

**A GROUNDED THEORY STUDY OF RETENTION AMONG RURAL  
SPEECH-LANGUAGE PATHOLOGISTS**

A Thesis by

Jessica Louise Sullivan

Bachelor of Science, Kansas State University, 2003

Submitted to the Department of Communication Sciences and Disorders  
and the faculty of the Graduate School of  
Wichita State University  
in partial fulfillment of  
the requirements of the degree of  
Master of Arts

July 2016

© Copyright 2016 by Jessica Louise Sullivan

All Rights Reserved

**A GROUNDED THEORY STUDY OF RETENTION AMONG RURAL  
SPEECH-LANGUAGE PATHOLOGISTS**

The following faculty members have examined the final copy of this thesis for form and content, and recommend that it be accepted in partial fulfillment of the requirement for the degree of Master of Arts, with a major in Communication Sciences and Disorders.

---

Anthony DiLollo, Committee Chair

---

Kathy Stratman, Committee Member

---

Amy Drassen Ham, Committee Member

## ACKNOWLEDGMENTS

First, I would like to express my sincerest gratitude to my advisor, Dr. Anthony DiLollo, for his guidance, knowledge, and encouragement throughout this process. I am grateful for the time and energy he has invested in helping me explore a topic that affects many rural individuals. His desire to help others in meaningful ways is evident, in both the classroom and in the pages of this project.

I would also like to thank my thesis committee members, Dr. Kathy Strattman and Dr. Amy Drassen Ham for their insights, suggestions, and thoughtful questions. I greatly appreciate the numerous ways in which they improved the focus and quality of this paper.

I am incredibly grateful to Alex Chaparro and the Regional Institute on Aging for providing a grant to fund this research. I am humbled by their generosity.

My sincere thanks also goes to Hannah Schuman, who served as an independent coder. I am thankful for the time, effort and analytical skill she contributed.

I would like to thank my parents, Robert and Margie John, for their constant support and for the dishwasher. I am also grateful for the support of my siblings, Matthew John and Jenni Stringham, my mother- and father-in-law, Bev and Mike Sullivan, and many other family members and friends. And finally, my deepest gratitude goes to my husband, Jesse, for his unwavering love, support, and willingness to explore big questions together.

## ABSTRACT

The purpose of this qualitative study is to investigate rural speech-language pathologists' motivations for remaining in rural practices. Administrations and recruiters frequently offer monetary incentives to professionals who are hired for hard-to-fill positions in rural areas. However, initial incentives do not ensure that individuals will remain at their jobs once the benefits of the incentives have ended. To better understand factors contributing to retention, we interviewed eight speech-language pathologists who had practiced in rural Kansas for five years or longer. Through semi-structured interviews, we collected data concerning the participants' motivation, satisfaction, and dissatisfaction regarding their jobs. We coded and analyzed their narratives, which were compared to theories of motivation developed by Staw (1989), Herzberg (1964), and Deci and Ryan (2002). Through this comparison and coding, we found major themes of motivation shared by most of the participants. Using these themes, we developed a grounded theory of rural retention, which brings the standard practice of providing incentives into question. Finally, we offer alternative suggestions for administrators and recruiters to consider to improve retention.

## TABLE OF CONTENTS

Chapter		Page
I.	INTRODUCTION	1
	The Problem: A Shortage in Rural Speech-Language Pathology	1
	Background	1
	Purpose of This Study	2
II.	LITERATURE REVIEW	4
	The Shortage of Speech-Language Pathologists in Rural Settings	4
	Incentives	6
	Retention	6
	Extrinsic and Intrinsic Motivation	8
	The Motivation-Hygiene Theory	9
	Self-Determination Theory	11
	Phenomenology as Philosophy	13
	Grounded Theory as Philosophy	14
	Methodology	15
	Purpose of the Study	16
	Research Question	16
III.	METHODS	17
	Participants	17
	Sample	17
	Procedure	18
	Research Steps	19
	Data Analysis	20
	Role of the Researcher	22
IV.	RESULTS	24
	Themes	24
V.	DISCUSSION	29
	Introduction	29
	Comparison of Results - Staw	29
	Comparison of Results - Herzberg	35
	Comparison with Herzberg's Hygiene Factors	36
	Comparison with Herzberg's Motivation Factors	39
	Comparison of Results - Deci & Ryan	44

## TABLE OF CONTENTS (continued)

Chapter	Page
A Grounded Theory of Retention	59
Implications for Rural Communities	67
Strengths and Limitations of the Study	71
Conclusion	73
VI. REFERENCES	75
VIII. APPENDIX	80

# CHAPTER ONE

## INTRODUCTION

### **The Problem: A Shortage in Rural Speech-Language Pathology**

Rural areas in the United States, Canada, and Australia are under-served by speech-language pathologists, both in school and health care settings. Even as the speech-language field has grown over the past three decades, sparsely populated areas have not seen the full benefit of this growth (Wilson, Lewis, & Murray, 2009). The American Speech-Language-Hearing Association (ASHA) has documented speech-language pathologists' perceptions of these rural shortages (ASHA, 2012; ASHA, 2014). The U.S. Bureau of Labor Statistics indicates these perceptions are well-founded, as the demand for speech-language pathologists is expected to grow by 19% through 2022 (Bureau of Labor Statistics, 2014).

Studies from Canada and Australia also have noted discrepancies in the distribution of speech-language pathologists when compared to the distribution of each country's rural population (CIHI, 2007; Lambier, 2002).

### **Background**

#### **Incentives and Retention**

Governments and corporations often provide incentives to recruit professionals to counteract the shortage of rural speech-language pathologists. Loan forgiveness may be provided in exchange for an agreed upon number of years of service, and employers offer competitive salaries and signing bonuses to entice speech-language pathologists to fill a growing number of open positions (Daniels, et al., 2007; Wilson, et al., 2009).

The problem of a rural shortage is not automatically 'solved' once those positions are filled, however. Retention is an ongoing battle in rural areas, where individuals may move on once they

have fulfilled the number of years required for loan forgiveness. Surveys of rural speech-language pathologists also show that their priorities are not simply financial in nature. Many professionals relayed concerns about caseload size, opportunities for professional development, and autonomy (Foster & Harvey, 1996; Neeley, et al., 1994, McLaughlin, et al., 2008).

### **Purpose of This Study**

The purpose of this study is to learn more about why speech-language pathologists choose to remain in rural settings. Previously, this topic has been studied primarily using survey methods (Foster & Harvey, 1996; Neeley, et al., 1994). Although surveys have been helpful in revealing a basic understanding of factors related to incentives and retention, we have worked to gain new insight and in-depth understanding about the qualities and perceptions of rural speech-language pathologists with a phenomenological and grounded theory approach involving semi-structured interviews.

This methodology is based on the work of Martin Heidegger, a 20<sup>th</sup> century German philosopher who believed phenomenological study should be used to understand hidden ways of “being in the world” (Landridge, 2007; Smith, 2013). It is also based on the studies of Glaser and Strauss, grounded theory researchers who have sought to explain phenomena by using collected data to find patterns of behavior and create frameworks to explain those patterns (Boeije, 2010).

Our methods have included recording interviews on a digital recording device with rural speech-language pathologists from various branches of the field who have served in their communities for at least five years. This specific length of time has been chosen to reflect our desire to understand perceptions and qualities that lead to longevity of practice in rural locations. Following each interview, the data was transcribed and we coded it based on subjects that arose

during the interview. Open, axial, and selective coding was used to analyze findings. The number of interviews was determined by saturation, the point at which no new categories emerge from the data (Boeije, 2012).

## CHAPTER TWO

### LITERATURE REVIEW

#### **The Shortage of Speech-Language Pathologists in Rural Settings**

It is well documented that a shortage of speech-language pathologists exists in rural parts of the United States, Canada, and Australia. A U.S. nationwide study in the *Journal of Rural Health* found that, although the number of speech-language pathologists per capita has increased 67% from 1980 to 2000, their numbers are still not enough to fill available positions. The ratio of rural professionals still falls behind that of their metropolitan counterparts, although hiring in rural areas has outpaced that of urban areas. (Wilson, Lewis, & Murray, 2009).

Speech-language pathologists serve in educational settings, including elementary and secondary schools, through special education departments and cooperatives. These professionals often are under-represented in rural school districts. In 2012, member of the American Speech-Language Hearing Association (ASHA) conducted a survey of 2,539 speech-language pathologists and audiologists in various school settings. ASHA researchers found that 47% of those surveyed reported a shortage of individuals to fill available positions. In rural areas, 54% of participants reported this shortage (ASHA, 2012). Again, in 2014, ASHA researchers surveyed over 1,700 speech-language pathologists regarding their perceptions of the current job market. The survey, based on surveys used by the U.S. Bureau of Labor Statistics, found that 48% of school service providers reported that job openings outnumbered applicants. In rural areas, findings averaged 54-57% (ASHA, 2014).

Speech-language pathologists also serve in health care settings, such as hospitals, skilled nursing facilities, and outpatient rehabilitation. Like their colleagues in schools, health care-based speech-language pathologists are noticing a shortage as well. In 2013, ASHA

researchers found that 37% of survey respondents from rural areas reported shortages of speech-language pathologists in health care settings, which is nine percent higher than the national average (ASHA, 2014).

Speech-language pathologists perceive a shortage of colleagues in health care settings, and recent studies support these perceptions. According to a study conducted by researchers at the Center for Health Workforce Studies in Albany, New York, the percentage of adults aged 65 or older will increase from 12.5% of the population in 2000 to 20% by 2050 (2006). As the U.S. population ages, the demand for speech-language pathologists is forecast to grow by 19% (Bureau of Labor Statistics, 2014). Pressure naturally will be put on university speech-language pathology programs to meet this demand. If university programs do not grow with the projected population, this shortage will be felt across the speech-language pathology field, especially in rural areas where the shortage is already acute.

Canadians find themselves in a similar bind. In 2001, 21% of Canadians lived in rural areas; however, only 10% of the speech-language pathology and audiology workforce served this population (CIHI, 2007). From 1991 to 2001, the rural population of Canada has decreased by two percent, but the number of speech-pathologists and audiologists serving this demographic dropped by four percent (CIHI, 2007).

Australians also experience a similar discrepancy in distribution of rural speech-language pathologists. Lambier (2002) reported that approximately 30% of Australians residing in rural areas are served by only 4.5% of the speech-language pathology population. To better understand this fact, O'Callaghan, McAllister, and Wilson (2005) interviewed members of the Isolated Children's and Parents' Association (ICPA) in rural New South Wales and found that, of those

requiring speech-language service, 63% reported experiencing difficulty finding a speech-language pathologist.

### **Incentives**

To cover rural areas, local, state, and provincial governments have created incentives, in an attempt to draw speech-language pathologists to under-served. According to Daniels, et al. (2007),

“Successful recruitment is supported by loan forgiveness programs, rural training programs and practicum experiences, as well as competitive salaries and professional opportunities. Retention efforts must focus on the provision of economic incentives, such as earnings potential and promotion opportunity, professional development, and community appeal” (p. 70).

Some of these efforts do appear to be paying off, at least temporarily. Wilson, et al. (2009) demonstrated that recent growth in the number of rural speech-language pathologists and therapy professionals in the United States has outpaced that of their metropolitan peers, arguably due to the extensive availability of open positions. This suggests that some speech-language pathologists are willing to accept positions in rural areas, at least for a short time. Despite this, a large discrepancy remains in the ratio between rural populations and the number of speech-language pathologists serving those populations. Although rural schools and health care facilities appear to be hiring speech-language pathologists at higher rates in recent years, the question remains, have they been able to successfully retain them?

### **Retention**

Researchers in the United States, Canada, and Australia recognize the uneven distribution of speech-language pathology services putting their rural communities at a disadvantage, both in schools and in health care facilities. Great efforts to try to remedy these situations, especially through financial incentives, appear to be making a difference in recruiting professionals. But

once new professionals have agreed to serve in these under-served communities, the focus then shifts to the challenge of retention and rewards.

Foster and Harvey (1996) sought to find answers to these questions in a study in rural Saskatchewan and British Columbia, Canada, in which they explored factors that contributed to retention and attrition of rural speech-language pathologists in school systems. Among speech-language pathologists surveyed (N=87), autonomy, pay, professional development, and number of clients were among the top priorities considered when trying to decide whether to remain at their places of employment. Although financial incentive was important, Foster and Harvey's study revealed that personal factors (autonomy, professional development, and stress related to caseloads) also were very important when individuals weighed whether or not they wanted to continue practicing in a rural location.

Similarly, speech-language pathologists (N=93) in rural northern Arkansas school systems were surveyed by Neeley, Diebold, and Dickinson (1994) in order to understand why they decided to remain in their current places of employment. Factors such as salary, job satisfaction, client types, and opportunities for professional development were high priorities. Again, although financial incentive was significant, speech-language pathologists expressed the need for something more, for some form of personal edification.

Retention can become very complicated, especially when the perceptions of peers are added to the mix. In Australia, McLaughlin, Lincoln, and Adamson (2008), looked at the interaction of job satisfaction, work stress, and retention by conducting semi-structured phone interviews with eighteen speech-language pathologists. They explored perceptions in a variety of professional contexts, in both rural and urban areas. One finding of particular interest to this proposal is the perception of an urban advantage identified in their research. Some participants expressed

concern that “a speech-language pathologist working in a metropolitan area may assume that they are more up to date with the current trends in diagnosis, assessment, and treatment than a speech-language pathologist working in a rural remote area” (p.162). How much weight do perceptions such as these hold when speech-language pathologists are determining where they decide to find work?

Retention of rural speech-language pathologists is a multifaceted, intercontinental challenge. To date, most exploration of this topic has been done via survey – a method in which participants answer questions that a researcher has deemed “relevant” to the topic at hand (Fylan, 2005). In contrast, the use of in-depth personal interviews with speech-language pathologists who have remained working in a rural area for a number of years (analyzed through a phenomenological and grounded theory methodology) might offer fresh, insightful answers to this conundrum from the perspective of their lived experiences.

### **Extrinsic and Intrinsic Motivation**

A psychological construct known as “motivation” underlies this issue of retention among rural speech-language pathologists. Researcher Barry Staw (1989) described two types of motivation – extrinsic and intrinsic. Extrinsic motivation involves choosing to perform a task to accomplish a goal or achieve an end independent of the task itself. For example, a person may choose to work longer hours in order to earn more money. He or she may obtain a desired result by behaving in a particular way (Staw, 1989). Organizations provide extrinsic motivation in the form of salaries and benefits.

However, Staw (1989) stated that external motivators are not the sole factors at play in motivation. Drawing from the work of Harlow and McClearn (1954), Montgomery (1954), and Berlyne (1960), Staw argued that tasks can be motivating in and of themselves because they

provide opportunities for manipulation, exploration, and curiosity. He termed this “intrinsic motivation” (Staw, 1989). Staw suggested that organizations can help employees experience intrinsic motivation by focusing on altering tasks so employees can experience these factors, because manipulation, exploration, and curiosity are motivating forces that can lead to great job satisfaction. He also pointed out that people rarely experience only extrinsic or intrinsic motivators, and that the interplay between the two can become complex, depending on people’s occupations and individual perceptions of these motivators (Staw, 1989).

