycle 1 Setting the scene

Chủ kỳ 1 của đề án nghiên cứu bao gồm việc thực hiện các buổi phòng vấn cá nhân với những thành viên tham gia nghiên cứu, và việc thành lập NNCTG. Những buổi phòng vấn
Cycle 1 of the research involved conducting individual interviews with the research participants, and the formation of the PRG. These interviews were important for a number of reasons. They provided opportunity for the researcher and the participants to re-establish their relationship. Further, it was anticipated that analysis of the interview transcripts would identify themes characterising the professional practice of the participants. The content of these interviews would also highlight the graduates’ perceptions of opportunities and challenges to their practice, and their professional priorities for the following 12 months -- this information would inform the initial discussions of the PRG and provide a focus for the research.

Buổi họp thành/dấu tiên của NNCTG đã diễn ra tại TPHCM vào ngày 04 tháng 07 năm 2014. Tâm cửu học viên ÂNTL, tạc gia chính và chị Mai phiền diễm viên – những người đã tham dự vào các buổi phỏng vấn cá nhân, đã có mặt. (Hình 1).

The inaugural/first meeting of the PRG took place in HCMC on the 4th July 2014. Eight SLP graduates, the primary author and Ms. Mai the interpreter who participated in the individual interviews were present. (Figure 1).
Buổi họp khánh thành của nhóm nghiên cứu tham gia

The inaugural meeting of the participatory research group

Tất cả thành viên NNCTG đều sống và làm việc tại TPHCM, và cung cấp dịch vụ ÂNTL trong hệ thống y tế công. Tất cả đều làm việc tại bệnh viện, chủ yếu một thành viên tham dự duy nhất. Các đăng bệnh của họ đa dạng và bao gồm cả người lớn và trẻ em gặp phải những khuyến nghị tật về giao tiếp và nuột.

All PRG members live and work in HCMC, and provide SLP services in settings within the public health system. All but one participant work in a hospital setting. Caseloads are varied and include both adults and children with communication and swallowing disabilities.

Buổi họp khánh thành đã tạo cơ hội cho tác giả chính và thành viên NNCTG gặp nhau lần đầu tiên trong vài trời tác nghiệp cửu và bắt đầu các buổi thảo luận về sự tham gia của NNCTG trong đề án nghiên cứu. Những mục tiêu chung của chương trình nghiên cứu, cùng như các giải đoán và tiến độ hoàn thành đã được tìm hiểu. Tiếp theo đó các buổi thảo luận chi tiết đã diễn ra liên quan đến các phương pháp nghiên cứu, cụ thể là sự khai biệt giữa nghiên cứu định lượng và nghiên cứu định tính, và về bản chất của các phương pháp nghiên cứu hợp tác là định lượng hay định tính.
The inaugural meeting provided opportunity for the primary author and PRG members to meet for the first time as co-researchers and commence discussions as to the PRG’s participation in the research. The overall aims of the research program were explored, as were its stages and timeframe for completion. Extended discussion followed regarding research methods, in particular how quantitative and qualitative research differed, and whether collaborative research methods were quantitative or qualitative in nature.

‘Thi thường khi mình làm nghiên cứu định lượng mình thu thập dữ liệu, mình phân tích dữ liệu và rồi mình có khuyến nghị cho giai đoạn tiếp theo. Nhưng tôi cũng có làm nghiên cứu định tính như vậy bao giờ -- nên tôi muốn biết nó có giống vậy không... … các giai đoạn ấy. Và mình cũng làm theo giai đoạn, thi khi mình làm xong một giai đoạn mình có khuyến nghị … và chuẩn bị cho giai đoạn tiếp theo hay sao?’ Anh Duc

‘So usually when you do quantitative research you collect data, you analyse data, and then you have recommendations for the next stage. But I haven’t done any qualitative research like this before -- so I want to know whether it’s the same……… like stages. And you also do it in stages, so when you finish one stage you have recommendations …and prepare for the next stage?’ Mr Duc

Tác giả chính đã mô tả rằng nghiên cứu hợp tác bao gồm một loạt các phương pháp nghiên cứu, từ đó trọng tâm của cuộc hội thảo chuyên sang việc nghiên cứu định tính được chấp nhận đến mức nào trong ngành y tế:

The primary author described collaborative research as comprising a range of research methods, from which focus of the conversation shifted to how acceptable qualitative research is to the medical profession:
‘Tôi không biết những ngành khác thể nào, chỉ trong lĩnh vực y thường người ta, họ có thể không thích dùng, nhưng thiệt sự thích dùng định tính ... nhưng ở y tế công thì người ta chấp nhận định tính’. Anh Duc.

