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FONTBONNE UNIVERSITY
COLLEGE OF EDUCATION AND ALLIED HEALTH PROFESSIONS

An Exploration of Dress Codes in Speech-Language Pathology Graduate Programs

A Dissertation
SUBMITTED TO THE DOCTORAL FACULTY
In partial fulfillment of the requirements for the
degree of
Doctor of Education

By
Klaire Brumbaugh
St. Louis, Missouri
2024

An Exploration of Dress codes in Speech-Language Pathology Graduate Programs

A Dissertation APPROVED FOR THE
COLLEGE OF EDUCATION AND ALLIED HEALTH PROFESSIONS

BY

Gale Rice

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By

Klaire Brumbaugh, 2024

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Abstract

This investigation utilized a qualitative approach to explore dress code policy in twelve Midwestern master's in speech-language pathology programs. After a written policy review, the clinic directors associated with each program were interviewed. Following the interview, the clinic directors sent a survey to the graduate students to complete (n = 74). Findings suggest that the dress codes in speech pathology should consider concepts related to client perception, discipline, financial responsibility, and safety when considering their dress codes. Information related to how to use the findings to support all students is discussed.

Keywords: dress code, speech-language pathology, higher education

Chapter One: Leadership Context and Purpose of the Action

Introduction

First impressions are typically developed within the first seconds of meeting an individual (Naughton et al., 2016). However, it is also true that all humans hold implicit biases, or individual beliefs, that may impact the formation of the first impression. Students in professional training programs at the university level report being “judged all the time” (Finn, 2010) for various factors related to career competence and professionalism, including the way individuals dress. Graduate students in speech-language pathology (SLP; Table 1) programs are not excused from this judgment as evidenced by policies and procedures; however, it is not documented like in other education and allied health professions (DeBiase et al., 2022 Naughton et al., 2016 Ruzycski et al., 2022).

Dress codes are often implemented to maintain a public image or remove distractions (Aghasaleh, 2018; Pinto, 2016; Workman & Freeburg, 2010). In the corporate world, it has been studied to show that “well-dressed” individuals are more likely to be promoted and have positive impressions among their stakeholders (Cardon & Okoro, 2009). In addition, the authors state that by dressing up, individuals have the ability to assume competence or ‘professional persona’ and creativity. This construct is important for students as they are in the process of developing specific knowledge and skills so the perception of professionalism to the patient or consumer is important (Cardon & Okoro, 2009; Cuesta-Briand et al., 2014). Some unintended implications of dress codes are a double standard and the perpetuation of dominant cultural norms while ignoring the freedom of expression (Pinto, 2016). An example of this would be what is

considered as a “professional” hairstyle (Rogers, 2022). Additionally, dress codes may restrict access and opportunity to individuals who do not follow dominant cultural norms (Malik et al., 2019).

Although there are unintended consequences of dress codes, they are prevalent within our society and within graduate SLP training programs. The remaining sections of this chapter explores dress codes in speech-language pathology training programs as they relate to national, situational, and personal contexts.

National Context

Dress code is a common topic in the popular press publications. For example, school uniforms are heavily debated as a civil rights violation to famous individuals being removed from restaurants for improper dress. This topic is frequently discussed in a variety of settings such as education, allied health, and government. For example, the 2023 Missouri State legislature has recently revised the dress code to match the expectations of men and women (Medina, 2023). Specially, women are now required to wear a jacket (e.g., blazer or cardigan). The rationale was related to the construct of “professionalism.” One could argue that this regulation is rooted in equality because it is the regulation that men are to wear suit jackets and ties. On the other hand, it can be argued that the change more regulates the dress of women to align the expectations with men, which is a documented limitation of dress codes.