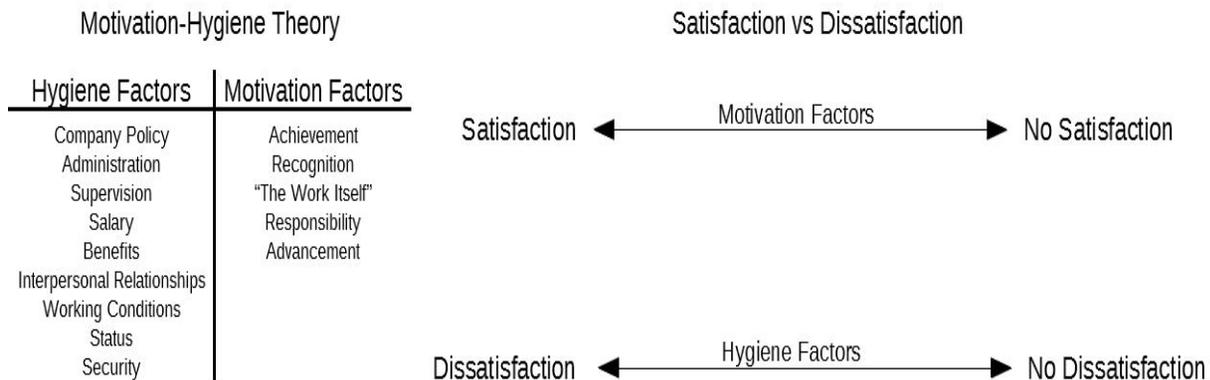
### **The Motivation-Hygiene Theory**

Frederick Herzberg (1964) also looked at employee motivation and developed a concept he called the motivation-hygiene theory. Herzberg put forth a hypothesis “that the factors involved in producing job satisfaction were separate and distinct from the factors that led to job dissatisfaction” (p. 3), based on previous studies about job satisfaction and dissatisfaction. In other words, the opposite of job satisfaction is “no job satisfaction,” and the opposite to job dissatisfaction is “no job dissatisfaction.” Satisfaction and dissatisfaction exist on two different continua rather than being opposites on a binary scale (Herzberg, 1964).

To test this hypothesis, Herzberg (1964) interviewed 200 accountants and engineers in Pittsburgh, Pennsylvania concerning their thoughts and feelings about their work. He found that workers’ dissatisfaction (or lack thereof) with their work hinged on the quality of the following factors at their jobs: company policy, administration, supervision, salary and benefits, interpersonal relationships, working conditions, status, and security. He called these components “hygiene factors” because employers could use these factors to help prevent dissatisfaction, in the same way doctors use medications to prevent illness. Herzberg (1964) also found that a completely different set of factors emerged when he looked at job satisfaction. These factors

included achievement, recognition, the work itself, responsibility, and advancement. Herzberg called these concepts “motivators” because employees viewed them as necessary to feel satisfaction and motivation in their daily work.

Herzberg’s (1964; 1968) motivation-hygiene theory is, in essence, another way of describing Staw’s (1989) extrinsic and intrinsic motivators. Most of his hygiene factors are extrinsic motivators (affecting workers’ relationships with the work environment), and most motivation factors are more aligned with intrinsic motivators (affecting workers’ inner thoughts and feelings about their work). Figure 1 provides a model of his theory:



Herzberg (1964) believed a common problem in the modern workplace was that employers often focused on hygiene factors, such as salary and administration, because these are necessary to run an efficient business. He pointed out that a patient may take medicine to prevent illness, but this should not be confused with personal thriving. In the same way, he argued that if hygiene factors are present, workers may not be dissatisfied, but motivation factors are necessary for them to truly thrive. In other words, “motivator factors...make people happy in their jobs because they serve man’s basic and human need for psychological growth; a need to become more competent” (Herzberg, 1964, pg. 5).

Researchers spanning various settings and countries support Herzberg's (1964) motivation-hygiene theory. For example, Byrne (2006) applied the motivation-hygiene theory to the Irish Health Sector, after the organization did not reach its desired goals in the areas of people-centered care, accountability, equity, and quality in both 1994 and 2001. Byrne examined the attitudes of health care employees and found that the Irish Health Sector was using extrinsic, or hygienic, factors to try to motivate employees. He blamed this on "a lack of managerial training" (pg. 9), and recommended that managers turn their attention to intrinsic, or motivational, factors, which appeared to be lacking in their industry. Similar results were found at a teaching hospital in Malaysia (Ramoo, Abdullah, & Piaw, 2013) and with radiation therapists from Louisiana (Savoy & Wood, 2015).

A majority of those surveyed in the Savoy and Wood (2015) study reported overall satisfaction with motivation factors and low dissatisfaction with hygiene factors, although retention was not specifically addressed. The authors suggested that, "increased job satisfaction, in turn, will be demonstrated through lower turnover, higher profits, and greater gains in the area of patient safety" (p. 20).

However, critics of the motivation-hygiene theory claim that the workplace is more complex than Herzberg (1964) suggested, with aspects such as salary providing both satisfaction and dissatisfaction and with questions regarding the lack of diversity of occupations in Herzberg's original study (Behling, Labovitz, & Kosmo, 1968).

### **Self-Determination Theory**

Edward Deci and Richard Ryan have developed another theory of relevancy to this study, known as the self-determination theory (SDT), exploring the interaction of human motivation and well-being. They believe that "the proper question is not 'how can people motivate others?'

but rather, ‘how can people create the conditions within which others will motivate themselves?’” (Deci & Flaste, 1995, p. 10). In SDT, Deci and Ryan (2008) emphasize the importance of meeting what they have determined to be three universal psychological needs: autonomy (the need to have choices and control in one’s decisions and actions), competence (the need to be able to meet challenges), and relatedness (the need to experience connection with other individuals) (Deci & Flaste, 1995; Greguras & Diefendorff, 2009).

Like Staw (1989) and Herzberg (1964), Deci and Ryan (2008) explore the concepts of intrinsic and extrinsic motivation. In SDT, the quality of motivation a person experiences takes priority, as opposed to “how much” motivation one possesses. Specifically, Deci and Ryan (2008) differentiate between controlled motivation and autonomous motivation. Controlled motivation involves motivation by external rewards (including, but not limited to money), punishments, and introjected regulation (i.e., avoiding shame or seeking approval). Individuals experience pressure to perform or think in a certain way from an outside, or extrinsic, motivating force under controlled motivation. Conversely, autonomous motivation involves “doing an activity with a full sense of willingness, volition, choice, and endorsement” (Deci, 2013, p. 3), which incorporates intrinsic motivation and integrated motivation (i.e., extrinsic motivation an individual has internalized as a meaningful, non-coerced value). Interestingly, when studying autonomous motivation, Deci and Ryan (2000) found that people must have all three psychological needs met in order to integrate extrinsic motivation. However, only the needs of autonomy and competence are directly and always associated with intrinsic motivation. They have not found the need of relatedness to be directly tied to intrinsic motivation (Olafsen, Halvari, Forest, & Deci, 2015).

Within SDT, when autonomous motivation is promoted and experienced, psychological needs are met, creating a concept known as vitality. According to Deci and Ryan (2008), vitality is

“the energy that is available to the self - that is the energy that is exhilarating and empowering, that allows people to act autonomously and persist more at important activities” (p. 184). When individuals experience autonomous motivation, they are more likely than individuals under controlled motivation to learn more deeply and conceptually by using flexible thinking and creativity (Deci, 2013).

SDT is not without its critics. Buunk & Nauta (2000) believe that the three psychological needs of autonomy, competence, and relatedness do not adequately sum up the broad scope of human needs, especially those related to social interaction. Pyszczynski, Greenburg, and Solomon (2000) argue that Deci and Ryan are too optimistic in their expectations for self-expansion and human flourishing through autonomous motivation. They posit that SDT ignores the effect of anxiety, which influences individuals to hold more tightly to their current views of themselves and the world instead of experiencing continued self-expansion.

Overall, however, Deci and Ryan’s (1995) self-determination theory, Staw’s (1989) concept of extrinsic-intrinsic motivation, and Herzberg’s (1964) motivation-hygiene theory provide useful theoretical frameworks from which we might be able to better understand the issue of retention of speech-language pathologists in rural areas. In the current study, factors that motivate rural therapists to remain in their current locations are identified through in-depth semi-structured interviews and analyzed using a phenomenological and grounded theory approach.

### **Phenomenology as Philosophy**

Phenomenology, a philosophy developed and popularized in the early 20<sup>th</sup> century, explores the meaning of experiences of individuals from a first person point of view (Smith, 2013). As opposed to a quantitative study in which a researcher attempts to remove him or herself

completely from the process and “let the numbers do the talking,” the qualitative method of phenomenology allows a researcher to enter into a phenomenon via the perceptions, ideas, and experiences of others (Giorgi, 1997).

Martin Heidegger (1889-1976), a German philosopher of phenomenology, espoused viewing experiences through the lens of “the structure of everydayness, or being-in-the-world, which he found to be an interconnected system of equipment, social roles, and purposes” (Smith, 2013). He coined the term *dasein* to encapsulate this idea of “being in the world” (Landridge, 2007). Heidegger was of the assumption that individuals are continuously engaged in the world, constantly trying to understand and interpret matters of their daily lives (Wilson, 2014). According to Thomas Nenon of the University of Memphis (2014), Heidegger believed that “the proper topic of phenomenology is precisely that which for the most part does not show itself and is most properly in need of elucidation, namely not beings but the *Being* of beings that for the most part remains concealed”. In following Heidegger’s model of phenomenology, we believe we came to a better understanding of the *dasein* of rural speech-language pathologists and how this “being in the world” affects their decisions to live and remain in non-metropolitan practice.

### **Grounded Theory as Philosophy**

We also used the philosophy of grounded theory, which is closely related to phenomenology. Two American sociologists, Barney Glaser and Anselm Strauss, developed the concept of grounded theory in 1967. Both appreciated the value of collecting qualitative data to understand the meaningfulness of social structures and events, but were dissatisfied with the research trends of the day, which included hypothesis testing and “description instead of explanation of social phenomena” (Boeije, 2010, p. 8). Their aim was not only to record and understand phenomena

(which they highly valued), but also to provide a tangible framework, or theory, from the data collected, which then could be applied in a given field.

Glaser and Strauss defined four primary criteria of a grounded theory: fitness, understanding, generality, and control (Boeije, 2010). *Fitness* implies that a grounded theory must appropriately fit the field which the researcher is studying. Also, for a theory to be viable, it must be *understood* by laypeople in the field to which it applies. *Generality* means that a theory must be applicable to a broad range of situations, not only those in the study. Sometimes a theory may be used outside a field of intended use and may describe an entire social phenomenon. Within grounded theory, this is known as formal theory. And finally, the concept of *control* indicates that “the theory must allow the user partial control over the structure and process of daily situations as they change through time” (Boeije, 2010, p. 170). In other words, a grounded theory must be flexible enough to encompass various phenomena and situations the user will encounter.

### **Phenomenology and Grounded Theory as Methodology**

Phenomenology and grounded theory are both philosophical movements and disciplines. By using them together we sought to gain a holistic understanding of the topic, as well as produce a theory that may offer an explanation of why people choose and remain in rural practice. The discipline, or application, of phenomenology involves interviewing a limited number of participants to obtain ideas about the participants’ experiences, often through open-ended questions (Stanford, 2015).

We then used grounded theory to look for patterns that emerged from the data. As Creswell (1998) states, “Although a phenomenological study emphasizes the meaning of an experience for a number of individuals, the intent of a grounded theory study is to generate or discover a theory...that relates to a particular phenomenon” (p. 55).

Each new set of data was compared to previous sets, and thematic groups of concepts were named. At this point, we developed a conceptual theory based on the data collected. “The resulting theory will match the situations that are investigated, as it is directly derived from and supported by, and therefore grounded in, the collected data” (Boeije, 2010, p. 8).

The phenomenological-grounded theory research design is appropriate because the data can be used to promote further study and efficient recruitment of speech-language pathologists to under-served areas. Also, previous studies focusing on this question have been done primarily by survey (Neeley, et al., 1994; Foster & Harvey, 2007), and a combined study has allowed for a deeper exploration of the question and a fuller understanding of possible solutions.

### **Purpose of the Study**

The purpose of this combined phenomenological and grounded theory study is to collect the experiences of multiple speech-language pathologists who have chosen to practice long-term in rural settings and to develop a theory-based understanding of the factors that have resulted in their career choices. In doing so, the aim is to understand the qualities and ideas that drive individuals to decide to practice and remain in rural areas, in order to understand how to better recruit clinicians to under-served areas and retain their services long-term. Obtaining individual narratives could help administrators understand clinicians’ values and priorities, specifically with regard to rural settings.

### **Research Question**

The following research question forms the central theme of this study and guided us in constructing, conducting, and analyzing the interviews with participants. The research question for this study is: Why do speech-language pathologists remain in rural settings?

## CHAPTER THREE

### METHODS

#### **Participants**

Participants were recruited based on their practice in a variety of speech-language pathology settings in rural areas. Participants were initially be contacted via e-mail. When they agreed to an interview, we set up a time and location for the interview. Prior to each interview, we provided participants with consent forms to sign.

#### **Sample**

We used purposeful sampling as the means of selecting potential participants for this study. In purposeful sampling, “a sample is intentionally selected according to the needs of the study” (Boeije, 2010, p. 35) – in this case, speech-language pathologists who have remained employed in rural areas for at least 5 years.

The method of snowball sampling was one method used to achieve purposeful sampling. Snowball sampling refers to the practice of obtaining the names of potential participants from an initial participant. Each subsequent participant may also recommend other qualified individuals. Snowball sampling is especially relevant for making connections with individuals who are difficult to locate (Atkinson & Flint, 2004). We also received suggestions for participants from individuals living in rural areas.

We intended to interview individuals from Kansas, Oklahoma, Nebraska, Colorado, and Missouri, who have worked as speech-language pathologists in rural settings, defined as communities containing fewer than 50,000 people (US Census Bureau, 2010). These states were chosen, in part, because of their geographical proximity to Wichita State University. However, all

of the participants in our study were from rural communities in Kansas only. Despite the lack of geographic variability, the participants provided a broad spectrum of experiences and insights.

Participants worked in rural settings for at least five years. The purpose for choosing at least five years of experience was to try to gain the perspectives of participants who have, at least for an extended period of time, chosen to work in a rural area. For the purpose of collecting a broad range of experienced speech-language pathologists, we interviewed participants in a variety of work settings, including schools and hospitals.

The number of participants in this study (N=8) was determined, in part, by saturation, or the point at which “newly collected data from comparison cases do not change the outcomes” (Boeije, 2010, p. 114). We were not able to reach saturation in the open coding process, but we were able to reach saturation in the selective coding process as themes became apparent. When we are unable to establish any new categories from the data in the selective coding process, interviews ceased and the data was synthesized.

## **Procedure**

For the purposes of this study, semi-structured interviews were used to obtain information from participants. The semi-structured interviews consisted of a list of predetermined questions, which we used to guide the interview. However, the semi-structured nature allowed for flexibility to follow the participants’ interests and a better (and unplanned) understanding of the topic that would have been hindered by a structured interview or survey process (Fylan, 2005).

According to Fylan (2005), semi-structured interviews are an especially appropriate means of finding out the ‘why’ behind participants’ statements by fleshing out details and contradictions in participants’ descriptions and stories. These detailed answers helped us establish credibility through rich, thick description. As all interviews involved participants from rural settings, “this

[will] transport readers to the setting and give the discussion an element of shared experiences” (Lincoln & Guba, 1985).

This was achieved by the use of grand tour questions, which capitalized on participant experience through inquiries about subjects such as time, space, people, activities, objects, and events (Spradley, 1979).

These open-ended questions from semi-structured interviews provided answers which were open to interpretation. To avoid interpretation bias and increase study reliability, researchers often use intercoder reliability, a system in which two or more individuals independently code collected data (a practice discussed shortly). Then, they compare results to ensure that definitions, categorizations, and interpretations remain consistent throughout the data analysis process (Cho, 2008).

In the case of our study, another individual coder and I (Jessica) separately coded transcribed data, and then we compare our results. We used an index called “percent agreement,” a measurement that shows the proportion of mutually shared codes to the total number of codes in for an entire data set to measure intercoder reliability (Cho, 2008). We separately coded three interviews during the open and selective coding processes, with an average of 70% agreement. Typically, researchers aim for 80% agreement or higher. However, some of the themes we are using in this paper possess a crossover similarity, especially in the selective coding process. Some of the themes are similar in nature, making percent agreement especially challenging. Also, I (Jessica) and the independent coder were both first time coders. Coders with more experience may have gotten higher results.

## **Research steps**

Once interview consent was gained and rapport was developed, we began the research process by interviewing the first participant, using a digital voice recorder to capture the conversation. Interviews were conducted in person and in the participants' workplaces whenever possible (N=6). The reasoning behind this was 1) to make the interview process convenient for the participant, and 2) to provide us with a clear understanding of the physical and cultural environment within which the participant lives and practices. As mentioned previously, interviews were semi-structured, with open-ended, grand tour questions to obtain in-depth information that surveys alone cannot provide.