‘I don’t know about other professions, but in the medical field usually people, they might not like to use it, do not really like to use qualitative ... but in public health qualitative is accepted’. Mr Duc

NNCTG cũng muốn lựa chọn một người làm lãnh đạo cho NNCTG, và đặt ra một số quy định cơ bản, chẳng hạn như việc phân công viết biên bản các buổi họp, và một quy định về sự tham gia’.

The PRG also wished to select a leader for the PRG, and set some ‘ground rules’, such as allocation of minute taking, and a ‘participation’ rule.

Nên có một quy định như thế, 1 hoặc 2... thành viên sẽ nếu gây khó và những người còn lại sẽ nghỉ yên ngơi. Và khi nhóm có được sự đồng thuận, nhìn nở sẽ giống như ý tưởng chỉ là của 1 hoặc 2 thành viên mà thôi. Nên tôi nghĩ mình nên có giống như là một quy định về sự tham gia trong đó các thành viên tham dự buổi họp, tất cả đều nên tham gia vào cuộc thảo luận’. Anh An

There should be a rule like that, 1 or 2... team members will talk about their opinions and everyone else will sit & quiet listening. And when the group comes to an agreement, it looks like the ideas are just from 1 or 2 members. So I think we should have like a participation rule that the members who attend the meeting, all should participate in discussions’. Mr An

Đoàn biên tập làm việc giữa hai nền văn hoá khác nhau, việc đánh thời gian để xây dựng sự am hiểu về các khái niệm chẳng hạn như ‘sự hợp tác’, ‘sự tham gia’, và ‘sự suy ngẫm sâu’ là quan trọng. Đoạn tích biến dưới được rút ra từ một buổi họp của tác giả chính,
phiên dịch viên chị Tran và thành viên NNCTG, trong đó khái niệm quan trọng về ‘sự suy ngẫm sâu’ đã được nghiên cứu:

Given the cross-cultural nature of this study, it was important that time be dedicated to developing understanding of concepts such as ‘collaboration’, ‘participation’, and ‘reflection’. The extract below is taken from a meeting of the primary author, the interpreter Ms. Tran and PRG members where the key concept of ‘reflection’ is explored:

‘Trong đề án nghiên cứu, “suy ngẫm sâu” có nghĩa là suy nghĩ về việc hành nghề trong vai trò chuyên viên ÂNTL, và về những vấn đề chịu yếu mà có thể các bạn muốn điều tra nghiên cứu thêm. Chị Tran, “suy ngẫm sâu” trong tiếng Việt, chị sẽ dịch từ đó như thế nào?’ Tác giả chính.

‘In the research, “reflect” means to think about your practice as SLPs, and about the main issues you might wish to investigate further. Ms. Tran, “reflect” in Vietnamese, how would you translate that?’ Primary author.

[Chị Tran hỏi ý với các thành viên NNCTG]

[Ms. Tran confers with PRG members]

‘Em đã đưa ra cho nhóm một cách dịch mà em nghĩ phân nào gần như bao hàm được hết ý tưởng “suy ngẫm sâu” và em đang hỏi xem họ nghĩ thế nào.’ Chị Tran.

‘I gave out to the group a translation that I think kind of pretty much covers the idea of “reflect” and I am asking to see what they think.’ Ms. Tran.

‘Nó giống với từ “suy ngẫm sâu” trong tiếng Anh... ’ Chị Bích

‘It is similar to “reflect” in English... ’ Ms. Bích

‘Cô nghĩ là nó giống với một quá trình nhìn nhận lại, và rồi nói ra cái nhìn nghĩ’. Chị Giáng
‘It means it’s like a process of thinking back, and then speak out what you think’. Ms. Giang

[Bàn luận thêm giữa các thành viên NNCTG]

[Further discussion between PRG members]


‘They are saying there is not a direct translation for “reflect”. It is a very common thing to do in the West. And back when they were doing the course, the teachers, the lecturers were constantly asking them to reflect every time they write the report, every time they say something. The translation I gave out doesn’t really cover the entire meaning of it.’ Ms. Tran.