Professionalism

Dress code is often associated with the broad term of professionalism (DeBiasse et al., 2022). However, it can be argued that professionalism is a social construct that encompasses a diverse set of behaviors and skills that identify that specific discipline or

career as unique (Alexis et al., 2020; Martimianakis et al., 2009). A holistic view of the term professional considers understanding and interaction that professional plays as it relates to social construction and inherent social control. Some disciplines, such as medicine, have attempted to operationally define and measure the construct of professionalism through consideration of traits such as accountability, equity, respect, etc. (Blackall et al., 2007). It is worth noting that these processes to measure bias through items such as checklists, rating scales and surveys are not free from implicit bias (Ginsburg et al., 2000). Even if the tools used are free from bias, an important consideration must be made. Is dress and physical appearance a character trait and behavior? If the answer is no, it appears that dress code should not be assessed when talking about professionalism.

Regulatory bodies

Graduate students enrolled in accredited speech-language pathology programs must meet a list of knowledge and skill attributes to document readiness for licensure and certification. Commonly, SLP programs use a system called Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations (CALIPSO; Table 1). In this system, students receive scores to indicate competence and to verify that skills have been met. Some items are rated with a numeric value, and some are rated as met/not met. Within the grading form, university clinical faculty are asked to rate that the student's "personal appearance is professional and appropriate for the clinical setting" as met/not met. This language is problematic due to the subjective nature of the wording. In addition, supervisors hold explicit power in the supervisory relationship (Copeland et al., 2011). This power may be used inappropriately to discriminate against a graduate

student. The way females dress has been directly correlated to the perception of their intelligence, competence, and professionalism (Gurung et al., 2017). As is, SLP programs are allowing faculty to pass judgement on students when it is a documented fact that students with greater physical attractiveness receive higher grades (Hernandez-Julian & Peters, 2016).

Furthermore, this rating is problematic because it is not tied to the standards for knowledge and skills. Future SLPs must achieve the clinical standards for certification required by the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC; Table 1) (ASHA, 2020). Of the numerous knowledge and skills benchmarks required, none of them address appearance as a required metric.

Situational Context

According to the 2021 American Speech-Language-Hearing Association (ASHA; Table 1) Demographic report, 91.7 % of SLPs do not identify as a member of an underrepresented racial group, and 95.6 % of SLPs identify as female. Over the past decade, ASHA has focused on recruiting and retaining a diverse set of professionals to be more representative of the population served across a variety of workplace settings (Rodriguez, 2016). Although this initiative is critical, it is important that there is structural change to support diverse individuals within the field of speech-language pathology. Commonly, dress codes often default to white norms that perpetuate microaggressions and disciplinary actions to marginalized populations (Frye et al., 2020). Additionally, it is well documented that dress codes primarily regulate the dress of women and not men (Ruzycki et al., 2022).

Another situational context is the diverse areas of practice in the field of speech-language pathology. Some of these practice locations are medical in nature such as hospitals, rehabilitation services, and skilled nursing facilities, whereas some are educational, such as public schools and early intervention. In addition, SLPs may be employed by government agencies, corporate companies, or private practice (ASHA, n.d.-b). Although these locations are not all inclusive, it demonstrates the wide breadth of service locations that SLPs may work. In each of these locations, there are different norms for dress from scrubs in a medical setting to business professional in a corporate employment setting.

Personal Context

Throughout conversation with clinic directors across the country, I noticed the topic of dress code was very divisive, and it was often a topic that peer colleagues held very strong opinions. More recently, I was in a meeting with a peer clinic director and a majority of the discussion focused around student dress as it relates to professionalism and provider trust. I specifically remember the other individual commenting about preparing student audiologists by saying “I would never trust an audiologist with excessive ear piercings or ear gauges.”

This conversation has impacted me greatly. I believe that it is our responsibility to encourage our student clinicians to perform their job safely and effectively. In addition, it is our responsibility to not engage in discriminatory practices as stated in our Code of Ethics (ASHA, 2023). Specifically, according to Principle IV, Rule M, SLPs are forbidden from:

“Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.”