After we obtained the first interview, interviews were transcribed using an online transcription service and were coded to find categories and patterns within the data. The participants were asked to confirm and clarify observations during this categorization process, as needed. We then continued to conduct, code and analyze interviews until saturation was nearly reached in the open coding process and was reached in the selective coding process. Data was analyzed; a complete description is provided below.

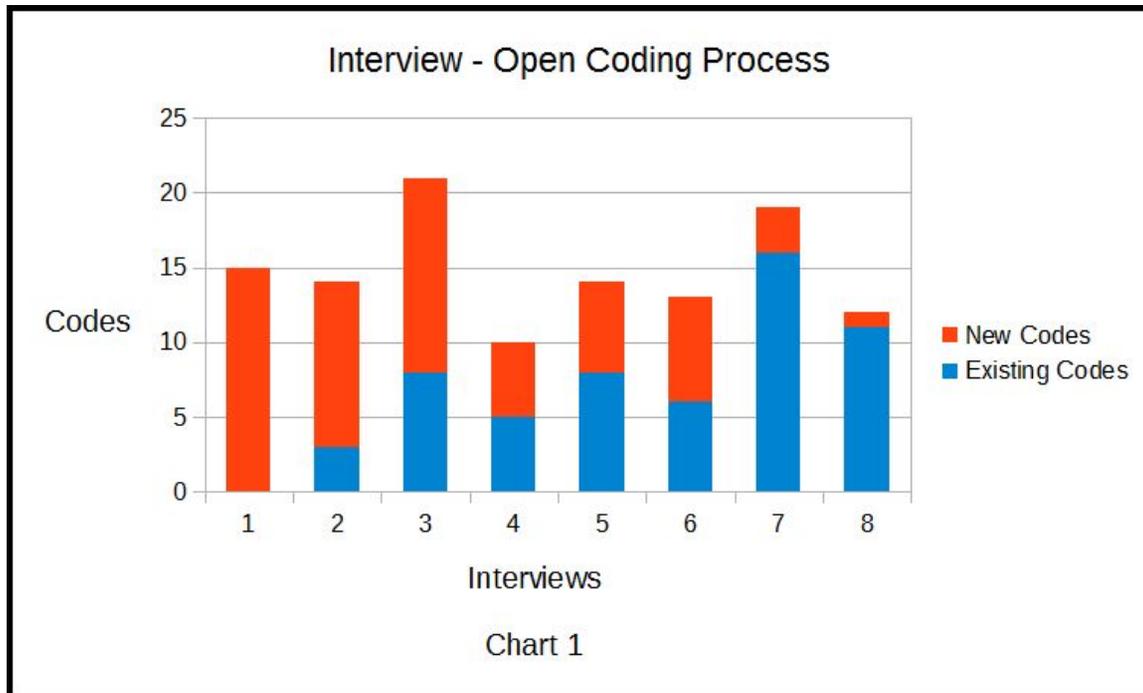
## **Data Analysis**

### **Open Coding**

In the first stage of analysis, we used the process of open coding. Open coding occurs when the initial set of data has been collected. The interview transcription was read, divided into fragments based on subject matter, and given a code (a word or phrase describing the data). At this beginning stage, data was not determined to be irrelevant "because it is still largely unpredictable what will be of value and what will not" (Boeije, 2010, p. 96).

Open coding enabled us to categorize data based on our research question that emerged from

interview transcripts. This provided us with a broad range of codes, but also helped us focus our efforts. It was imperative to avoid vague codes, as well as those which are too detailed, as both extremes would have hindered the analysis process (Boeije, 2010).



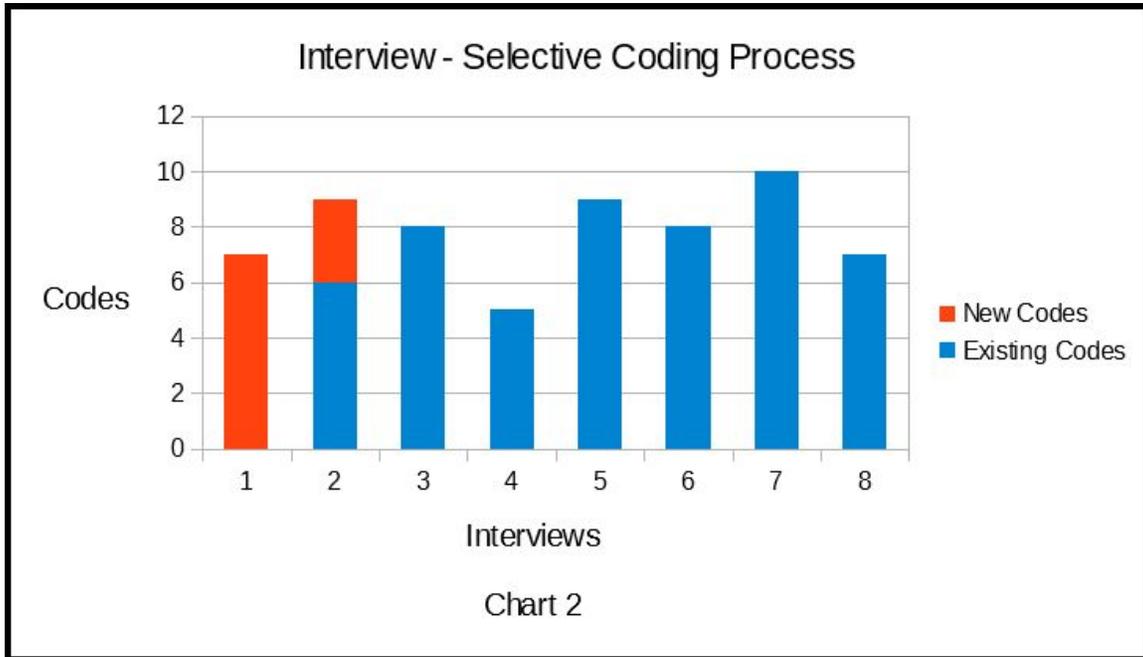
### **Axial Coding**

Axial coding was the second phase of analysis. It involved the merging and subdividing of individual codes related to our research question to create the seven themes used in our grounded theory. Boeije (2010) points out that “the primary purpose of axial coding is to determine which elements in the research are the dominant ones and which are the less important ones” (p. 109).

### **Selective Coding**

Selective coding was the final stage of coding, in which a theoretical model formed from the seven primary categories was used to answer the research question. In this stage, the relationships between various categories were made evident to create a cohesive narrative regarding the answers to research question. At this point, we were especially mindful of finding

missing information, expressing personal biases, interpreting causality where it does not exist, and coming to unsupported conclusions. Chart 2 shows how these themes quickly became apparent:



Findings were compared to the existing literature on the subject. New insights will be presented in this report and added to the body of existing information (Boeije, 2010).

### **Outcomes**

At the completion of the analyses, we found themes that emerged from the data, which represented experiences among all participants. Depending on the breadth or complexity of some themes, sub-themes were designated to refine the data further. Using these themes and sub-themes, we constructed a model based on grounded theory, explaining why speech-language pathologists may choose to remain in rural settings.

### **Role of the researcher**

Our role was to interview participants concerning their experiences as professionals in rural settings. For the purpose of disclosure, I (Jessica) lived in rural parts of Kansas and Oklahoma

for 28 years. My parents are both educators in a rural school district in central Kansas, and I was part of the same school system as a child. Also, my uncle was formerly a small-town physician in western Kansas who worked with the University of Kansas Medical School, helping to promote rural health care and place medical students in under-served communities. These individuals and experiences have shaped my perceptions about rural settings and have, in part, led to my desire to perform this study. I understand that my thoughts and opinions regarding rural speech-language pathology practice are my own and may not reflect the experiences or perceptions of the study's participants. I worked to accurately portray the thoughts and beliefs of our participants.

## CHAPTER FOUR

### RESULTS

#### Themes

In this chapter, we will discuss seven major themes which are nearly universal to all eight participants. These themes became apparent through the coding process and through evaluating the interviews in light of the three theories we have discussed. These are the concepts we synthesized to create our grounded theory of rural retention.

#### Relationships

One of the most noticeable themes in the interviews is relationships. Specifically, participants described relationships with clients in the community, with clients' families, and within the workplace. All participants spoke about relationships in at least one of these categories, and several participants addressed all three.

*Clients:* All participants place great value on building relationships with clients. Some, such as Participants 1, 3, 5, and 6 expressed the importance of these relations in terms of the simple joy of being around and connecting with their clients. Others, such as Participants 2 and 4 described experiencing their clients as individuals they see frequently, who are incorporated into their personal constructs of local community. And finally, participants 7 and 8 addressed the concept of longevity with clients, in terms of knowing clients over years of participating in the same community together.

*Clients' Families:* Some participants spoke about appreciating the relationships they have been able to develop with their clients' families. Participant 3 sees herself as part of a team with her students' parents, working together to help students succeed. She finds her rural location to be a benefit in terms of connecting with clients' family members. She knows where they work

and how to most effectively communicate with them, because she regularly sees them out in the community. Participants 4 and 7, in school and medical settings respectively, build relationships to provide support to family members who are caring for their loved ones. These affiliations build trust between the participants and clients' families.

*Within the Workplace:* Participants also emphasized their relationships with their co-workers and supervisors throughout their interviews. Participants 1, 2, 3, 7, and 8 mentioned appreciating the positive relationships they have with their co-workers. Participants 6, 7, and 8, all from medical settings, discussed the advantages of forming relationships with medical professionals from other locations for the purposes of consulting and referring in rural areas with limited resources. Participant 5 mentioned connecting with a former colleague to obtain special needs equipment for her students. Seven of the eight participants noted the relationships they have developed with their supervisors, which positively influence their experiences in their various work settings.

### **Administrative Support and Autonomy**

The themes of administrative support and autonomy occurred together with such frequency that they almost appeared to be synonymous in the data. Seven of eight participants noted administrative support, and all eight placed strong value on the concept of autonomy. When participants spoke of administrative support they frequently referred to topics such as being able to share ideas and opinions, appreciating the style of leadership their supervisors used, and being given access to resources they needed. Participants generally reported that they experienced autonomy by having the ability to make decisions for themselves and with their clients without intense oversight from their supervisors. In a sense, it often was difficult to tell whether administrative support produced a sense of autonomy for participants or if actions of autonomy

helped participants gain administrative support. Perhaps it is not so important to dissect this as it is to simply recognize that these two themes coexist quite regularly throughout the interviews and appear to be fundamentally connected in the stories of the participants

### **Seeing Client Progress**

All eight participants addressed the theme of experiencing motivation by seeing clients progress in treatment. Participants in educational settings expressed the joy of seeing children improve skills and gain confidence. Likewise, participants in medical settings spoke about the satisfaction of helping patients persevere in treatment to improve their health, sometimes in life-changing ways. It is unlikely that seeing progress is a theme that is unique to rural practitioners; however, it may be possible that rural SLPs are in a unique position to observe client progress on a regular basis. First, SLPs in a rural setting might get the opportunity to see progress due to the frequently more intimate relationships between SLPs and clients and their families, and the additional opportunities for SLPs to see clients and their families in the community (see theme of “relationships” above). Second, as SLPs in rural settings are frequently the only practitioner in the area, their caseloads might be more diverse, with a broader range of disorders and severities, than SLPs in urban settings. This might lead to more opportunities to see progress with clients with less severe problems or disorders that are typically more amenable to improvement.

### **Taking on Challenges**

The theme of taking on challenges is ubiquitous throughout the interviews, though it is perhaps the most variable of the themes, in terms of how it manifests for each participant. These challenges encompass both positive and negative experiences; regardless, participants appear to be motivated in ways that benefit them and their communities.

Several participants in educational settings stated that they enjoyed the challenge of having the opportunity to be creative with their treatment plans. For example, Participant 1 enjoyed learning how to incorporate curriculum changes into her plans and adjusting her lessons for full class participation. Participant 3 also shared about the challenge of being creative by coming up with a weekly theme, around which she plans all weekly sessions.

For participants, the rural settings in which they work provide them with motivating challenges. Multiple participants in both medical and educational settings appreciated the challenge of serving a rural clientele along a broad spectrum of needs and ages, instead of specializing within a particular age group or disorder. All educational participants served in multiple schools, and most medical participants served in both inpatient and outpatient settings, as well other settings such as home health or telepractice.

Two participants shared about the challenge of “being the only one” in their respective rural settings. They saw this as being both a negative and a positive experience. They usually did not have a colleague or fellow speech-language pathologist immediately available with whom they could consult, but they also enjoyed the ‘being the only one,’ as it increased their sense of autonomy.

And finally, two participants spoke about the challenge of effectively addressing the needs of clients facing poverty. Despite the difficulties their clients face, both participants work to help students navigate hurdles on a daily basis.

### **Rural Roots**

Participants also shared the theme of ‘rural roots.’ All eight grew up in rural areas. One participant knew that she wanted to remain in her hometown and was able to obtain a position there. Another participant returned to her hometown after working in an urban environment,

because she wanted her children to grow up in a safer community. Three participants addressed choosing to live in rural places, in part, because they wanted their children to grow up near extended family. Two individuals spoke about marrying spouses who are farmers, connecting them closely to a place and a very specific rural lifestyle. These rural connections have helped participants feel rooted in their respective locations and have contributed to their decisions to remain in their rural jobs.

### **Leadership**

We also see a particularly interesting theme in the data, which we have named ‘leadership.’ Participants never referred to themselves as leaders and never addressed leadership overtly in their interviews. However, as participants shared about their lived experiences, this quality became apparent in each one of them. For some, this came up during the formal interview and for others, we discovered it casually before or after the interview during general discussion. Leadership includes writing grants for student resources, leading support groups for patients, developing creative strategies to help students succeed and helping teachers implement them in the classroom, starting speech therapy programs in rural hospitals “from scratch”, taking on additional responsibilities in the community, and advocating for and obtaining resources for clients. These acts of leadership represent service each participant provides to her clients and community, often surpassing job requirements.

## CHAPTER FIVE

### DISCUSSION

#### **Introduction**

In this chapter, we will begin by comparing the themes that emerged from the eight participant interviews with the existing frameworks of extrinsic and intrinsic motivation (Staw, 1989), motivation-hygiene theory (Herzberg, 1964), and self-determination theory (Deci & Ryan, 1995). Then we will present a grounded theory of rural retention and discuss the strengths and limitations of the study. Finally, we will present conclusions and implications of the findings.

#### **Comparison of Results with Staw's Extrinsic and Intrinsic Motivation Theory**

In this study, motivation is one of the central concepts of concern because we want to know what motivates speech-language pathologists to remain employed in rural settings for extended periods of time. Staw's (1989) exploration of extrinsic and intrinsic motivation provides a foundational starting point from which to compare and evaluate our findings.

- |  |
|--|
| ◆ Extrinsic motivation   |
| ■ Salary   |
| ◆ Mixed motivation   |
| ■ Rural roots, relationships with administrators                               |
| ◆ Intrinsic motivation   |
| ■ Challenges, client progress, relationships, autonomy, administrative support |

As previously stated, extrinsic motivation is choosing to perform a task to accomplish a goal or achieve an end independent of the task itself (Staw, 1989). Organizations often use extrinsic motivators with their employees, such as salaries and benefits, to achieve desired work and results. When explaining their personal reasons for continuing to work in a rural setting, three of the eight participants named their salary as a motivator for remaining in their current positions.

They believed that they were paid a fair wage. It is worth pointing out that although these participants experienced extrinsic motivation because of their local salaries, they did not indicate feeling extrinsically motivated by similar or larger salaries in more urban areas.

All participants experienced the concept of rural roots (i.e., growing up in, marrying a person from, or having close family members in a rural area) as a reason for remaining in their current positions. Two participants indicated that they were in rural areas, at least in part, because of the nature and location of their spouses' employment (i.e., farming and ranching).

*Participant 6:* "My husband and I got married. And he's a farmer so consequently it's a little bit easier for me to pull up my roots [from an urban location] than for him to move."