Khi buổi họp kết thúc, nhóm nghiên cứu đã đồng thuận với đề xuất tiếp tục đề án nghiên cứu thông qua Skype -- NNCTG muốn thử nghiệm những phương án giao tiếp cho phép họ tương tác và hợp tác trực tiếp, liên tục với tác giả chính.

At the meeting’s conclusion, a suggestion to continue the research via Skype was agreed to -- PRG members wished to trial communication options that would enable ongoing face to face interaction and collaboration with the primary author.

Chú ký 2 – Văn đề khoảng cách địa lý

Cycle 2 - The problem of distance

Chú ký thứ hai của đề án nghiên cứu bao gồm buổi họp qua Skype. Để tham gia qua Skype, các thành viên NNCTG dễ gặp nhau tại những điểm công cộng có thể
truy cập internet -- những địa điểm này thường là các quán cà phê, mặc dù đã có một dĩa tác giả chính đã bất ngờ khi skype với NNCTG từ một phòng khách sạn! Mặc dù mục đích là hỗ trợ việc trao đổi trực tiếp giữa NNCTG và tác giả chính, đường truyền internet cho những buổi họp này không đảm bảo tin cậy, hiệu quả là chất lượng âm thanh, hình ảnh không giống nhau, tin hiệu âm thanh bị chập trộn, và bị mất tin hiệu. Hơn nữa, những trường hợp khác của NNCTG có nghĩa là một số thành viên không thể tham dự trực tiếp hoặc các buổi họp NNCTG bắt đầu trễ hơn kế hoạch.

The second cycle of the research comprised four Skype meetings. To participate via Skype, PRG members met at public venues with internet access -- these were typically cafés, though on one occasion the primary author was surprised to be skypeing with the PRG from a hotel room! Whilst intended to support face to face communication between the PRG and the primary author, the internet connection for these meetings was unreliable, resulting in variable visual and sound quality, audio delay, and signal drop out. Further, the many competing demands of PRG members meant some members were not being able to attend and/or PRG meetings commenced later than planned.

Bắt chấp những thách thức này, chu kỳ này của đề án nghiên cứu đã đạt được những kết quả quan trọng. Sau các cuộc thảo luận nhóm kéo dài và đối khí với công sở nơi, với tác giả chính trong vai trò hỗ trợ các cuộc thảo luận, trọng tâm ban đầu của đề án nghiên cứu đã được tân thành:

Despite these challenges, important outcomes were achieved from this cycle of research. After extended and at times lively group discussion in which the primary author acted as facilitator, the initial focus of the research was agreed to:

Chị Mai tóm tắt lại: "Thí nhóm đã thảo luận và họp hệ thống... là phát triển chuyên môn là ưu tiên. Nhóm đang nghiên cứu hợp tác tiếp tục phát triển chuyên môn... có lẽ sẽ nghiên ra những thứ mà họ có thể tự làm, hoặc làm ở Việt Nam"
Ms Mai summarising: ‘So the group discussed and they think they will do... that professional development is the priority. The group is thinking they want to do ongoing professional development... perhaps they will think of things that they can do themselves, or can do in Vietnam to develop their profession, to develop their expertise, and also they will identity the things they might need help from Australia or from other organisations’.

Các phương pháp và hành động nhằm nghiên cứu vấn đề này cũng đã được thảo luận:

Methods and actions to explore this issue were also discussed:

‘ Có thể mình sẽ có một bảng câu hỏi gửi cho cả hai nhóm [cựu học viên ÂNTL PNTU 2012 và 2014] để hỏi họ 4-5 câu hỏi về cái gì họ cảm thấy thiếu mà và cái gì họ cảm thấy không thiếu mà để tìm ra điểm mạnh và điểm yếu của từng cựu học viên làm việc trong Âm ngôn triết tự’. Chị Giang

‘Perhaps we are going to have a questionnaire to send to both groups [2012 and 2014 PNTU SLP graduates] to ask them 4-5 questions about what they are comfortable working with and what they are not comfortable working with to find out strengths and weaknesses of each graduate working in speech therapy’.