As a result of this experience, I have decided to evaluate the cultural responsiveness of the student dress codes in our profession. This investigation explores the intersection of dress code and various forms of pressure (cultural, societal, regulatory bodies, diversity, etc.) that SLP programs experience. More specifically, the research questions are: 1) How are dress codes in speech-language pathology generated, communicated, and reformed? 2) Are dress codes in speech-language pathology accepting of diverse populations? 3) What is the experience of clinic directors in enforcing the program dress code? 4) What are the lived experiences of students navigating their program’s dress code? The research questions will be answered through a content analysis of program policy, semi-structured interviews with clinic directors, and open-ended surveys from graduate students.

Conclusion

A variety of professional disciplines such as pharmacy, physicians, dietetics have studied how dress codes impact students in their training programs (DeBiasse et al., 2022 Naughton et al., 2016 Ruzycki et al., 2022). Although each profession offers a unique perspective, it is important to note that the field of speech-language pathology has not yet studied this concept from a peer-reviewed, scholarly perspective. In 2007, dress code

preferences were explored in a Master’s thesis project (Stegeman, 2007). Therefore, the data collected in this investigation may assist in developing culturally responsive policies that address the function of a dress code: to protect the safety and function of an individual while completing a job task.

Table 1

Chapter 1 Acronyms

Acronym	Full Name	Explanation
SLP	Speech-Language Pathology	A profession that demonstrates expertise in communication (ASHA, n.d.). To become an SLP, an individual must complete an undergraduate degree in SLP in addition to a Master’s degree while demonstrating specific knowledge and skills in addition to clinical practicum hours.
CALIPSO	Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations	“A web-based application that manages key aspects of academic and clinical education designed specifically and exclusively for speech-language pathology and audiology training programs.” (CALIPSO,
CFCC	Council for Clinical Certification	The CFCC is the body that regulates the competencies that graduate student SLPs must earn as they relate to clinical skills.
ASHA	American Speech-Language Hearing Association	ASHA is the national association of speech-language pathologist. This organization regulates ethics, scope of practice, and requires knowledge and skills needed to be deemed a competent SLP.

Chapter Two: Review of Supporting Literature

Introduction

The previous chapter discussed the rationale for the current investigation from a national, situational, and contextual perspective. In this chapter, background information related to dress code is discussed such as the history and theoretical constructs that have influenced dress code and support the exploration of this topic.

Examination of Dress in Allied Health Professions

Dress is an individualized experience. As mentioned in Chapter 1, dress codes serve many purposes like to maintain a public image or reduce distractions. Naughton and colleagues (2016) discussed the pros and cons of dress code in the pharmacy training programs that could be transferable across allied health professions. They list the benefits as an improved self-perception, positive perception of others, and the potential for improved academic performance through enhanced faculty perceptions. All three of these factors are related to impressing others and social constructs of acceptable dress. These factors are rooted in social pressures. The negatives that Naughton and colleagues (2016) identified are related to the measurement of an enforcement of the code, the potential for a negative impact on individuals, and the shift of attention to appearance instead of professional behaviors. These arguments are applicable to many fields as they shift the focus away from the goal of facilitating adequate knowledge and skills acquisition.

The field of dietetics education has explored the use of dress codes. DeBiasse and colleagues (2023) report that the term “professional appearance” is not operationally defined, although it is commonly referenced in dress code policy. They also reference the “hidden curriculum” that is evident in dietetics dress code policy. The policies reviewed

have been reported to amplify the homogeneous (e.g., “thin, white, female” p. 288) profession.

Ruzycki et al., (2022) qualitatively evaluated the dress code policies in undergraduate medical training programs in Canada. One major theme indicated the restriction of feminine to masculine recommendations at a rate of 5:1 indicating more restriction and regulation around the dress of women. Another finding echoed the finding of DeBiasse and colleagues (2023) that supported the white norms as the preferred dress. The policies referenced “professional” appearance 94 times, and appear to be in alignment with the white, male upper-class standards.

These investigations by DeBiasse et al. (2022), Naughton et al. (2016), and Ruzycki et al. (2022) highlight different but relevant considerations to make when evaluating dress codes in speech-language pathology. These common themes are professionalism, hidden curriculum, and accepting diversity within policies.