*Participant 7:* "I was here just because I got married and my husband...is going to retire [from his current employment]...and he is going to farm full time...So it's basically because he was from a farm."

In both cases, the participants experienced extrinsic motivation to find and keep employment in rural locations because they wanted to be near their spouses who were engaged in rural employment. It should be noted, however, that both participants grew up in rural areas, potentially making this decision more culturally appealing to them because of their familiarity with rural areas.

However, in most cases, when evaluating our participants' reasons for staying in rural areas in light of Staw's theory, we found that the participants spoke most frequently in terms of intrinsic motivation, or intermittent combinations of intrinsic and extrinsic motivation.

As previously noted, intrinsic motivation involves tasks which can be motivating in and of themselves because they provide opportunities for manipulation, exploration, and curiosity (Staw 1989). Each of the following participants indicated that they were intrinsically motivated by the challenges they faced working in a rural setting, specifically in the diversity of clients they treated and in variety of practice they offered in their communities.

*P1:* “ I do the whole class sometimes, I do small groups in the class room...and I really enjoy doing that, it’s just a different level because of the background we have in language, in grammar, it’s just a different level for the students and I love being challenged by that and get to be the person that gets to teach that to them.”

Later, she states: “I’m challenged and continually keeping up with things and keeping up with curriculum changes and that kind of thing and I love creating, creating new lessons and creating things on computer, key note, PowerPoints and I like doing that kind of thing and making language visual.”

*P2:* “I like the variety. I never know what patients are going to come down that you need to see...I like the challenge of that. And I suppose I would have that other places too. So I don’t know if that’s unique to being in a rural area necessarily.”

She goes on to say, “Maybe we get more of that, because in a rural setting there are fewer of us, so we have to do more. So we do outpatient speech therapy, we also are the ones that go to a homecare speech therapy, we do skilled nursing...we do...acute unit, we do rehab unit...we don’t have to be specialized, because there is not a business out there for every area, we get to do all of it.”

*P3:* “I really like the diversity of all of the different ages of kids I worked with and all of their needs. They’re not all articulation kids, they’re not all language kids. There is a mix. I have some high needs kids. There are couple on the spectrum, a couple of kids with syndromes that I really enjoy working with. It’s challenging...”

Participant 6 also notes age-related challenges: “What motivates me is it really keeps me on my toes. My littlest kid that I work with is three and my oldest right now is 89...So it motivates me...to really use all of my skill set...” Later she says, “I have to be able to provide services for a wide range of folks. I do find that challenging.”

*P7:* “I always wanted to help people but I didn’t know how. And it is has been real neat to be able to use the skills I have learned to help [the patients] and to help them be able to manage certain situations, like if they have a chronic cough, [to] help them learn how they can manage that, by breathing techniques and that type of thing...”

*P8:* “I love speech therapy. I always have. I have never dreaded getting up to go to work in the morning. There’s always something new. I’ve never had two patients exactly alike.”

In the cases above, the participants revealed their intrinsic motivation to seek out and face challenges. Each individual had opportunities to employ manipulation, exploration and curiosity to serve a broad range of clients in a variety of settings in their respective rural practices.

Participants shared intrinsic motivation in other areas, as well. One concept that intrinsically motivated each participant in the study was witnessing client progress. Participants 3 and 4 work in school settings. They described their motivation in the following ways:

*P3:* “Obviously, the big reason [for motivation]...is the progress of the kids. Seeing success in students and seeing the students have pride in their success really is what motivates you to keep going every day when you don’t want to...”

*P4:* “The neatest thing for me still is when you have a kindergartner coming on that no one can understand and their self-esteem is impacted by that. You can even see their physical demeanor, they are hunched over. They are quiet. When they learn their sounds and they feel accomplishment from that and people start understanding them--that’s the neatest thing; just to watch them evolve. Money cannot buy that. That’s pretty cool.”

All of the participants described their desires to witness client success and progress in similar terms, as a goal in and of itself, which gave them motivation and provided them with feelings of satisfaction.

The desire to witness clients’ progress is not a solely rural form of intrinsic motivation. It is quite probable that, were we to interview speech-language pathologists in urban and suburban settings, we would find similar results. However, we witnessed a pattern of intrinsic motivation that we believe fosters the motivation to witness progress in a rural setting: a distinct sense of community. Participants experienced intrinsic motivation through the rural relationships they developed in three areas: with clients, with clients’ families, and within their workplace. The following quotes provide insight into these areas.

*P4:* “The cool thing is that you get to know the families...You know the siblings of the kids. Within that small community, it’s pretty strong. You go...to the Quick Shop, [and] the kids are there. You can’t escape them...When you are in the Quick Shop, a really loud little boy who had autism, from long way across the store, he was like, “Mrs. So-and-So, I knew I would see you again.” It was in the summer...That is one thing, small community versus a larger one. I just think it’s -- people know you.”

*P2:* “Well, I think with rural areas you have more of a community sense. You get to know your coworkers a little bit better. Your coworker’s children and your children go to school together...[If] your kid doesn’t bring home the spelling list, the OT’s kid may have. So you

get more of a sense of community...[It's] also a sense of community with the patients, too. They may remember us from when their mom or their grandma or some other loved one was in the hospital where we really helped them out or their friend at church had a really great experience and so they wanted to come and have therapy with us too. So you get that word of mouth.”

Participant 8 sums her opinion up succinctly: “[I stay because of] the people that work here. I do feel like this is my family...”

The participants appear to be naturally, intrinsically motivated to form relationships within their rural communities, which fosters an intrinsic drive to see progress and take on the challenges of providing speech and language services within a rural context. It is also probable that a cycle of sorts is created, in which the intrinsic desire to see client progress may also lead to deeper relationships within the community.

The interplay of intrinsic and extrinsic motivation becomes more complex when we examine the relationships the participants have with their administrators. As in most workplaces, the participants’ administrators manage a number of factors that directly affect the participants and provide extrinsic motivation, (i.e., salaries, benefits, workplace rules, and a wide range of regulations and expectations).

Although the participants were affected by and made daily decisions based on these forms of extrinsic motivation, it was the intrinsic motivation they experienced through their interactions with their administrators that stood out most in almost all of the interviews.

The participants experienced this intrinsic motivation via their administrators in two primary ways: experiencing a sense of autonomy in their work and feeling supported and heard by their administrators.

First, administrators created an environment in which many of the participants noted the freedom to practice as they saw fit.

*P2:* “The vice-president that I report to as manager is very supportive to me and that’s really big. She knows that I’m going to do the best I can and make the best decisions that I can make. And then if I mess up, I’m going to fix it and let her know. So I feel very supported...no one is looking over my shoulder...I’m not micromanaged. That’s nice.”

*P6:* “My manager kind of hovers over me every once in a while, but she’s really like, ‘Do your own thing,’ and is really ‘What do you think?’ and ‘Unless you have problems, that’s fine.’”

One participant in particular noted that she felt this sense of autonomy within the local schools she worked in, but not within the larger central special education cooperative to which she belonged. She enjoyed the freedom she experienced in her practice because she was located in a rural area and not in close proximity to the central co-op.

*P5:* “To me, we just kind of handle our own out here...And maybe, [it’s] just the two buildings or the two [local] principals I have are just easy-going. I don’t know but...I just feel that difference [as compared to those living near the co-op].”

Along with a sense of autonomy, participants described a sense of administrative support. While the specifics differed slightly between participants, the overarching theme is quite clear.

*P1:* “I’ve always had really, I have to say, over the top administrative support from the SPED director that...I work under here...I don’t know what it is about us...but we’ve [SLPs] always had a little edge. We’ve always had an ear for our needs. They were always taking care of us. We’ve just had SPED directors that pay attention to us, every one of them I have been under here. This district is very, very good at making sure we’re keeping step with technology advances...I wrote a grant for the Light Speed Systems...and my director took a look at it...and so then the principal at the time said, “We’re going to go with the whole building,” and we got them in all the classrooms in this building, and then the district did it.”

*P3:* “It’s over four and a half hours during my work day when I’m driving...that’s a lot of kids that, you know, I would be seeing if I wasn’t spending the time driving, and I’m thankful that the boss and the coordinators see that, and they don’t [say] “Oh, she has a smaller case load. Give her more kids, or move her to a different building where she can help somebody else,” because you spend so much time driving.”

One participant described a scenario in which she had tried in the past to expand her speech-language pathology practice by asking to be allowed see swing bed patients, because she could use her expertise to provide them with services they were not receiving in their rural

location. The first time she asked for permission to screen swing bed patients, her request was denied. However, the support of a new, visionary CEO provided her with support and new opportunities.

*P7:* “So I didn’t have automatic screening on swing beds. Well, when our new CEO came...he said “...could you grow your therapy?” I said “More?” And I said, “If I had screenings for swing bed patients, because if you don’t have screenings then you are relying on nurses or doctors, and they don’t always see the patients all the time.” So he went and brought it to [the doctors] again, and they okayed it, and so that’s really growing.”

Although the participants experience the extrinsic motivators that are implemented by their respective administrators, they appear to be more keenly impacted by the intrinsic motivation they each experience via autonomy and support from their administrators.

We should note that participants appear to receive this benefit of autonomy and support from their administrators, at least in part, because of the rural environments in which they live and work. Seven of the eight participants are the sole speech-language pathologists in the schools and hospitals in which they work. In rural environments, administrators often manage a wide variety of employees who fill multiple, sometimes unfamiliar, roles within their institutions. Also, these institutions are either spread out over a large geographical region (i.e., schools) or serve a multi-county region (i.e., hospitals). Because of these elements of rural practice, it appears that administrators inherently have natural opportunities to trust the participants to function with autonomy and to offer additional support as the participants seek to expand their roles in their respective locations.

### **Comparison of Results with Herzberg’s Motivation-Hygiene Theory**

The concepts of job satisfaction and dissatisfaction are central to understanding why speech-language pathologists choose to continue working in rural areas. As previously noted, for Herzberg, job satisfaction and dissatisfaction are not opposite ends of a single continuum.

Instead, they exist on two separate spectrums, in which the opposite of ‘satisfaction’ is ‘no satisfaction’, and the opposite of ‘dissatisfaction’ is ‘no dissatisfaction’.

- ◆ Hygiene Factors
  - Matching factors: administration, company policy, salary, working conditions, interpersonal relationships
  - Outliers
  - Overall dissatisfaction ratings
- ◆ Motivation Factors
  - Matching factors: achievement, recognition, the work itself, responsibility
  - Outliers
  - Overall satisfaction ratings

### **Comparison with Herzberg’s Hygiene Factors**

Herzberg (1964; 1968) listed the following hygiene factors, which if not experienced positively, could lead to job dissatisfaction for employees: company policy, administration, supervision, salary, interpersonal relationships with supervisors and co-workers, working conditions, salary, status, and security. To explore dissatisfaction among rural speech-language pathologists, we asked them the following two questions: 1) What do you dislike about your job?, and 2) What about your job contributes to your overall dissatisfaction?

#### **Administration**

When we asked what contributes to overall *dissatisfaction*, five of eight participants reported problems with administration. Three participants of the five reported dissatisfaction with “outside” administration (i.e., insurance requirements, “red tape,” and lack of federal and state funding). Two participants reported feeling dissatisfied with local administration in the past (i.e., internal hospital bureaucracy and administration making decisions while lacking information), but reported overall improvement in these areas. One participant reported feeling dissatisfied with the lack of funding and resources through her local co-op, stating, “That’s one bad thing.

We [in the rural part of the co-op] tend to get the scraps.” When asked what they *dislike* about their jobs, three of eight participants described administration as well (i.e., insurance payments, lack of funding, and paperwork).

### **Company policy**

One participant reported disliking the amount of vacation time available to her, but otherwise company policy was not a major theme in participant interviews.

### **Salary**

When asked to rank her overall dissatisfaction on a scale of 1 to 10, with one being the least dissatisfied, one participant ranked herself as a 2, providing this brief comment regarding salary:

*P3*: “...of course pay could always be better...that could make [my ranking] go up higher...but overall, I am pretty satisfied.”

### **Working conditions**

Five of eight participants reported *dissatisfaction* with various working conditions (i.e., transporting materials between locations, “living out of the car,” large caseloads in the past, being overlooked by doctors, needing to continually explain the kinds of skills speech-language pathologists can contribute in a hospital setting, complications with rural hospital budgets, keeping up with technology changes, dealing with staff turnover, decreased communication with co-workers since implementation of electronic medical records). When asked what they *disliked* about their jobs, four participants gave responses which fell within this category (i.e., difficulties scheduling students to accommodate teachers’ routines, having to explain what a speech-language pathologist does, and challenges related to being the only SLP at their location). It is interesting to note that several participants commented on both the negative and positive aspects of “being the only one” in their respective jobs. Participants appear to experience the

paradox of lacking of opportunities to collaborate immediately with other speech-language pathologists and enjoying the autonomy of “being the only one”, as shown here:

*P6:* “The thing I miss compared to practicing in a large city is having a neighbor...[a] speech therapist just at the next desk...That’s what I miss. But yet on the same hand, I enjoy the autonomy. I enjoy [that] I’m kind of the captain of my own boat right now.”

### **Interpersonal Relationships**

One participant reported disliking when other professionals or parents challenged her professional judgment, which tangentially appeared to cause strain in interpersonal relationships for her. She reiterated that in such situations it is imperative to build trusting relationships.

### **Outliers**

The participants did not directly address the hygiene factors of supervision, security, or status when commenting on dislikes and dissatisfaction. One participant did hint indirectly at the subject of supervision. She spoke about choosing to avoid the attention of the central office to maintain her autonomy.

Participants discussed an additional factor that is not included in Herzberg’s (1964; 1968) work. When asked about their overall dissatisfaction, Participants 1 and 4 described the concept of seeing children and the community experience poverty.

*P1:* “[My dissatisfaction] would just be...the real world, the reality of dealing with children [and] their hurts that are there every day when they come here...The only thing that would be dissatisfying in some level--that’s not really a good word for it because I’m not dissatisfied--because they’re living in poverty. But I’m sad. It’s heartbreaking.

*P4:* “You have these rural areas...The middle class is going away. You see that, especially in the smaller, rural areas. You see poverty. By poverty, I mean not knowing if [students] have food. Not just not having an iPod.”

Both of these participants expressed dissatisfaction, not with elements of their jobs that would possibly fall along the continuums of Herzberg’s (1964; 1968) theory, but with the socio-economic conditions their clients and communities face.

### **Overall dissatisfaction**

Herzberg (1964) believed that the hygiene factors discussed above fall along a continuum from 'dissatisfaction' to its opposite, 'no dissatisfaction'. At the end of each interview, we asked the participants to rate their overall dissatisfaction with their jobs of a scale of 1 to 10, with '1' meaning "least dissatisfied" and '10' meaning "most dissatisfied". The answers of seven of the eight participants averaged '1.86' and ranged from '1' to '2.5,' indicating very little overall dissatisfaction.

The remaining participant gave the following answer to our question of overall dissatisfaction:

*P4*: "That's hard. Depends what aspect you are looking at, because I don't think I can globally put a dissatisfaction [rating] on it. If you're talking paperwork, I would say it's a six. If you're talking caseloads, I would say it's a four. When you're talking parent involvement...I would say that's about a five. If it is funding, I would say it's a 10. If it is -- do the kids always get the least restrictive environment...I would say dissatisfaction is eight. That comes back to the funding. Working with the kids is a two. That is my answer."

Her answer speaks to the complexity of the working conditions in rural areas and reminds us that speech-language pathologists' decisions to leave or remain in rural settings are not limited to a singular factor. Also, it is noteworthy that most of the factors that contributed to dissatisfaction for all participants are not specifically related to rural placement, but instead are factors that speech-language pathologists would face, regardless of location.

### **Comparison with Herzberg's Motivation Factors**

Herzberg (1964) hypothesized that employees need to experience motivation factors that provide them with feelings of satisfaction. When these factors are present, he reported that workers would be more likely to thrive in their jobs. Herzberg's (1964; 1968) motivation factors include achievement, recognition for that achievement, the work itself, responsibility, advancement, and growth as an employee.