Ms Giang

‘Khả năng của cựu học viên trong việc hướng dẫn điều trị cho bệnh nhân như thế nào? Cái này mình có thể tìm hiểu bằng cách phòng vấn cựu học viên về khối lượng bệnh của họ - họ nghĩ gì về công việc của họ, họ cảm thấy thiếu mối với cái gì, những lĩnh vực mà họ chưa tự tin? Khả năng phòng vấn cựu học viên của
What are the graduates’ abilities to provide assessment/treatment for patients? This could be found out by interviewing graduates about their workload – what do they think about their work, what they feel comfortable with, areas they do not have confidence in? When we interview the graduates of both groups we will find out what their challenges are in relation to their practice’. Ms Bich

Việc sử dụng Skype cho việc hợp tác đã được xem là một cách thực lý tưởng để hỗ trợ bản chất chủ động và bản chất tạo điều kiện cho các thành viên tham gia của đề án nghiên cứu này. Tuy nhiên, việc lên kế hoạch ti mì, bao gồm việc cân nhắc ‘một kế hoạch lẫn công thời hai’ (một cách thức giao tiếp thay thế) là cần thiết khi theo đuổi việc kết hợp công nghệ chẳng hạn như Skype vào trong một tình huống mà đường truyền internet không đáng tin cậy. ‘Vẫn để khoáng cách địa lý’ biểu hiện rõ rệt hơn cả trong chu kỳ này của đề án nghiên cứu này.

The use of Skype for collaboration had been considered an ideal way to support the active and participatory nature of the research. However, detailed planning, including consideration of ‘a second plan of attack’ (an alternative way of communicating) was necessary when seeking to incorporate technology such as Skype into a setting where internet connection is unreliable. The ‘problem of distance’ was never more evident than during this cycle of the research.

Chu kỳ 3 Quay lại vấn đề hợp tác
Cycle 3 Revisiting collaboration

Chu kỳ thứ ba của sự hợp tác là thông qua hai buổi họp mặt trực tiếp tại TPHCM vào tháng 10/tháng 11 năm 2014. Những buổi họp này là quan trọng, nhằm thiết lập lại sự trao đổi, liên
lạc và hỗ trợ các thành viên NNCTG, những ai đã không duy trì việc liên lạc qua email, dễ hồ quay lại tập trung vào đề án nghiên cứu. Các buổi họp mặt trực tiếp cũng đã tạo cơ hội để các
điều chỉnh gặp mặt trực tiếp với chị Tran.

The third cycle of collaboration was via two face to face meetings in HCMC in
October/November 2014. These meetings were important in re-establishing communication,
and supporting re-engagement of members of the PRG who had not maintained
communication via email. The face to face meetings also provided opportunity for the
primary author and Ms Tran to meet in person.

Quay lại vấn đề phương pháp và mục đích của đề án nghiên cứu là một thành phần
quanh vùng trong chu kỳ này của đề án nghiên cứu. Các thành viên NNCTG bày tỏ ước muốn
được tiếp tục tìm hiểu về sự nghiên cứu hợp tác và thảo luận về việc đề án nghiên cứu có thể
sẽ tiếp tục như thế nào. Những đoạn trích dưới đây nêu bật cuộc thảo luận giữa NNCTG về
vai trò của hỗ trợ trong đề án nghiên cứu và kết quả mong đợi của đề án:

Revisiting the research methodology and aims of the research was an important
component of this cycle of the research. PRG members expressed a desire to continue
exploring collaborative research and to discuss how the research might continue. The
following extracts highlight discussion within the PRGs to their role in the research and its
anticipated outcomes:

‘Đề án đang muốn đạt được cái gì? Minh biết là mình muốn xác định nhu cầu phát
triển chuyên môn ngoài ra còn mục tiêu nào khác không?’ Chị Bích

‘What is the project aiming to obtain? We know we want to identify our needs in
professional development but are there any other aims?’ Ms Bích

‘Khi mình làm đề án này, làm sao mình do luồng mục đề thành công của nó?’ Anh
Jach
‘When we do this project, how do we measure its success?’ Mr Jach