Dress code in speech-language pathology has been explored in one investigation. This investigation is a Master’s thesis published by Stegeman in 2007. This investigation studied the perception of knowledge, professionalism and interprofessional skills. Stegeman (2007) found that formal business attire held the strongest perception of competence as measured by speech-language pathologists. The lowest perception was reported with “casual” dress. It should be noted that those with less experience ranked business casual higher than those with more than 15+ years of experience. This is interesting as dress preference may be related to age, experience, or generational differences.

Motivation of Dress

There are numerous motivations for individuals to dress in various ways. Some of these motivations can be defined in categories such as self-presentation and public self-consciousness (Nezlek et al., 2019). Examples of socially motivated dress decisions are considerations such as making positive impression, impressing an individual, and concern with others' evaluations (Nezlek et al., 2018). In addition, specific dress decisions may be selected for protection (e.g., dress warmly for snow), modesty, communication, and adornment (Reddy-Best, 2020).

Dress can be defined as the modification of appearance through objects (e.g., clothes, jewelry, etc.) and modifications (e.g., piercings, tattoos, etc.) (Reddy-Best, 2020). Dress is deeply rooted in identities, whether that is social, religious, cultural, or occupational, it has the power to communicate statements about one's group associations through a linguistic code (Twigg, 2009), and it requires identity negotiation (Reddy-Best, 2020). This is an evolving process as an individual modifies the salient features of their dress and identify based on the social group (Reddy-Best, 2020). Historically, dress has been known to denote one's occupation (Crane, 2000). Over time, dress communicated other expressions, such as class and gender identity.

Title VII

Since the passing of the Civil Rights Act of 1964, employers have not been able to discriminate due to factors such as race, color, religion, sex, national origin and other protected classes (1964). This federal law is known as Title VII and it is enforced by the Equal Employment Opportunity Commission (EEOC). There is an increase in the number of court cases related to "appearance-based claims" (Perkins, 2014 para. 4). Perkins

describes individual court cases related to physical appearance (e.g., make up, dress code, etc.), body art (e.g., tattoos, jewelry), and grooming (e.g., hairstyles). In order to protect the employer, Perkins provided numerous recommendations which could apply to higher education dress code regulations. One such recommendation is to train employees to “deal more tolerantly with appearance, gender identity expression, mannerisms, or conduct that doesn’t comport with their stereotypic or other notion of appropriateness.” A second recommendation discussed assessing the “job performance and effective operation” of the individual over subjective preferences.

Historical Context

It is important to be aware of the Civil Rights Act of 1964 because dress is historically tied to many of these identifying factors that are protected under Title VII. One example of a protected class under Title VII is gender. As of 2021, there are 31 different gender identities and the dress is often used as a form of expression (Adomaitis et al., 2021). The authors indicated that there are multiple ways that dress is used to express gender such as aligning with gender norms, disguising body parts, comfort, and conveying information such as economic class and work identity. Hanley and MacWilliamson (2021) argue for a genderless dress code in order to have consistent standards for an individual no matter their identity. A genderless dress code is one that avoids using sex-based or gender-based language to reduce the opportunity for judgement and discrimination that is related to a binary set of expectations.

Systemic Racism and Implicit Bias

Over the past few years there has been growing unrest and attention focused on systemic racism in the United States. Systemic racism is when unequal opportunities and

outcomes are presented to one group of individuals over others based on racial identity (Banaji et al., 2021). There have been current events that have highlighted the problematic inequality within the United States, and public figures and politicians are taking a stand to highlight the problem. For example, the United States President, President Biden, issued a fact sheet with specific strategies listed to combat systemic racism (The White House, 2021) in order to deconstruct the current rhetoric. Systemic injustices reach farther than race and impact a variety of marginalized populations due to their identities. These injustices impact every facet of life such as the education, medical, and legal systems.