To examine the participants' feelings of satisfaction, we asked three questions: 1) What contributes to your overall satisfaction?, 2) What do you like about your job?, and 3) What about your job motivates you? The following is a comparison of our analysis compared to Herzberg's (1964; 1968) motivation factors.

### **Achievement**

When we asked what provides them with *overall satisfaction* in their jobs, five out of eight participants noted the concept of seeing clients progress successfully through treatment. This concept matches most closely with the motivation factor of 'achievement,' because, one way in which speech-language pathologists can gauge their success, or achievement, is by measuring and witnessing client progress over time. Five of eight participants reported that witnessing client progress *motivates* them, and when asked what they *liked* about their jobs, three participants mentioned the same factor.

### **Recognition**

One participant noted feeling satisfaction in the following scenario:

*PI*: "I wrote a grant for the Light Speed Systems...My director took a look at it and then the principal. We got one in, and then the teachers loved it, and so then the principal at that time said, "We're going to go with the whole building," and we got them in all the classrooms in this building, and then the district did it."

It should be noted that this participant was not attempting to point out being recognized by her supervisors. In fact, she provided the following quote while praising her administrators for being supportive. We do believe, however, that she gave a positive example of recognition as reflected in Herzberg's (1964; 1968) motivation factors.

### **The work itself**

When asked what contributed to their overall satisfaction, one of the participants provided answers that fit within this category. However, when we asked what motivated them, two

participants said that they were motivated by their love of the field of speech-language pathology.

Three participants reported liking the work itself (one participant provided this answer for both this question and the question regarding motivation).

### **Responsibility**

While none of the participants directly reported feelings of responsibility in response to our questions for the comparison with the motivation-hygiene theory, we did see the concept of responsibility present throughout the narratives of two participants who started speech-language pathology programs in their respective hospitals.

*P7:* “I worked in the schools for three years, and then I was at home with my daughters. [I] started to be at home, but [a former professor] called and...wondered if I would be interested in taking over...because it was just kind of case on case type of thing [at the hospital]. And I did that for awhile, and then I realized if I was going to be at the hospital...I needed to go back and learn all about swallowing...[I thought] “If I am going to keep this contract, then these people need to be served with swallowing.” So it was either quit altogether or I [could] be a stay-at-home mom or go back and learn swallowing. And my mother encouraged me to go on and learn the swallowing. She said she would watch girls some, and I had a friend that encouraged me, and so I decided to go back and learn.”

*P8:* “[The hospital] really had not had a speech program. It was mainly P.T. They didn’t have O.T., they didn’t have speech...[My supervisor] was prescient enough to realize that she was going to have to hire somebody. I was somebody to come at the right time. I had no idea what I was doing except I said, “Give me ten hours, and see if I can figure out how to build the program.” That’s what I did, two hours a day. I came in, mainly went upstairs to the floor and stood around, listened to the nurses and met the doctors and started getting a feel for “Oh I think swallowing is going to be a big deal here.” I could start throwing out suggestions and started getting orders and it mushroomed from there.”

Another participant in the schools verbalized feelings of responsibility in the following way:

*P4:* “One thing I’ve noticed within [recent] years is that the poverty level has increased. The need for community-based services has increased...We’re more than a teacher; we are a caretaker. We are an advocator. We advocate for the kids. It’s just more broad.”

All three of these participants provide narratives which reflect the motivation factor of responsibility and a sense of satisfaction from this work through their stories.

## Outliers

Outliers include any answers that do not fall within the parameters of Herzberg's (1964; 1968) listed motivation factors. Participants did not directly address the motivation factor of advancement or growth. However, participants described the concept of facing challenges, which may be a precursor to experiencing growth. Facing challenges includes thinking creatively, providing treatment for a diverse set of clients, and working in a variety of settings. Specifically, two participants reported that facing these kinds of challenges enhances their overall *satisfaction*, four participants said that it provided them with *motivation*, and six participants reported that they *liked* facing these daily challenges.

Also, participants stated that they experienced satisfaction through the following outliers: fair payment (two participants), vacation time (one participant), and autonomy (two participants). Additionally, when asked what they liked about their jobs, participants named the outliers of short drive time, location, time off, and autonomy (one participant each).

In his findings, Herzberg (1964; 1968) listed 'interpersonal relationships' and 'administration' among the hygiene factors along the 'dissatisfaction/no dissatisfaction' continuum. He found that the participants needed positive interpersonal relationships and interactions to avoid dissatisfaction, but he did not find these to be factors that specifically provided employees with motivation and helped them achieve a sense of thriving.

However, our most notable finding is that six of eight participants in our study noted that relationship-oriented factors contributed to their *overall satisfaction* in their workplaces. Four of these participants made comments relating to administrative and/or co-worker support, which is a hybrid of the hygiene factors 'administration' and 'interpersonal relationships'. Two of these participants noted the importance of relationships with their co-workers. In addition, one

participant specifically mentioned that she receives satisfaction from developing relationships with patients and families, which would also be included in the ‘interpersonal’ relationships’ category. Instead of seeing these concepts as hygiene, or “maintenance,” factors as Herzberg’s (1964) participants did, the rural participants in our study actually found these relationships to be motivational in nature.

We believe there could be several reasons for this discrepancy between the participants of this study and those of Herzberg’s study. It is imperative to point out that this study is a much smaller study involving eight females in 2016, while Herzberg’s (1964) study involved 203 males in 1959. Gender differences and changes in work conditions and environments over the past six decades could account for at least some of these differences.

Additionally, the participants in Herzberg’s (1964) study were engineers and accountants. It is quite possible that the category of ‘interpersonal relationships’ did not hold the same significance for these individuals within those specific work environments as it does for the eight participants in this study. Speech-language pathology, by its very nature, is a field in which clinicians work to help individuals with their communication skills in order to foster and maintain relationships and human connection. Thus, the fact that the participants in this study found a combination of ‘interpersonal relationships’ and ‘administration’ to be a motivation factor instead of a hygiene factor is not completely unanticipated.

We would also argue that relationships, whether with supervisors, co-workers, clients, or clients’ families, are a motivation factor for our participants, in part because of the rural locations where they live and work. As Participant 5 said, “You’re the hub of the community in the schools...”

Participant 7 also demonstrates the importance of relationships in the following comment:

*P7: “We want to keep rural health care alive, and if we lost the hospital in this town- I think we employ XXX employees...we would lose a lot. Our town would lose a lot, because we are one of the major employers in this town, along with some other agriculture building type facilities. So I think to keep rural America viable we should keep a good hospital.”*

In rural places, caring about other individuals and one’s interactions with those individuals often is what helps to keep the doors of schools, hospitals, and various institutions open.

### **Overall satisfaction**

In Herzberg’s (1964) motivation-hygiene theory, the motivation factors discussed above can be ranked along a continuum from ‘satisfaction’ to its opposite, ‘no satisfaction’. At the end of each interview, we asked the participants to rate their overall satisfaction with their jobs of a scale of 1 to 10, with ‘1’ meaning “least satisfied” and ‘10’ meaning “most satisfied”. The average answer of the eight participants was ‘8.5’ and the range was ‘7.5’ to ‘10,’ indicating a high sense of satisfaction.

As we look at the overall satisfaction, “likes,” and motivation of the participants in this study and analyzed their lived experiences, we see that the centrality of relationships (i.e., with supervisor, co-workers, clients, and clients’ families) contributes greatly to their overall satisfaction. We hypothesize that the relationships and connections the participants are able to form in rural communities contribute to their ability to experience many other motivational factors more fully (i.e., client progress, autonomy, facing challenges, diversity of client types, etc.), thus allowing them to feel satisfied in their rural practices and aiding in their retention.

### **Comparison of Results with Deci and Ryan’s Self-Determination Theory**

As previously mentioned, we are also comparing our data against Deci and Ryan’s (2002) self-determination theory (SDT), which explores the interaction of motivation and well-being. Deci and Ryan (2002) propose that humans have three primary psychological needs: autonomy

(the need to have choices and control in one's decisions and actions), competence (the need to be able to meet challenges), and relatedness (the need to experience connection with other individuals). When people experience the fulfillment of these needs, they are able to thrive through autonomous motivation.

- ◆ Participant autonomy
  - Trust from supervisors and co-workers, influence over one's surroundings, 'being the only one,' location, flexibility of schedule, helping clients
- ◆ Participant competence
  - The value of one's work, creating a positive learning environment, recognition of success by co-workers, transfer of knowledge between jobs, 'wearing many hats,' meeting challenges
- ◆ Participant relatedness
  - With clients, with clients' families, with co-workers and administrators, and with their own families
- ◆ Autonomous vs. controlled motivation
- ◆ Vitality
  - Acts of leadership

Here, we have compared our participants' experiences as rural speech-language pathologists to Deci and Ryan's (1995) self-determination theory. We will begin by looking at evidence of the three psychological needs, followed by evidence of controlled and autonomous motivation, and finally, evidence of vitality.

### **Autonomy**

When people are autonomous, they believe that they are "the source of [their] own actions" (Deci & Ryan, 2002, p. 8). Throughout the interview process, participants repeatedly addressed the importance of autonomy in a variety of forms, both explicitly and implicitly.

Several participants directly explored the concept of autonomy, with relation to trust from their supervisors or co-workers.

*P2:* “The vice-president that I report to as manager is very supportive to me and that’s really big. She knows that I’m going to do the best I can and make the best decisions that I can make, and then if I messed up I’m going to fix it and let her know. So I feel very supported.”

*P3:* “I think here in my current position...I’m granted some professional judgment. I am given a lot of respect in that area, and I feel that that’s really important. I have pretty easy-going teachers...They see that what I am doing isn’t just playing games with the kids; there is a lot of work that goes on.”

Participants 2 and 3 described a sense of autonomy in which they are actively in relationship with others, and yet are able to work and act out of their own knowledge and value systems with perceived freedom.

Participant 1 described how, through her supervisor, she practiced autonomy in designing her own work space when her school was being remodeled.

*P1:* “In the beginning...there were some times when I was in an itty bitty room or the junkiest room in the building, but you can see...we got this addition [on the school building]...In fact, the principal let me draw out how much space I wanted and how I wanted it to be...So, that was a huge blessing and I’ve been in here ever since we have put this addition on.”

Participant 1 experienced autonomy through having an influence over her surroundings. As we have mentioned in previous sections, she also independently wrote a grant and received funding for equipment for her school, and this equipment was eventually installed throughout the entire district. Participant 1 saw a need, and by acting out of her autonomy, was able to influence her supervisors in a positive manner.

Other participants discussed the concept of autonomy in reference to being the only speech-language pathologist in their rural workplace.

*P6:* “The thing I miss compared to practicing in a large city is having that neighbor, that kind of collaboration with that speech therapist just at the next desk...That’s what I miss. But yet on the same hand, I enjoy the autonomy. I enjoy [that] I’m kind of the captain of my own boat right now. My manager kind of hovers over me every once in a while, but she’s really like, “Do your own thing,” and is really, “What do you now think?” and “Unless you have problems, that’s fine.”

*P8:* “I’m the only SLP, which is a bane and a blessing, because I have to do everything and act like I know what I’m doing, and if I don’t know, I have to find out. Then again, nobody tells me what to do, so, that nice too. You’re very autonomous in a rural setting. [I] pretty much do what needs to be done, and I’m given pretty much free reign to make decisions to do things.”

Notice that both Participants 6 and 8 note the difficulties of “being the only one” in a rural setting. Despite these challenges, they embrace the autonomy that comes with being the local expert in their field.

Location may also help some individuals experience a sense of autonomy, as we see with Participant 5:

*P5:* “I love working in the...outlying school districts...I like being out here doing my own thing versus where the co-op is located. We go in [to the central co-op] probably once every five, six weeks. We have a meeting. So our coordinator gathers all of us in, and we go over if there's any new paper work, any new things on the IEPs, from the government, or how's everybody doing and...I just sit there and think, “Thank goodness [I’m] where I'm located,” because I just think, how it works in the big city compared to how we handle things out here...To me, we just kind of handle our own out here...we just do it. We don't micromanage every[thing]. I don't tend to want to say, “Coordinators, please come out here,” and maybe that's the thing. They're not out here all the time...We kind of have our own way of doing an IEP meeting, scheduling with my principal...we're just so much easier going.”

Through her description, we see how Participant 5 appreciates the ‘buffer’ her rural location provides, which contributes to her sense of autonomy. By having physical space between herself and the central education co-op, she is able to run her practice in a way that aligns with her values and sense of self.

Participant 7 discussed experiencing autonomy through flexibility in scheduling at the hospital where she works. She started the speech-language pathology program at her hospital, and from the beginning, she has been able to build her practice to allow for time with her growing family.

*P7:* “I talked to our CEO at that time, and...I started two half-days a week. So then I was in the building, so that the doctors knew I was here...And then I went from two half-days to three half-days and then five half-days. And this was over the course of a few years. And as my kids grew, this [practice] grew. And so I was [at] five half-days...because I still wanted to be home with our kids...I was able to get enough of the work done, and then it went on up to 30 hours full time status after that, and then all the kids were in school. And then it evolved into full time, probably 40 hours a week, starting probably a couple of years ago, and then it’s been full time plus overtime sometimes, because I am their only one...I want to do the right things for the patients.”

Participant 7 felt ethically compelled to provide comprehensive speech-language pathology services for her rural community, while simultaneously wanting to spend time with her children. Through flexible scheduling, she has been able to do both and has been able to live and practice autonomously.

Perhaps the interview in which the concept of autonomy was least explicit was that of Participant 4. Participant 4 notices and feels the affects of poverty on the children of her community very acutely. As previously discussed, she was troubled by the lack of funding for schools and her inability to change unhelpful policies. Despite these difficulties, however, Participant 4 sees her purpose in her community.

*P4:* “One thing I’ve noticed within the years is that the poverty level has increased. The need for community-based services has increased the need within the schools. We’re more than a teacher; we are a caretaker. We are an advocator. We advocate for the kids. It’s just more broad...”

Later in her interview, she continued this line of thought:

“There are so many dynamics, but what still motivates [me]...are the individual kids and watching them grow. I’ve done this for a long time, so I’ve realized that I’m not superwoman. I’m not going to change the world, but even if you change three people...a year throughout so many years, that is a lot of lives.”

Despite her frustration with circumstances outside of her realm of control, Participant 4 acts from a place of autonomy, in which she makes the choice to be a productive influence in children’s lives.

Deci and Ryan (2002) address the challenging manner in which Participant 4 experiences autonomy in the following way:

“Adversity may inspire people to create and maintain a course of action that is more congruent with their genuine desires and preferences...Challenges provide opportunities for the development of capacities needed to exercise autonomy” (p. 326).

Each participant demonstrated a sense of autonomy as Deci and Ryan (1995) define it. In their rural workplaces, the concept of autonomy seems to be especially relevant, as participants often are the sole providers of services in their locations or communities. For the participants in this study, not only is autonomy a psychological need they experience, but it is also a need that is magnified due to the nature of the work they do in rural area.

### **Competence**

According to Deci and Ryan (2002), competence is another psychological need of humans. Competence involves the ability to face and navigate interactions and challenges in one’s environment. Again, we examined participant interviews to see how their lived experiences in rural areas compared to SDT.

When discussing Herzberg’s (1964) concept of achievement as a motivation factor, we saw how participants derive motivation and a sense of achievement from seeing their clients’ progress through treatment. Achievement and competence are very closely linked; in order for a client to achieve a goal, participants must be able to demonstrate competence. When participants shared about seeing client progress, they were also sharing glimpses of competence.

Believing in the value of one’s work can also bring about feelings of competence. Participant 4 shares her thoughts about competence in this way:

*P4: “I’m doing a service for people [in] that I impact lives...it’s still believing in my job that keeps me here. The day I no longer believe that what I do is worth anything, I will quit...The day I feel like I can no longer do the job and to the level that the kids deserve, that’s when I will retire.”*

In this brief comment, Participant 4 demonstrates the need to be able to meet challenges on a daily basis and how important competence is for motivation in a work environment.

Participant 1 implicitly described competence as she explained how she enjoys finding new, challenging ways to help children learn about language.