Sự nghiên cứu tham gia hành động đã được mô tả là một ‘quá trình lớn xổn’ (Primavera & Brodsky, 2004), đối hỏi các thành viên tham dự không chỉ đến thuận tiến hành nghiên cứu, mà còn phải rút ra bài học từ quá trình nghiên cứu và thích nghi theo sự phát triển của nó. Những buổi họp mặt trực tiếp đã cho phép việc tìm hiểu phân nào sự thấu rõ ràng này, và (hy vọng) đã tạo điều kiện cho NNCTG cảm thấy thoải mái/thành thân khi ở trong ‘sự lớn xổn’ này. Tại một trong số những buổi họp này, NNCTG đã xây dựng được cách hình dung của riêng họ và tiến trình nghiên cứu, và họ mô tả nó như một ‘Bộ xương cá’.

Participatory action research has been described as a ‘messy process’ (Primavera & Brodsky, 2004), requiring participants to not only conduct the research, but to learn from it and adapt as it progresses. The face to face meetings enabled exploration of some of this uncertainty, and (hopefully) facilitate comfort/ease to sit in this “messiness”. At one of these meetings, the PRG developed their own picture of the research process, which they described as ‘The fish skeleton’.

15/20
Hình 3 Bò xương cá

Figure 3 The fish skeleton

Chị Trần tóm tắt lại: 'Thì nó [đề án nghiên cứu] giống như một cái xương cá, một bò xương cá. Thì có những vấn đề khác nhau và những lý do khác nhau...chúng là những cái xương cá. Cái đầu tiên là sự quá tải [trong công việc], không dự kiến trước. Có nhiều vấn đề và nhiều lý do và mình nhìn vào đó để ưu tiên cái nào, rồi mình tìm ra giải pháp. Và rồi giải pháp nào sẽ giải quyết cái số 1, số 2, số 3...' 

Ms Tran summarising: 'So it [the research] is like a fish bone, a fish skeleton. So there are different problems and different reasons...they are the fish bones. The first one is overload [in work], not enough knowledge. There are many problems and many reasons and we will look at that to prioritise which ones, and then we come up with solutions. And then which solution will resolve number 1, number 2, number 2...'

Tác giả chính: 'Vậy là các bạn có thể sẽ tìm ra giải pháp cho một vấn đề và thứ xem nó có hiệu quả hay không?'
Primary author: ‘So you might come up with a solution for a problem and try it out to see if it works?’


Ms Tran summarising: ‘Yes. So they [the PRG] think ‘participants’ defines it very well what they are doing. Because they are participating, they are the ones that come up with these and these and these [referring the numbered problems], and prioritise these and come up with a solution. And you are just supporting them’.

Chính trong những buổi thảo luận này mà chức danh của NNCTG được nêu lên. Tác giả chính trước đó đã đề xuất rằng NNCTG sẽ được xưng là ‘Nhóm Cố vấn’. Tuy nhiên, nhóm cho biết đây không phải là một thuật ngữ phù hợp:

It was within these discussions that the title of the PRG was raised. The primary author had previously proposed that the PRG be referred to as the ‘Advisory Group’.

However the group indicated that this was not a suitable term:


Họ [các thành viên NNCTG] nói là họ là một phần của để ổn nghiên cứu, họ đang tham gia vào. Vậy cái đó mô tả rất tốt vai trò của họ.’

Ms Tran summarising: ‘For research, ‘Advisory Group’ is not something that exists in the Vietnamese research. If you do the literal translation of ‘advisory group’, this
means that people are higher than you are, telling you/advising you, so what to do so that’s not right in the Vietnamese context. They [PRG members] say they are part of the research, they are participating. So that describes the role very well.

Thuật ngữ ‘các thành viên tham dự’ đã được nhất trí và thuật ngữ Nhóm Nghiên cứu Tham gia (NNCTG) đã được thông qua.

The term ‘participants’ was agreed to and the term Participatory Research Group (PRG) adopted.