Payne and Hannay (2021) propose that implicit bias is adaptive, and it changes when context changes. However, at the root of implicit bias reflects the systemic racism evidenced in the space. In addition to systemic racism, implicit bias fuels stigmas associated with identity related to appearances, such as weight and differing abilities. College students reported discrimination and stigma related to being overweight, which resulted in students withdrawing and avoiding socialization on campus (Stevens, 2017).

Further, there have been studies that show implicit bias is changed when new information is learned about individuals (Cone et al., 2017). Although first impressions are formed within the immediate first meeting, individuals continue developing their perception of an individual through personal interactions and the environment. Therefore, is it necessary that SLP programs require “professional” attire for relational reasons?

Dominant Culture in Dress Codes

As mentioned in Chapter 1, dress codes typically regulate the dress of women and default to white norms (Frye et al., 2020; Ruzycki et al., 2022). This occurs in many

forms through regulation and hegemony. Hegemony is defined by Merriam-Webster dictionary (2024) as, “preponderant influence or authority over others” and “the social, cultural, ideological, or economic influence exerted by a dominant group.” This occurs when there are regulations that determine “professionalism” and appropriate dress” are centered around White norms. Aghasaleh (2018, p. 94) states, “Dress codes convey sexism with a male center gaze and racism with White middle-class norms that serve as a hidden curriculum with inherent biases.” For example, by associating some hairstyles (or colors) as professional or unprofessional, society is engaging in “othering.” Othering is a process in which a group is stereotyped against in a way that encourages hegemonic discourse (Thomas-Olalde & Velho, 2011).

An example of othering and the use of dominant influence to perpetuate white norms is the regulation of hairstyles. For example, hairstyles associated with Blackness, such as cornrows or dreadlocks, have been socially radicalized in terms such as inappropriate or unprofessional (Rogers, 2022). Further, Rogers (2022) explains how educators engage in coercive behavior to elevate the White aesthetic through conversations regarding “professionalism and societal expectations” necessary for upward economic mobility. This encourages the hegemonic narrative by encouraging people to follow White norms.

Discipline and Dress

Policy violation and discipline can take many forms depending on the type of policy infraction. Exclusionary practices are one form of discipline. In exclusionary practices, the learner in an educational setting is removed from their environment. Therefore, they are not able to engage in learning that day. In primary education, this

discipline includes suspension or expulsion. In higher education, any opportunity to remove the learner from the environment may be considered exclusionary as the student is being excluded from the opportunity to learn. Exclusionary disciplinary practices are frequently cited to impact marginalized populations with greater frequency. For example, in public K-12 school education, 15% of all students identified as black. However, this population made up 38% of all school expulsions during the 2017-2018 school year (U.S. Department of Education, 2023). In the same U.S. Department of Education report (2023), it was noted that LGBTQ+ students of color were suspended with twice the frequency as their peers. Further, the LGBTQ+ students report frequent suspension for dress code violations that are related to dressing to honor their identity. Other impacted populations include individuals with disabilities and those living below the poverty line (McNeill et al., 2016).

Although these are examples of exclusionary disciplinary policies in elementary and secondary education, similar examples occur in higher education. For example, if a student is removed from a clinical placement or asked to cancel their sessions based on their dress, the program is engaging in exclusionary disciplinary practices. Naturally, the use of exclusionary practices decreases the opportunity to develop knowledge and skills, while also decreasing the sense of belonging which is a critical element in educational success (Kuttner, 2023).

Epistemological Stance

An epistemological stance is the researcher's philosophical lens that supports the foundation of their research. In this investigation, the epistemological stance aligns with the critical theory paradigm (Williams, 2006). The current investigation aims to

understand the social and historical context that dress code plays within SLP graduate training programs. It is through this stance that dress codes have developed to empower some and oppress a majority. From this view, the aim of this investigation is to empower and promote social change through inclusive and culturally responsive practices.

Methodological Rationale

This investigation utilized two primary methodological approaches. They are content analysis and semi-structured interviews. Content analysis is an appropriate methodology when analyzing textual data (Stemler, 2015). By using content analysis, researchers are able to apply literal meaning to text in order to aid in interpretation (Krippendorff, 1989).

