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Degree of Satisfaction and/or Dissatisfaction with Standardised Language Tests

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Abstract

There is little research evidence regarding clinicians' performance about standardized tests of language development and their degree of satisfaction with test and testing process. The opinion of Speech Language Pathologists (SLPs) regarding the utility of tests is crucial in the implementation and success of a rehabilitation program.

This study investigates the degree of satisfaction/dissatisfaction about standardized tests of language development. This study reports the results of a survey of 40 SLPs in a variety of work setting across the country. SLPs rated their degree of satisfaction with several factors associated with testing: time available for test administration and interpretation, funding available for purchasing tests, and psychometric properties of test.

The findings indicated that SLPs are dis-satisfied with time for administration, scoring, interpretation and availability of test material and are neutral with psychometric reliability and money for test purchase. Possible reasons of participants' dissatisfaction are also explored. The

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findings of this study will provide useful information to develop standardized tests based on linguistic variations (dialects), socio-economic status and age.

Two Types of Tests

Speech Language Pathologists (SLPs) usually use two types of language tests i.e., formal tests and informal tests. Informal tests are those which provide the baseline information about communication ability. On the other hand, formal language tests are used to quantify the linguistic capability. Formal tests provide fixed score, can be recorded easily, also help to derive therapeutic guidelines for management and to document therapeutic gain. The efficacy of a scientific method to a great extent depends upon the capability to qualitatively and quantitatively document findings. Many formal tests, which we use, are not cultural specific or context sensitive. It is difficult to draw conclusion based on these tests. These tests are also expensive, need training to be administered and are time consuming.

Need for the Study

Due to the lack of culture-specific and context-sensitive tests, many SLPs are bound to use available nonspecific tests. The fact of no specificity may affect the test results. There is a need to assess the satisfaction of speech pathologists with these tests. This understanding will facilitate in modifying and developing sensitive user compatible formal tests.

Objective of the Study

To investigate the degree of satisfaction and or dissatisfaction of speech pathologists in India with the usage of standardized tests of language development.

Methodology

Participants:

40 SLPs participated in the study. Among them 34 hold bachelor degree where as 6 SLPs were post-graduates in speech and hearing. Working experience of the participants ranged from 1 to 3 years (26/40) and 4 to 6 years (11/40).

Tools used:

A questionnaire, partly adopted from Huang et al., (2000) was rated by the participants. This questionnaire provided SLPs the opportunity to express their degree of satisfaction with standardized tests of language development and their preferences. The questionnaire was validated by 3 SLPs and 1 psychologist. The interview was taken in 1 to 1 basis and it took 30 to 40 min. for the participants to complete the questionnaire. All the participants had cases with audiology and speech language pathology in their work settings.

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Result

Caseload per working days:

18/40 participants encountered 6 to 10 cases with speech language pathology per day while 16/40 served 1 to 5 cases per day.

Ages served:

All the clinicians served a wide range of age groups. Most of them worked with age range of 0-3 years (22/40), 4-5 years (35/40), 6-12years (19/40), 13-19years (13/40) and more than 19 years (15/40).

Reasons for using a formal test:

Participants were asked to indicate the purpose for which they used standardized tests. Majority of them (29/40) reported that they used test result for diagnosis, 18/40 for evaluating progress, 14/40 used test scores for intervention and 8/40 used standardized test for screening language disorder.

Scores used:

Participants were asked what derived scores they used when interpreting test results. Majority of them (18/40) reported that they used age and/or grade equivalent, standard scores was used by 16/40 participants, percentile rank was used by 5/40 participants, mean score and standard deviation were used by 2/40 participants. None of them used stanine for interpretation. Thus, in contrast to the broad range of purposes for which they used tests, these Speech Language Pathologists reported using a narrow spectrum of scores.

Overall Degree of Satisfaction /Dissatisfaction towards Time for Test Administration:

Majority of them (15/40) were dissatisfied and 13/40 of them were neutral, 1/40 was very dissatisfied and 11/40 were satisfied. None of them were very satisfied.

Time for scoring and interpretation:

None of them are very satisfied, or very dissatisfied, 10/40 participants were satisfied, 14/40 were neutral and majority of them (16/40) were dissatisfied with time for scoring and interpretation.

Psychometric validity:

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19/40 of participants were neutral, 11/40 of them were satisfied whereas 10/40 of them were dissatisfied. None of them were very satisfied or very dissatisfied.

Money for test purchase:

Majority of them (18/40) were neutral, 10/40 of participants were dissatisfied, 6/40 of participants were satisfied with money for test purchase. None of them were very satisfied or very dissatisfied. Most of them (32/40) had never purchase test material from any agency.