Một kết quả quan trọng khác từ chu kỳ này của đề án nghiên cứu là sự thảo luận về đào tạo trong nghiên cứu quốc tế. Một vài thành viên của NNCTG đã báo rằng Giám đốc tại cơ quan làm việc của họ đã yêu cầu được biết thông tin về vai trò của các thành viên NNCTG trong đề án nghiên cứu. Các thành viên NNCTG muốn nhận được sự cam đoan rằng họ và cơ quan làm việc của họ sẽ không được chỉ danh trong đề án nghiên cứu. Tầm quan trọng của việc duy trì tính bảo mật và sự nhận danh của các thành viên tham gia nghiên cứu, và tầm quan trọng của việc tìm hiểu với các thành viên tham gia nghiên cứu, rằng liệu sự tham gia của họ vào đề án nghiên cứu có thể sẽ tác động đến họ như thế nào, đã được các nhà điều đặc biệt quan tâm trong quá trình này.

Hơn nữa, trong bối cảnh quốc tế, những khác biệt về ngôn ngữ và văn hóa có khả năng ảnh hưởng đến việc hiểu về kinh doanh của xuất nhập khẩu (ngay cả khi kinh doanh được đưa ra bằng ngôn ngữ bản ngữ của các thành viên tham dự) (Brydon, 2006). Một vài trao đổi cuối cùng của NNCTG đã được bước đi điều này khi các thành viên đã dành đặc biệt quan tâm sự phát triển các nhiệm vụ đảm bảo sự an toàn trong quá trình đào tạo của đề án nghiên cứu.

Another important outcome from this cycle of the research was discussion of ethics in international research. Several of the PRG members reported the Directors at their workplaces had sought information about the role of PRG members in the research. PRG members sought reassurance that they and their workplaces would not be identified in the research. The importance of maintaining confidentiality and anonymity of research.
participants, and of exploring with research participants how their engagement in the research may impact them was highlighted here. Further, in international contexts, language and cultural differences have the potential to impact understanding of research proposals (even when in participants’ primary language) (Brydon, 2006). A critical role for the PRG was highlighted here as members guided the primary author through this process so as to ensure safety in the conduct of the research.

Summary and Conclusion

Bài viết này dã mô tả ba chủ kỳ trong giai đoạn đầu của một đề án giữa hai nền văn hoá khác nhau, trong đó phương pháp nghiên cứu tham gia đã được sử dụng nhằm hỗ trợ sự hợp tác trong nghiên cứu. Cả tác giả chính lẫn các cụ thể viên ANOTL đều đang rứt kinh nghiệm từ tiến trình này. Vai trò tổ quan trọng của phiên đồ viene, tầm quan trọng của việc nghiên cứu lập lại là các khái niệm nhằm đảm bảo sự hiệu quả, và tác động của công nghệ và khoảng cách địa lý đến sự trao đổi, liên lạc và hợp tác đã được xác định. Tầm quan trọng của sự trao đổi thông tin cũng như bao bạt trong cuộc thảo luận về đạo đức và sự an toàn trong nghiên cứu. Các chuyên viên ANOTL, những ai đang theo đuổi việc hỗ trợ phát triển bao gồm trong bộ cảnh các nước đang phát triển, được khuyến khích nên xây dựng mối quan hệ đối tác với các đồng nghiệp quốc tế. Những mối quan hệ đối tác này cần xây dựng từ sự hợp tác thực thi và hỗ trợ sự hợp tác của nhau, vì chính từ những bộ cảnh này mà các sáng kiến này sinh có thể giúp được một cách tốt nhất những nhu cầu đặc biệt của văn hóa và bộ cảnh. Đề án nghiên cứu này diễn ra liên tục và sẽ tạo ra những cơ hội mới để khảo sát đồng lực hợp tác trong một bộ cảnh giữa hai nền văn hóa khác nhau.

This paper has described three cycles of the initial phase of a cross-cultural project in which participatory research methodology is utilised to support collaboration in research. Both the
primary author and the SLP graduates are learning from this process. The vital role of the interpreter, the importance of repeated exploration of concepts to ensure understanding, and the impact of technology and distance upon communication and collaboration have been identified. The importance of communication was also highlighted in discussion of ethics and safety in research. SLPs seeking to support the development of services in underserved and/or majority world contexts are encouraged to forge partnerships with international colleagues that arise from true collaboration and support mutual learnings, for it will be within these contexts that initiatives may best meet the unique needs of culture and context. This research is ongoing and will afford further opportunity for exploration of the dynamic of collaboration within a cross-cultural context.

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