*P1:* “I love that we get dig into language. I really enjoy that I do a lot of inclusion [in a regular classroom]. I have done that a lot of times where I actually take the curriculum...[teachers] are using, and I take the vocabulary from there, and that’s what I use, and I just find it really challenging to go into a classroom and to teach the children vocabulary and get to do that sometimes in a whole class...I really enjoy doing that...It’s just a different level because of the background we have in language, in grammar. It’s just a different level for the students, and I love being challenged by that and get to be the person that gets to teach that to them.”

In this case, experiencing competence translates into a positive learning environment for students and into the joy of a challenge for the speech-language pathologist.

Participant 3 experiences competence when others recognize the efficacy of the treatment strategies she has been teaching to students.

*P3:* “You also can teach the people that you work with about how to carry over [treatment techniques] into their classroom that will help make the kid successful. And then the teachers will come to you and say, “Hey, I did what you suggested, and now they’re doing it during reading.” And also...I like to...audio record a student when I first start working with them if it’s an articulation issue and then play it when I recommend dismissal. Sometimes parents are very reluctant to let you go...and they have to see how much progress the child has made, because to them, they make it on such – over such a slow gradual time frame that they often forget how bad it was. And so when you can show them, “Remember when they sounded like this?” and play it, and now they sound like this, they almost cry... And then that makes you feel good.”

Participant 5 currently works in three school districts, but at the beginning of her career as a speech-language pathologist, she spent eight years working at a facility for children from birth to age three. Here she describes challenges at her current position.

*P5:* “...I worked at Birth to [age] three for eight years, and I really love the fact that I had got [that] knowledge. Just knowing...how delayed the child can be and by the time we get them after they've gone through early intervention: Wow! I mean they're doing so much

better. You should see these kids at the beginning...just knowing that development because we have so many kids that are so low functioning...So I'm loving the fact that I had those skills.”

Participant 5 is able to experience a sense of competence in her current job because she is able to draw upon the skills she developed in her previous position.

Several participants from medical settings showed evidence of competence when discussing the particularly rural challenge of “doing it all.”

*P2:* “I like the variety. I never know what patients are going to come down that you need to see, just always that new and different. I like the challenge of that. And I suppose I would have that other places too. So I don't know if that's unique to being in a rural area necessarily...Maybe we get more of that, because in a rural setting there are fewer of us, so we have to do more...we don't have to be specialized, because there is not a business out there for every area, we get to do all of it.”

*P6:* “I have to be able to provide services for a wide range of folks. I do find that challenging. I like working with strokes...with traumatic brain injuries...with the kiddos. I like to see the folks who have had strokes and head and neck cancer and stuff. So I like the whole range of things...”

*P8:* “I see patients up on medical floor. I see what up swing bed patients because we are a critical access hospital. We skill patients kind of like how they do in a nursing home for Part A Medicare. We can do the same thing here. So, it's a little separate program that I see swing bed patients and then I also see out patients. I see little bit of everything and I have probably seen just about everything.”

Practicing in a rural setting requires that ability and desire to ‘wear many hats,’ and these three participants demonstrate how this challenge provides them with a chance to demonstrate and feel the psychological need of competence.

As we have mentioned previously, Participants 7 and 8 have both started programs in rural hospitals which were lacking speech-language pathology services. This is also evidence of competence, as both participants met various challenges to bring those departments to fruition.

Participant 7 also described how, in order to serve a rural area, she had to study skill sets that she had not learned about in college.

*P7*: “I would say I have learned over the last five years a lot about vocal cord dysfunction, because I didn’t know much about that, and I started seeing people that would have a lot of excessive tension, high pitched voice, difficulty breathing. So I got some research from [a colleague] and got some help, because I hadn’t had experience with that. Because...there is a patient, and I guess you have to be willing to say, “I don’t know about this,” and then go find out about it and learn about it... Yes, I always wanted to help people but I didn’t know how. And it is has been real neat to be able to use the skills I have learned...to help them be able to manage certain situations...”

As Participant 7 demonstrates, in rural settings achieving a sense of competence often is a continually evolving process. As we have seen through multiple examples, each of these participants appears to not only experience competence, but also seems to enjoy the process of becoming competent in a rural setting.

### **Relatedness**

According to self-determination theory (Deci & Ryan, 2002), relatedness “refers to feeling connected to others, to caring for and being cared for by those others, to having a sense of belongingness both with other individuals and with one’s community” (p. 7).

All eight participants provided multiple examples of this third psychological need and the important role it plays in their retention in their rural communities. The participants experienced relatedness in four major areas: with clients, with clients’ families, with co-workers and administrators, and with their own families and home communities.

*With Clients.* Participant 1 provides a simple, yet powerful example of how relatedness affects her daily work in a school setting.

*P1*: “I love working with children, I love being with children. I think I was created to work with children, so it’s very fulfilling for me...the hard part is knowing that they go home to lots of challenges, and sometimes there’s really nothing we can do about it.”

She speaks of an innate drive to know and understand her clients, and possibly because of her location in a rural setting, she also knows the home environments that many of her clients face.

As previously discussed, Participant 4 also has a keen awareness of the socioeconomic challenges her students face, which reflects her relatedness with her clients. She even makes note of the ways in which she sees clients seeking out relatedness themselves during speech therapy sessions.

*P4:* “...we can have all the technology in the world, but what the kids really want--they want to come and they want to talk. We are still programmed for...that relationship...We are still wired for human interaction. That’s why they come. They don’t come to play on their iPad. Just saying. They may be motivated for a second [by the iPad], but overall they still want the human interaction.”

Participant 4 experiences relatedness with her clients as they seek out connection with her during treatment sessions.

Participants in rural medical settings spoke the benefits of experiencing relatedness with their clients as well.

*P2:* “[There is]...a sense of community with the patients...They may remember us from when their mom or their grandma or some other loved one was in the hospital where we really helped them out, or their friend at church had a really great experience and so they wanted to come and have therapy with us too. So you get that word of mouth.”

*P6:* “What I really like about our profession is having the opportunity to really get to know folks. It's more than just that doctor-patient relationship. I mean we get to spend the time with our patients and get to know them. We get to know them probably when they are at their worst, [we see] milestones and progress, get to know their family...Just that relationship building and getting to know people you wouldn’t have known otherwise, and just that friendship that is made over the years with patients. That’s what I find most rewarding.”

*P8:* “...being able to [help a patient] and remember the people from three years ago that are still coming back. That’s fun. That was really fun. They remembered me.”

Here, Participants 2, 6, and 8 are addressing relatedness with regard to “caring for and being cared for by others” and “feeling connected with others” (Deci & Ryan, 2002, p. 7). Participants in medical settings often see clients in very vulnerable moments. These moments can provide participants with opportunities to build trust with their clients. As we see here, this relationship

building is vital in rural areas because 1) clients trust local personnel, which helps keep local practices open, and 2) the relationships provide a sense of satisfaction, both for the clinicians and for the clients.

These opportunities for relatedness do not come without their difficulties, as Participant 7 points out:

*P7:* “It’s a small town. You get to know a lot of your patients, and you know them for a long time. And sometimes it’s hard, like the one I saw yesterday. I had first seen her for dysphasia 16 years ago, and now she is getting to end stage Alzheimer’s...It is getting harder and harder...I’m there to help support her husband and to help give him ideas and to...encourage him to keep taking care of himself...”

Participant 7 provides poignant example of how experiencing relatedness sometimes requires vulnerability, for the clients and their families, and for the clinicians as well. Rural communities provide participants an opportunity experience this kind of relatedness in an “up close and personal” manner, because clients often are friends, neighbors, and family members.

*With Clients’ Families.* As we have already seen in several comments above, participants also experience relatedness in their communities through relationships with clients’ families.

Participant 3 finds that relatedness with her students’ parents helps to ensure student success:

*P3:* “When you are in a rural area though, you rely a lot on the families [of] the students that you work with...It helps a lot for the success of your students. When you build trust with them – and I guess that’s the same in a non-rural setting, but in a rural setting you have more opportunities to really interact with these people. And – you know, you don’t just see them at the grocery store, they maybe go to your church or you’re maybe related to them. And so building that trust that you’re helping their kid is important and it gives them more of a reason to do the things that you ask that they do. For example, when you send homework activities, when you have those little comments that you put on the progress notes...that is one of the benefits I’ve seen of a rural area, and I really like that of a rural area...There have been many times when I have to get a parent to sign a piece of paper and I know Mom works at the grocery store, so I stop on my way home, or she delivers mail, and I know that she is going to be stopping by, so I might send her a text or whatever and meet with her.”

Participant 4 agreed that rural communities are conducive to getting to know her students' families.

*P4:* "I had one student. She was the very first one in her whole family to graduate in a smaller community...The cool thing is that you know the families...You know the siblings of the kids. Within that small community, it's pretty strong. That is one thing, small community versus a larger one...It's not like in the city. People know everything about you even if you don't know them...Everybody knows everybody."

In this scenario, Participant 4 is describing the joy that comes from feeling connected to students and seeing them succeed. She has found that knowing the families of her students has helped her appreciate their efforts and has enriched her experience of relatedness with them.

*With Co-workers and Administrators.* Several participants described how their relationships with their co-workers and administrators enhanced their feelings of satisfaction with their current jobs.

*P1:* "I've been blessed to have a really great speech path[ology] department. And ever since I've been here, we've had a really good group of people...We all just work together really well always and we have regular department meetings and help each other with tough cases..."

*P2:* "Having a happy place to go to work is important and feeling like, instead of one of many, people know who you really are. They know you as a person, they know your ethics, they really know who you're working with and for."

*P3:* "I have a pretty good team that I work on. The Special Ed teachers in all of my buildings are very open. They're easy to talk to. They communicate easily. If there is something coming up they make sure they tell me..."

Relatedness with co-workers and administrators seems to be especially important in certain rural settings. For example, Participants 6, 7, and 8 have noticed the benefit of relatedness with "co-workers" from other hospitals and clinics.

*P6:* "If I have a patient from (location) or from a specialty hospital, that therapist is always more than willing to collaborate with [me]...For instance, I have...a little guy that has a traumatic brain injury. I am more used to working with adults with TBI versus the pediatric TBI. And so I reached out to [a colleague]...They are very, very, very nice professionals who

are willing to help...Because we are out here in the middle of nowhere, and you don't see that [condition] every day...yet you want to be able to provide the services.”

P7: “The ENT, that is another reason why I think I’ve grown [in size of practice] too, is that...we have a real working relationship, which is nice, and he comes up twice a month I think.”

P8: “I get always referrals from the ear, nose and throat doctor...We formed kind of [a] camaraderie here, and so I can ask him questions, and he starts relying on me when he gets the patients that have some sorts of dysphonia...I like being able to help the doctors. I really like that.”

Through these relationships, participants have been able to collaborate with other professionals to offer higher quality health care for their patients in rural locations.

*With Their Own Families.* As we have seen, participants experience relatedness via their work environment, which includes clients, clients’ families, and co-workers and administrators. However, they also explored the importance of relatedness by referencing their own families, who anchor them to their respective rural areas.

Participants 5, 6, and 7 all married individuals from rural areas, with Participants 5 and 6 returning to their hometowns. Participant 7 grew up in a rural setting herself, but moved to her spouse’s hometown instead.

Participant 8 had family in her own hometown, but did not decide to move back until working in more urban areas. She was motivated to move because of her children.

P8: “This is my home town. I was gone for 30 years and said I would never move back to this podunk little town until I was living in [city location]. It was like, now I know why I want to live in a small town. It was not just safe to let [my] kids go outside. I moved up here with my kids--they were in grade school-- and said, “Go to the park.” And they could just go. So, it was family driven decision. It makes sense.”

Through her relatedness with her children, Participant 8 was compelled to find a safe place for them to live and play. And through her relatedness with her rural home community, she was able to accomplish that goal.

Participants 2 and 3 also addressed the importance of relatedness to family and the connection with their rural settings.

*P2: “For me personally, I didn’t even go looking to working in an urban setting. I’m from rural Kansas, and I want to stay close to home and I like that...So I have everything that I need: being close to my family is important and raising my family in a smaller town...I’m not motivated to look and find a job anywhere else...”*

*P3: “I want to raise my kids in a rural setting...I grew up in a rural setting, and there is a lot of support from grandparents where we live, and I want my kids to have that...I am too close to my family and my kids are, so that’s why I want to stay where I am at.”*

Six of eight participants discussed their relatedness with their families, which revealed coinciding connections with rural places.

Overall, participants spoke about many experiences that fit within Deci and Ryan’s (1995) framework of the three psychological needs of autonomy, competence, and relatedness.

### **Autonomous and Controlled Motivation**

Within self-determination theory, individuals experience greater autonomous motivation when their three psychological needs are being met. Although it is not possible through our study to determine the extent to which each participant believed their needs were being met, it is important to point out that each participant addressed each of the three needs during their interviews. Given this, we would suggest that each of the participants experiences some level of autonomous motivation within their rural workplaces. This intrinsic motivation is very likely to be a key factor in increasing the longevity of participants’ tenures in their respective rural positions.

Throughout their interviews, participants did describe controlled motivation. They mentioned extrinsic motivators such as salary (contentment or wishing for an increase) or vacation time (feeling satisfied with time off or wanting more vacation days). However, these factors, or lack thereof, did not appear to eclipse or compete with the indications of autonomous

motivation that participants shared throughout their interviews.

### **Vitality**

Vitality for an individual occurs when autonomous motivation is fostered and the three psychological needs are met. Vitality is “the energy that is available to the self - that is the energy that is exhilarating and empowering, that allows people to act autonomously and persist more at important activities” (Deci & Flaste, 1995, p. 184).

We have seen that all eight participants shared narratives that evoke all three psychological needs in various forms. By examining answers to open-ended questions about motivation, satisfaction, and dissatisfaction, we have also seen that participants spoke more frequently about topics of autonomous motivation than controlled motivation. All elements for vitality are present in these interviews.

Interpreting how or if a person demonstrates signs of vitality is challenging. Unless an individual explicitly says that they are experiencing this kind of energy and empowerment, it is left up to interpretation. However, participants did provide ‘hints’ that point to experiencing vitality within their rural practices.

For example, Participants 1 and 3 both wrote grant proposals and received educational grants for materials that would be beneficial in their practices. Both acted out of their own volition and desire to improve outcomes for their students.

Participant 5 is a school speech-pathologist who also coaches track, is the cheer sponsor, and is the head of the booster club. She is able to make additional contributions to her community from a place of autonomy and relatedness.

Participant 4 discussed the frustrations she feels seeing the poverty and challenges her students and community face. However, she uses this knowledge to advocate for her students.

For example, she was able to obtain medical services for a child in need by connecting the child and her family with a generous donor from the community who contributed financial support.

This is evidence of her sense of autonomy and relatedness to the people in her rural area.

Participant 2 is the director of her department at her rural hospital. She is also a mentor in a program for students who are interested in learning more about medical professions. Her leadership in her community is evidence of her autonomy and competence.

Participant 6 covers inpatient, outpatient, telepractice, and home health (when needed) for the rural hospital where she works. She has also served as a substitute SLP at a local school to cover maternity leave and has managed a support group for patients who have had strokes. She is able to work in all of these areas because of her sense of autonomy and the relationships that she has formed with patients in her rural community.

Participants 7 and 8 each started speech-language pathology programs at their respective rural hospitals. In both cases, they actively chose to participate in the process from a place of autonomy. As they built their practices, they each attended training and gained skills to increase their competence.

Vitality is a sense of empowerment that comes from autonomous motivation and fulfillment of the psychological needs (Deci & Flaste, 1995). In each of these examples, participants appear to have acted on this sense of empowerment, which is grounded in their rural experiences.

### **Concluding Thoughts on SDT**

As we noted earlier, autonomous motivation occurs through intrinsic and integrated motivation. According to SDT, an individual requires fulfillment of all three psychological needs (e.g., autonomy, competence, and relatedness) to integrate extrinsic motivation into their value

system. However, according to Deci and Ryan (2000), relatedness is not always required to sustain intrinsic motivation:

“We believe that there are situations in which relatedness is less central to intrinsic motivation than autonomy and competence. People often engage in intrinsically motivated behaviors (e.g., playing solitaire, hiking) in isolation, suggesting that relational supports may not be necessary as proximal factors in maintaining intrinsic motivation. Instead, a secure relational base appears to provide a needed backdrop--a distal support--for intrinsic motivation, a sense of security that makes the expression of this innate growth tendency more likely and more robust” (p. 9).