Availability of test in your work setting:

Majority of them (17/40) were dissatisfied and 12/40 participants were neutral, 7/40 participants were satisfied, 3/40 of them were very dissatisfied whereas 1/40 of participant was very satisfied.

Psychometric reliability:

18/40 of participants were neutral, 12/40 were dissatisfied, 11/40 were satisfied; none of them were very satisfied or very dissatisfied.

Problems encountered by clinician:

A substantial portion of Speech Language Pathologists in each work setting expressed frustration with time limitations. The extent to which dissatisfaction with time allocation is expressed in all work setting may be interpreted as supporting the contention that testing consumes substantial clinical time (Lingwall, 1988).

A second problem which is encountered by clinicians is lack of availability of test. 20/40 of them reported that they often faced this problem of limited number of test in their work setting, which is supporting the contention of cost of material.

A third major problem area is related to multicultural issues, 17/40 of participants reported this as a concern.

A fourth major area of complaint was difficulty to interpret the test, 12/40 of participants reported this problem.

Comments from respondents:

16/40 had general statements of test shortcomings, such as only a few tests are worthy to be administered in Indian context.

Tests commonly used:

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Participants were asked to mark the tests, they used commonly and according to their opinion the table has been showed below as per frequency of use.

1. Receptive expressive emergent language skill: - 39/40
2. Western aphasic battery: -35/40
3. 3 dimensional language acquisition test: - 27/40
4. Language acquisition test: - 21/40
5. Boston diagnostic aphasia examination:-14/40
6. Peabody picture vocabulary test: - 10/40
7. Test of word finding: - 8/40
8. Token test: - 4/40
9. Clinical evaluation of language function: - 3/40
10. Utah test of language development: - 1/40

Discussion

Majority of the participants' opted dissatisfaction with time for test administration, time for scoring and interpretation, availability of tests in work setting and majority of them were neutral about money for test purchasing, psychometric reliability and psychometric validity. Identification of possible sources of clinician's dissatisfaction and suggestion for policy revision and test improvement are addressed in the following sections.

Case load size and time availability:

Most of the participants (18/40) had 6 – 10 cases per day. Time available for scoring is not sufficient. This is one of the causes of frustration and personal dissatisfaction as a result often SLPs do not get opportunities for serving best practice.

Lack of multicultural material:

Majority of the participants (17/40) were dissatisfied to multicultural issues. This results indicated that assessment tools for multicultural populations has lagged behind and there is critical need to develop assessment tools or test materials that are appropriate for a variety of Indian languages and nonstandard dialects of English used in India.

Narrowing the role of standardized tests:

29/40 participants reported that standardized tests was used for diagnostic purposes where as 14/40 used for intervention purposes. This suggested that standardized tests had a limited role in planning and monitoring intervention services. Some of the tests are psychometrically valid for

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use in scoring as well as diagnostic purposes. Standardized tests lack in number and variety of items necessary for planning of therapeutic goals.

Enriching clinicians' knowledge of psychometric characteristics of tests:

Most of the participants were neutral regarding the psychometric characteristics. This may be an expression of lack of knowledge of clinical implications of low reliability and validity. Therefore, clinicians need to become more competent for determining the limitations of test about psychometric characteristics.

Improvement in standardized language test:

Standardized tests that present objectives, quantifiable measurement can satisfy the legislative requirement. Thus, it is necessary to develop more psychometrically valid and more reliable tests by employing new statistical models and new psychometric theories to improve tests and testing (Vance, 1993). Several standardized tests need to be researched keeping view in following areas:

1. Test should be developed based on Indian context
2. Reevaluation of test should be done.
3. Instruction for administration of test should be clear.
4. Standardized tests should incorporate sufficient example against each item to make it easier to administer.
5. Test should be pictorial for better understanding. A majority of Indian population is illiterate.

Combine standardized and descriptive language assessment:

Sometimes standardized language tests stands behind to elicit client's strength and needs. This is due to lack of information to be an appropriate tool for monitoring progress (Fuchs, 1989; Shinn, Gleason and Tindal, 1989). Standardized language tests should always be used in conjunction with descriptive assessment such as sampling analysis (Lund and Duchan, 1993; Leadholm et. al, 1983) for obtaining a complete picture of client's language competence, developing an intervention plan, and monitoring progress can be accomplished by combining both standardized and descriptive approaches to assessment. Lately discourse analysis was included as an assessment as well as therapeutic guideline to elicit discourse in naturalistic situation.

Conclusion

Standardized language test will continue to be a dominant area in practices of speech Language pathologists. The findings of this study will provide useful information to develop standardized tests based on linguistic variations (dialects), socioeconomic status and age. A separate research fund should be assigned to develop and upgrade formal language tests.

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