Relatedness was an extremely strong theme in all eight participant interviews, arguably much more than a ‘distal support’ for helping to sustain intrinsic motivation for participants. Multiple participants discussed their relationships with clients, the community, co-workers, and their own families. These relationships often formed the foundation for the participants’ work in rural communities.

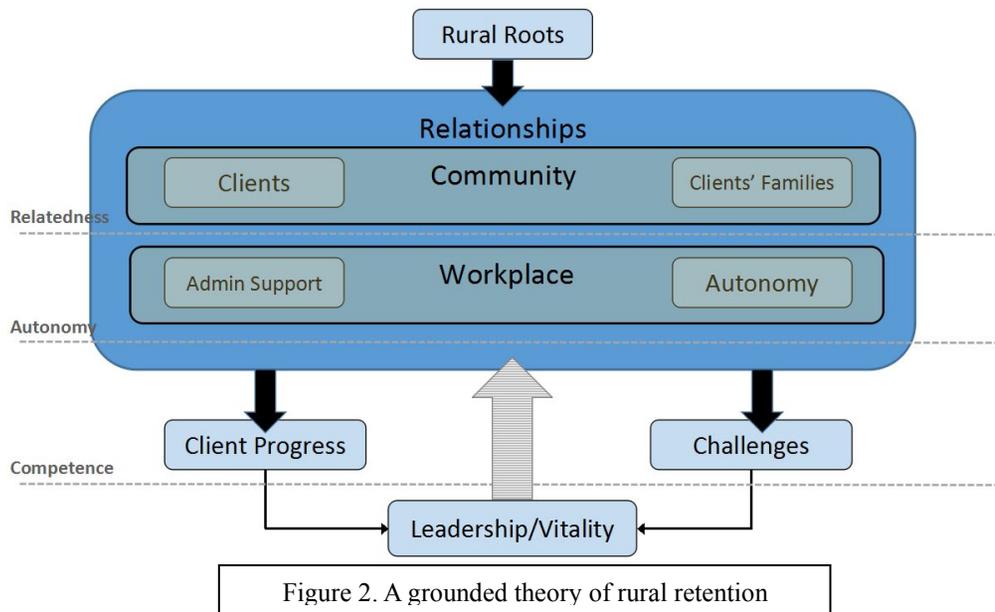
Perhaps the discrepancy or difference in this study’s finding and those of Deci and Ryan (2000) is an issue of longevity of intrinsic motivation. Deci and Ryan (2000) provide the examples of hiking and playing Solitaire as activities that do not require direct relatedness to be intrinsically motivating. However, the intrinsic motivation required for both of these activities is shorter lived than the intrinsic motivation required to work five or more years in a rural location.

Overall, self-determination theory provides a helpful and well-tested framework, against which we were able to compare participants’ personal lived experiences.

By exploring motivation from various angles, we have observed how the participants’ narratives fit within the frameworks of each theory, as well as the ways in which they are divergent. The remainder of this chapter will be devoted to answering our research question (i.e., Why do speech-language pathologists choose to remain in rural areas?) by exploring the major themes and relating them to one another within the context of a cohesive theory.

## A Grounded Theory of Rural Retention

Based on the themes derived from the participant interviews and the interpretation of those data based on the three theories previously discussed, we have developed a grounded theory of rural retention (Figure 2). The following discussion will include a rationale for the theory, as well as an explanation for the theory's connection with the concepts of motivation as discussed by Staw (1989), Herzberg (1964; 1968), and Deci and Ryan (1995).



The model in Figure 2 emphasizes the importance of relationships to the retention of SLPs in rural areas. These relationships play out in the community, with clients and their families, and in the workplace, where the more intimate relationships fostered in rural communities leads to increased administrative support and autonomy. These relationships are often fueled by the rural roots of the speech-language pathologist. In turn, the relationships in both the community and workplace lead to increased perceptions of competence by clinicians in the form of observations of client progress and a stepping up to meet professional challenges. The resulting acts of leadership by speech-language pathologists – in both the workplace and the community – foster a

“vitality” that feeds back into the strengthening and expansion of community and workplace relationships; setting up a self-sustaining loop that leads to long-term engagement and satisfaction. The various sections of the model will now be discussed in more detail.

### **Rural Roots**

The theory of rural retention begins with the theme of ‘rural roots’. Participants experience the concept of rural roots in its various forms as a culturally and familial-based idea providing them with a foundational purpose, or motivation, for being in a rural area. Staw (1989) points out that individuals often are inclined to make decisions based on a combination of intrinsic and extrinsic motivation. According to interview data, participants appear to experience their rural roots in this manner. For example, participants live in rural areas based on a spouse’s employment, a desire for safety for one’s children, or an inclination to live near family. None of these reasons for remaining in a rural area are simply extrinsic or intrinsic in nature.

Deci and Ryan (1995) report similar ideas in their self-determination theory. When individuals, such as the participants in this study, make autonomously based decisions, those decisions come from intrinsic motivation and integrated motivation. In other words, one of the reasons that participants choose to remain in their jobs in rural areas is because of their rural roots, which reflect a combination of intrinsic and extrinsic (or integrated) motivations.

### **Relationships**

The participants’ rural roots provide a foundational place of belonging from which participants can build relationships as members of communities. As the diagram demonstrates and as we have discussed previously, participants spoke about relationships with their clients, with their clients’ families, and in their workplaces.

Interestingly, our relationship findings happen to be the part of our theory that are most likely to not adhere to the previously established theoretical frameworks regarding motivation. Herzberg (1964) found interpersonal relationships to be hygiene factors among the participants in his study, meaning that relationships were needed to maintain the status quo but were not seen as sources of motivation. However, as we have established in our participants' interviews, they repeatedly referred to these various relationships as sources of satisfaction and motivation, perhaps because the field of speech-language pathology is about promoting communication and connection.

Likewise, our data regarding relationships do not completely correspond with Deci and Ryan's (2002) findings in their studies about relatedness. Throughout their interviews, participants in our study spoke about their relationships in terms of intrinsic motivation (as previously discussed). On the other hand, Deci and Ryan (2002) have found that, although intrinsic motivation required the psychological needs of autonomy and competence, it did not always require relatedness.

However, given that we are looking for clues to understand the retention of rural speech-language pathologists, we have found relationships to be an imperative, central focus in the lived experiences of the participants. To maintain intrinsic motivation (and increase chances of retention in rural locations), individuals need a strongly perceived sense of relatedness. This suggests the need for further research about the relationships between retention over time, intrinsic motivation, and relatedness.

### **Autonomy and Administrative Support**

Autonomy and administrative support are subsets of 'workplace relationships'. Participants universally agreed on the importance of autonomy (i.e., the ability to act of one's own volition

and values) throughout their interviews. Administrative support was nearly its equal. Both themes came up repeatedly when participants spoke about feeling satisfied in or motivated by workplace relationships.

Participants expressed feelings of satisfaction when discussing autonomy and administrative support, which would imply intrinsic motivation according to Staw (1989). Deci and Ryan (1995) name autonomy as one of the three psychological needs of every individual, so perhaps it is no surprise that this theme rose to the surface repeatedly. Interestingly, Herzberg (1964) found supervision and interpersonal relationship (two categories related to administrative support) to be more extrinsic in nature, naming them as hygiene factors. Participants, however, were very satisfied and motivated when they experience autonomy and administrative support in the workplace.

These two themes are very interrelated, which we have sought to demonstrate on the model above. When individuals experience strong administrative support, they are likely to perceive a sense of autonomy. Likewise, when individuals act on behalf of their workplace or community, they are more likely to receive administrative support. In rural areas, this interplay appears to be crucial, as speech-language pathologists need the support of their supervisors to effectively serve a large spectrum of needs, often by themselves.

### **Client Progress**

Relationships with clients, with clients' families, and within the workplace provide a motivational context from which participants experience and embrace the following themes in our theory of retention: client progress and taking on challenges. We will begin with the former.

Participants used terms of motivation and satisfaction as they discussed the theme of client progress, which again suggests intrinsic motivation, according to Staw (1989). They may have

also spoken about seeing progress in terms of motivation, at least partially, because it can lead to feelings of achievement, one of Herzberg's (1964) motivational factors.

Participants also have the ability to experience all three of Deci and Ryan's (1995) psychological needs (i.e., relatedness, competence, and autonomy) when they witness clients making progress in treatment. Participants have relationships with clients (not only as clients, but often as fellow community members), they are able to see progress (which evokes and sustains a sense of competence), and they are able to have a certain level of autonomy over treatment methods used with clients. As these three needs are fulfilled, participants may experience autonomous motivation, which may lead to longer retention in their rural jobs.

### **Taking on Challenges**

Along with the theme of 'client progress', the theme of 'taking on challenges' is rooted in participants' desires to help and serve individuals with whom they have developed relationships and share a common community.

As previously noted, taking on challenges includes being the only speech-pathologist in a community or setting, serving a variety of clients in diverse settings, having an opportunity to practice creativity, and working to decrease the effects of poverty. This theme is very much like 'seeing progress' in the ways that it resonates with Staw's (1989) intrinsic-extrinsic motivation and Deci and Ryan's (1995) self-determination theory. 'Taking on challenges' also incorporates elements of Herzberg's (1964) motivation-hygiene theory, including motivational factors of achievement, recognition, and responsibility.

The themes of 'client progress' and 'taking on challenges' are not necessarily unique to rural communities in and of themselves. However, our data indicates that the motivation for these two themes stems from a deeply rooted sense of relationship or connectedness in rural communities.

Also, rural participants see a diverse range of clients, Because they often are ‘the only one’, or one of a few, they have the opportunity to experience a broad spectrum of challenges. In these situations, they may also experience more progress with their clients than individuals who work solely in settings with a limited range of client-types, such as long-term care facilities or specific kinds of high-needs classrooms.

### **Leadership/Vitality**

Each rural speech-language pathologist who participated in this study demonstrates acts of leadership in their community. The theme of leadership was more subtle in the data than other themes, but it was quite present nonetheless. Perhaps this is because participants did not want to brag about their leadership abilities, or maybe they simply saw their acts of leaderships as ‘what you do to get things done.’

Regardless of the form of leadership a participant exhibited, each example resembles Deci and Ryan’s (2008) concept of vitality, which is “the energy that is available to the self - that is the energy that is exhilarating and empowering, that allows people to act autonomously and persist more at important activities” (p. 184). When individuals experience autonomous motivation, as opposed to controlled motivation, they are more inclined to act from a place of vitality, which then benefits their workplaces and communities.

In many ways, these acts of leadership, or vitality, do not come as a complete surprise. If one takes a “bird’s eye view” of our grounded theory of retention, it resembles the three psychological needs of self-determination theory (Deci & Flaste, 1995). For example, the themes of ‘rural roots’ and ‘relationships’ encompass the need of relatedness. The themes of ‘administrative support’ and ‘autonomy’ aptly address the need of autonomy. And finally, the themes of ‘client progress’ and ‘taking on challenges’ represent the need of competence.

According to Deci and Ryan (1995), when these three needs are fulfilled, one experiences autonomous motivation which may lead to vitality. In essence, our grounded theory of retention loosely mirrors the three psychological needs, and vitality (i.e., acts of leadership) is the natural result.

However, in rural settings, these acts of leadership are not simply the next step in a theory. They are an absolute necessity. If individuals in rural areas only fulfilled the basic requirements of their job descriptions (which often is the case when individuals primarily experience extrinsic, or controlled, motivation), these communities would not remain viable. Rural communities are sustained by individuals who act from a place of autonomous motivation to ‘fill in the gaps’ in schools and medical settings, as well as in many other positions within the community. This connection to the community through leadership/vitality, then, feeds back into further building of relationships, thus perpetuating the cycle.

### **Implications for Rural Communities**

At the beginning of this study, we discussed how institutions provide financial incentives in various forms to attract speech-language pathologists and other professionals to rural locations. Although these incentives are sometimes effective at drawing individuals to rural areas, they often appear to be ineffective at influencing professionals to choose to stay. These financial forms of motivation are extrinsic in nature, and according to Deci and Ryan (1995), they do very little to create long term motivation or satisfaction. In fact, they have found that these incentives may lead to feelings of resentment; individuals feel trapped by the rewards they receive. Is it possible that communities and institutions have inadvertently been using controlled motivation to attract professionals to rural areas, and thereby limiting the potential for a long-term employment relationship? Given what we know about intrinsic and extrinsic motivation, motivation-hygiene

theory, and self-determination theory, it is not surprising that rural communities are having difficulties retaining speech-language pathologists and other professionals if they are relying primarily on such extrinsic solutions.

### **Flipping the Paradigm**

In our grounded theory of rural retention, we assert that relationships and a corresponding sense of autonomy, grounded in a strong rural connection, provide professionals with a framework within which they are intrinsically motivated to take on challenges and help clients progress in treatment. Participants are then able to act from a place of competence and belonging, which inspires them on to additional acts of leadership, which benefit and help sustain their communities.

The eight individuals interviewed for this study are heavily invested in their communities, both professionally and relationally. Knowing this, we suggest that communities and institutions would benefit from flipping the recruitment paradigm. Instead of ‘casting a wide net’ and using monetary incentives to bring candidates out to rural areas (sometimes presumably for brief stints), communities and institutions could benefit from recruiting individuals from their own local areas who are interested in remaining in the community and have already invested in relationships there. Such investments by institutions could, for example, take the form of scholarships for local individuals to gain professional training and credentials, or simply a focus on recruiting individuals from small rural communities (i.e., not just their own local community).

Such an approach is already being trialed by some communities. For example, in the *Journal of Rural Health*, Lauver, et al. (2011) describe a Thomas Jefferson University program implemented in rural Pennsylvania. The Jefferson School of Nursing performed various forms of outreach to rural students, kindergarten through college, introducing them to opportunities in

rural nursing. The Jefferson School of Nursing facilitated the Kids in Health Careers (KIHC) initiative and provided results of their efforts over a three-year trial. The team educated rural guidance counselors about various nursing programs and about the classes high school students would need to take to be accepted into those programs, and one high school administration developed a specific health professions curriculum. They held career and health fairs and seminars at various locations to broaden public outreach to children and university students. Team members discovered an unforeseen benefit of reaching out to students in this manner: parents also expressed interest in nursing careers.

Although we do not yet know the full impact of this approach, we believe that groups such as the KIHC have the potential to change rural recruitment and retention. The strategies implemented by the KIHC nursing team could be appropriately altered and applied to the promotion of both medical and educational speech-language pathology in rural areas.

One of the KIHC team's most notable findings was the importance of relationships in promoting their work:

“Gaining entry to health fair activities, middle schools and high schools required interacting with teachers and parents of middle school and high school students outside the formal school setting and showing enthusiasm for kids into health care career activities. Being visible and attending...athletic and music events was one way to open doors. Being accessible via phone or in person whether in the office or at home also serve to establish relationships.” (Lauver, et al., 2011).

KIHC team members discovered the importance of grass-roots relationship building as a means of promoting rural health professions. Similarly, in our grounded theory of retention, participants described relationships with clients, community, and co-workers, which provide them with the intrinsic motivation to help clients progress in treatment and to take on various challenges in their communities and workplaces. In the same way, rural speech-language pathologists, community members, and administrators could utilize their influence and

motivation to develop encourage community members to consider speech-language pathology careers in their local areas.

In a sense, it appears that rural communities may already possess the ‘resources’ needed to overcome a shortage of speech-language pathologists: local individuals with a vested interest in contributing to their rural communities through relationships.

At this point, we believe it would be prudent to state that in reporting these findings and their implications, we are not seeking to promote some sort of scholastically sanctioned ‘rural tribalism,’ in which individuals from non-rural backgrounds are excluded. Such restrictive practices would be myopic and unproductive. Administrators in rural educational and medical settings should obviously consider all eligible speech-language pathology applicants, regardless of whether they come from rural, urban, or suburban backgrounds. We do not intend to be exclusionary, but are instead considering possible solutions for rural recruiters who are especially hard-pressed to find individuals to fill open positions and who have been disappointed by the ‘incentives model.’

Importantly, other aspects of our model can be used by employers to increase retention of speech-language pathologists in rural areas. For example, developing activities to specifically facilitate newly employed speech-language pathologists to build community relationships, providing time during working hours for employees to engage in community service and activities, facilitating relationships between administrators and speech-language pathologists, and facilitating acceptance of professional challenges through expanded support of continuing education.

## **Strengths and Limitations of the Study**

### **Limitations**

Looking back over this study, several factors could improve the quality of this study. First, all participants were from the state of Kansas. Although Kansas is primarily a rural state, and therefore an ideal place for finding participants, we had hoped to contribute geographic variety to our findings by including participants in the surrounding states of Colorado, Oklahoma, Missouri, and Nebraska. The eight participants in this study provided valuable, diverse perspectives; however, participants from additional geographical locations may have given additional insights.

Secondly, all participants in our study were female. According to ASHA (Brooks, 2012), 96% of speech-language pathology ASHA members are female. The fact that all study participants were female was not unexpected, given these statistics, and it is generally representative of the overall population of rural speech-language pathologists. However, it would have been helpful to glean the perspectives of male speech-language pathologists to increase the diversity of viewpoints concerning rural retention.

Third, due to the time constraints of this research, we were not able to reach complete saturation in open coding. In an ideal situation, we would have continued until saturation was reached. However, as we analyzed the codes we did have against our research question, we noticed that saturation occurred very quickly in the selective coding process. This may indicate that 1) we were close to reaching saturation in open coding, or 2) even though individual narratives possessed high variability in detail, they contained overarching themes that fundamentally connected the eight individuals' lived experiences.

Also, we were not able to interview any individuals who worked full time at skilled nursing facilities (SNFs). Three medically-based participants spoke about their distaste for the current

push for ‘high productivity’ in SNFs. Two participants remarked that they previously resigned from part-time positions at nursing homes, because of intense productivity requirements. One of those participants noted that she had difficulties forming relationships at her local nursing home due to a push for high productivity, and this was part of her reason for resigning. If we had been able to interview individuals who have chosen to remain at rural SNFs for longer periods of time, we may have gained additional insight regarding this particular branch of rural speech-language pathology.

Finally, I (Jessica) knew three of the participants casually. Although my contact with them prior to these interviews was minimal, this could have potentially influenced their answers to our questions. Also, I (Jessica) am a first-time interviewer, editor, and coder, which could affect or influence this work.

### **Strengths**

One of the strengths of this study is the insight gained through qualitative interviews. The interview process enabled us to confirm findings of previous surveys concerning rural retention, as well as gain a deeper understanding of the experiences and qualities of rural speech-language pathologists.

The participants themselves are a strength in this study. Each one provided insights and anecdotes from their personal experiences in rural practice. Not only did they answer our questions, but they contributed additional stories or points for consideration, providing thick descriptions of specific places, situations, and work environments.

Another strength is the use of three established theories of motivation. Intrinsic-extrinsic motivation theory (Staw, 1989), motivation-hygiene theory (Herzberg, 1964), and self-determination theory (Deci & Ryan, 2002) have provided long-standing, thoroughly tested

ideas against which we could compare interview data. By looking at data through three different lenses, we have seen the various ways that motivation potentially affects rural speech-language pathologists and their decisions to remain in rural areas.

## **Conclusion**

Administrators in rural educational and medical settings are aware of the challenges surrounding the recruitment and retention of speech-language pathologists. Organizations and governments have attempted to provide a remedy through monetary incentives, such as signing bonuses and loan forgiveness. These incentives have been modestly successful; however, many positions remain vacant in the United States, Canada, and Australia, leaving communities underserved.

It is worth noting that salaries and incentives (extrinsic motivation) do not appear to be the primary reasons why participants stay in rural areas long-term. Several individuals mentioned appreciating their salaries, or choosing to stay in their current jobs within their local areas because of satisfying salaries. However, none of them mentioned a desire to move to a less rural area due to such incentives.

We do not doubt the importance of competitive salaries and other benefits. As Herzberg (1964) observed, salaries are hygiene factors, which individuals need to experience in a positive manner to avoid *dissatisfaction*. One of the participants did express mild dissatisfaction with her salary, but stated that she remained very satisfied overall. This is a reflection of Herzberg's contention that job satisfaction and dissatisfaction are two separate continua, influenced by different factors.

Although they are influenced by a number of extrinsic factors, we suggest that rural speech-language pathologists experience a greater desire to remain in rural locations when they

are autonomously motivated, especially with regard to relationships.

Recruiters and administrators have the potential to impact communities in a unique way when they support the intrinsic, autonomous motivation of rural speech-language pathologists. In our theory, we demonstrate this kind of motivation leads to sense of empowerment and leadership among participants. These acts of leadership ‘fill in the gaps’ in rural communities where certain services are not readily available. Speech-language pathologists may potentially become more invested in their communities and be more likely to stay if they are intrinsically motivated to serve those around them in worthwhile ways. Employers may be able to help employees find opportunities within the community where they can direct their efforts as a way of building relationships and trust.

We believe recruiters would be more likely to experience long-term success in recruiting and retention by examining the type and quality of motivation they are promoting. We have seen in theories of Staw (1989), Herzberg (1954), Deci and Ryan (2002) that individuals experience more satisfaction and motivation when they are intrinsically motivated.

## REFERENCES

## REFERENCES

- American Speech-Language-Hearing Association. (2014). *Schools Survey report: Workforce and work conditions trends, 2000–2014*. Retrieved from: [www.asha.org](http://www.asha.org)
- American Speech-Language-Hearing Association. (2015). *Supply and demand resource list for speech-language pathologists, January 15*. Retrieved from: [www.asha.org](http://www.asha.org)
- Atkinson, R., & Flint, J. (2004). Snowball Sampling. In Michael S. Lewis-Beck, A. Bryman, & Tim Futing Liao (Eds.), *The SAGE Encyclopedia of Social Science Research Methods*. (pp. 1044-1045). Thousand Oaks, CA: Sage Publications, Inc. doi: <http://dx.doi.org/10.4135/9781412950589.n931>
- Behling, O., Labovitz, G., & Kosmo, R. (1968). The Herzberg controversy: a critical reappraisal. *Academy Of Management Journal*, 11(1), 99-108. doi:10.2307/255200
- Berlyne, D. E. (1960). *Conflict, Arousal, and Curiosity*. New York: McGraw Hill.
- Boeije, H. (2010). *Analysis in qualitative research*. Sage Publications Inc: Thousand Oaks.
- Brook, G. (2012). ASHA Members: 150,000 Strong and Growing. *The ASHA Leader*, 17(6), 1-13. doi: 10.1044/leader.AN1.17062012.1
- Bureau of Labor Statistics, U.S. Department of Labor. (2014-15). *Occupational outlook handbook, 2014-15 edition, speech-language pathologists*. Retrieved from: <http://www.bls.gov/ooh/healthcare/speech-language-pathologists.htm>
- Buunk, B. P., & Nauta, A. (2000). Why intraindividual needs are not enough: Human motivation is primarily social. *Psychological Inquiry*, 11(4), 279-283.
- Byrne, M. (2006). The implications of Herzberg's 'motivation-hygiene' theory for management in the Irish Health sector. *The Health Care Manager*, (1). 4.
- Canadian Institute for Health Information. (2007). *Distribution and internal migration of Canada's audiologist and speech-language pathologist workforce*. Retrieved from: [https://secure.cihi.ca/free\\_products/2007\\_ASHP\\_EN\\_web.pdf](https://secure.cihi.ca/free_products/2007_ASHP_EN_web.pdf)
- Center for Health Workforce Studies. (2006). *The impact of the aging population on the health workforce in the United States: Summary of key findings*. Retrieved from: [http://www.albany.edu/news/pdf\\_files/impact\\_of\\_aging\\_excerpt.pdf](http://www.albany.edu/news/pdf_files/impact_of_aging_excerpt.pdf)
- Cho, Y. (2008). Intercoder Reliability. In Paul J. Lavrakas (Ed.), *Encyclopedia of Survey Research Methods*. (pp. 345-346). Thousand Oaks, CA: Sage Publications, Inc. doi: <http://dx.doi.org/10.4135/9781412963947.n228>

- Coyne, I. (1997). Sampling in qualitative research: Purposeful and theoretical sampling; merging or clear boundaries? *Journal Of Advanced Nursing*, 26(3), 623-630.  
doi:10.1046/j.1365-2648.1997.t01-25-00999.x
- Creswell, J. (1998). *Qualitative inquiry and research design: choosing among five traditions*. Sage Publications, Inc.: Thousand Oaks.
- Daniels, Z., VanLeit, B., Skipper, B., Sanders, M., & Rhyne, R. (2007). Factors in recruiting and retaining health professionals for rural practice. *Journal of Rural Health*, 23(1).
- Deci, E., & Flaste, R. (1995). *Why we do what we do: Understanding self-motivation*. New York, NY: Penguin Books.
- Deci, E., & Ryan, R. (Eds.). (2002). *Handbook of self-determination research*. Rochester, NY: The University of Rochester Press.
- Deci, E. (n.d). (2013). An interview with Dr. Edward L. Deci, codeveloper of self-determination theory. *American Journal Of Health Promotion*, 27(6), TAHP2-TAHP7.
- Foster, F., & Harvey, B. (1996). Retention of rural speech pathologists. *Rural Special Education Quarterly*, 15(3), 10-19.
- Foster, F., & Harvey, B. (1998). The recruitment and retention of speech language pathologists in rural Canada: Solutions to problems in the field. *Guidance & Counseling*, 13(2), 22.
- Fylan, F. (2005). Semi-structured interviewing. In J. Miles & P. Gilbert (Eds.), *A handbook of research methods for clinical and health psychology*. (pp. 65-77). New York, NY: Oxford University Press.
- Garza, G. (2007). Varieties of phenomenological research at the University of Dallas: an emerging typology. *Qualitative Research in Psychology*, 4:313-342.
- Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological methods as qualitative research. *Journal of Phenomenological Psychology*, 28(2), 235.
- Greguras, G. J., & Diefendorff, J. M. (2009). Different fits satisfy different needs: linking person-environment fit to employee commitment and performance using self-determination theory. *Journal Of Applied Psychology*, (2), 465.
- Harlow, H., & McClearn, G. (1954). Object discrimination learned by monkeys on the basis of manipulation motives. *Journal Of Comparative And Physiological Psychology*, 47(1), 73-82.
- Herzberg, F. (1964). The motivation-hygiene concept and problems of manpower. *Personnel Administration*, 27(1), 3-7.

- Herzberg, F. (1968). One more time: How do you motivate employees?. *Harvard Business Review*, 46(1), 53.
- Houston, K. T., Stredler-Brown, A., & Alverson, D. C. (2012). More than 150 years in the making: the evolution of telepractice for hearing, speech, and language services. *Volta Review*, 112(3), 195-205.
- Lambier, J. (2002). *Labour Force Data, Part A*. Retrieved from: <http://www.speechpathologyaustralia.org.au>
- Langdrige, D. (2007). *Phenomenological psychology: Theory, research and method*. Pearson: Harlow.
- Lauver, L. S., Swan, B. A., West, M. M., Zukowsky, K., Powell, M., Frisby, T., & ... Marsella, A. (2011). Kids into Health Careers: A Rural Initiative. *Journal Of Rural Health*, 27(1), 114-121.
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalist inquiry*. Beverly Hills, CA: Sage.
- McLaughlin, E., Lincoln, M., & Adamson, B. (2008). Speech-language pathologists' views on attrition from the profession. *International Journal of Speech-Language Pathology*, 10(3), 156-168.
- Montgomery, K. (1954). The role of exploratory drive in learning. *Journal of Comparative and Physiological Psychology*, 47, 60-64.
- Neeley, R., Diebold, M., & Dickinson, G. (1994). Factors impacting the employment and retention of speech-language pathologists in rural public schools. *Rural Special Education Quarterly*, 13(2), 3-11.
- Nenon, T. (2014, July). [Review of the book *Hermeneutics and reflection: Heidegger and Husserl on the concept of phenomenology* by F. Von Herrmann]. *Notre Dame Philosophical Reviews*, 35.
- O'Callaghan, A., McAllister, L., & Wilson, L. (2005). Barriers to accessing rural paediatric speech pathology services: health care consumers' perspectives. *Australian Journal of Rural Health*, 13, 162-171.
- Olafsen, A. H., Halvari, H., Forest, J., & Deci, E. L. (2015). Show them the money? The role of pay, managerial need support, and justice in a self-determination theory model of intrinsic work motivation. *Scandinavian Journal Of Psychology*, (4), 447. doi:10.1111/sjop.12211
- Phenomenology. (2014). *Funk & Wagnalls new world encyclopedia*. Retrieved from: <http://www.worldalmanac.com>

- Polovoy, C. (2008). Telepractice in schools helps address personnel shortages. *ASHA Leader*, 13(9), 22-24.
- Pyszczynski, T., Greenberg, J., & Solomon, S. (2000). Toward a Dialectical Analysis of Growth and Defensive Motives. *Psychological Inquiry*, 11(4), 301.
- Ramoo, V., Abdullah, K. L., & Piaw, C. Y. (2013). The relationship between job satisfaction and intention to leave current employment among registered nurses in a teaching hospital. *Journal Of Clinical Nursing*, 22(21/22), 3141-3152. doi:10.1111/jocn.12260
- Savoy, C., & Wood, B. (2015). Perceptions of Job Satisfaction Among Radiation Therapists in Louisiana. *Radiation Therapist*, 24(1), 11-21 11p.
- Smith, D. W., (Winter 2013 Edition). Phenomenology. *The Stanford Encyclopedia of Philosophy*, Edward N. Zalta (ed.). Retrieved from: <<http://plato.stanford.edu/archives/win2013/entries/phenomenology/>>.
- Spradley, J. (1979). Asking descriptive questions. *The Ethnographic Review*, 1, 44-61.
- Staw, B. M. (1989). Intrinsic and extrinsic motivation. In H. J. Leavitt, L. R. Pondy, & D. M. Boje (Eds.), *Readings in managerial psychology* (36-71). Chicago, IL: The University of Chicago Press.
- Theodoros, D. (2012). A new era in speech-language pathology practice: Innovation and diversification. *International Journal Of Speech-Language Pathology*, 14(3), 189-199. doi:10.3109/17549507.2011.639390
- U.S. Census Bureau. (2010). *2010 census urban and rural classification and urban area criteria*. Retrieved from: <http://www.census.gov/geo/reference/ua/urban-rural-2010.html>
- Von Herrmann, F. (2013). *Hermeneutics and Reflection: Heidegger and Husserl on the Concept of Phenomenology*, Kenneth Maly (tr.), Toronto University Press.
- Wilson, A. (2014). Being a practitioner: an application of Heidegger's phenomenology. *Nurse Researcher*, 21(6), 28-33.
- Wilson, R. D., Lewis, S. A., & Murray, P. K. (2009). Trends in the rehabilitation therapist workforce in underserved areas: 1980-2000. *The Journal Of Rural Health: Official Journal Of The American Rural Health Association And The National Rural Health Care Association*, 25(1), 26-32. doi:10.1111/j.1748-0361.2009.00195.x

## **APPENDIX**

## **APPENDIX RESEARCH QUESTIONS**

We asked the participants the following questions during interviews to learn about their lived experiences and to try to understand what motivates speech-language pathologists to work and remain in rural locations.

1. Please tell me about your experiences as a speech-language pathologist working in a rural area.
  - A. What about your job motivates you?
  - B. What do you like about your job?
  - C. What do you dislike about your job?
2. What aspects of your job would you say contribute to your overall satisfaction?
3. What aspects of your job would you say contribute to your overall dissatisfaction?
4. On a scale from 1-10, with 1 being least and 10 being most, please rate how satisfied you are in your current job.
5. On a scale from 1-10, with 1 being least and 10 being most, please rate how dissatisfied you are in your current job.

After examining the transcriptions from interviews 1 and 2, we added a sixth and final question to round out our understanding and ‘get to the heart’ of rural retention:

6. Why do you stay?