A semi-structured qualitative interview is a common complement to a document review (Bogdan & Biklen, 2007). Interviews are an important component of qualitative research as the process allows research participants to share their experiences (Pitney & Parker, 2009). The semi-structured interview process allows for a grounded focus but the flexibility to ask follow-up questions that leads to greater understanding.

Theoretical Frames

Role theory is a complex theoretical frame that is heavily influenced by social complexities. One of those social complexities and cognitive processes is that individuals take on roles based on learned expectations associated with that role (Workman & Freeburg, 2010). Roles can be professions or other identities (e.g., parent, spouse, coach, etc.). Although there are many perspectives of role theory, it is worth noting that the cognitive role theory assumes that expectations can occur through three different modes at a given time. These are norms, preferences, and beliefs (Bridle, 1986) which is

directly related to the previous argument of socially constructed expectations. Our norms, preferences and beliefs are heavily influenced by our environment and are individualistic views that are not fixed.

The second theoretical lens that this investigation will utilize is the theory of intersectionality. Using this theory, one must believe that all identities are related to one another in an interdependent fashion (Remedios & Akhtar, 2019). Historically, individuals with marginalized intersectional identities are not protected through policy and procedure and thus absorbing the impact of structure inequalities and discrimination (Seng et al., 2012). It is important to explore the impact that dress codes have on self-expression and discrimination among individuals with intersectional identities.

Conclusion

Systemic racism, hegemonic beliefs, and implicit bias are causing social unrest within the United States. In order to address these large-scale issues, it is up to individuals and organizations with social capital to become culturally responsive leaders and consumers in order to support self-expression of individuals unique intersectional identities. When looking at policies such as dress codes from a role theory and intersectionality lens, leaders can develop equitable policies that support diverse populations.

Chapter Three: Methodology

Introduction

In this section, the methodology for the investigation is discussed in detail. This chapter explores the participants, procedures, data collection processes, and data analysis. The Fontbonne University Institutional Review Board reviewed and approved this study on September 9, 2023.

Study Setting and Participants

Following IRB approval, participants were recruited via the Midwest Clinic Directors of Master's in Speech Language Pathology programs listserv and social media. The listserv is a professional learning community for clinic directors from Maser's in speech-language pathology (SLP) programs in the Midwest region of the United States. Convenience and snowball sampling were utilized from these two sources and are valid measures for qualitative research (Lopez & Whitehead, 2012). Convenience sampling is the most common form of sampling in qualitative research, and it consists of recruiting individuals that are readily available (Lopez & Whitehead, 2012). Snowball sampling was utilized by individuals referring SLP clinic directors in the Midwest region of the United States to participate (Pitney & Parker, 2009).

Twelve university SLP clinic directors in the Midwest region of the United States completed the informed consent process. The Midwest was defined by the U.S. Census Bureau data (2016) and consisted of the following states: North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Illinois, Indiana, Michigan, and Ohio.

The clinic directors provided information about their respective departments. Ten of the clinic directors represented public institutions, whereas two were affiliated with private universities. One of the private universities was a Catholic university and the other university did not have religious affiliation. The programs ranged in student cohorts' sizes and number of faculty. Clinic directors reported cohort sizes in the 20s, 30s and 40s. The staffing of clinical and teaching faculty varied across programs with many programs having a core number of faculty and then supplementing teaching and clinical needs with adjunct or part-time instructors. Clinic directors reported that their programs employed a range of 6 to 15 faculty members. One consistent response when asked to describe the demographics of the department was the overwhelming response that a majority of faculty are white, monolingual women. Some programs did indicate diversity of ages and the desire to recruit a more culturally-linguistically diverse faculty body.

Action/Innovation

The innovation that this project brings is to encourage difficult conversations amongst SLPs in higher education. Dress code is rooted in long-standing policy, but there have been recent conversations in other related fields to revisit the rigid standards. This project brought awareness that SLP programs view dress codes through a lens that amplifies diversity instead of hiding diversity. Additionally, the experience brought reflection to empower faculty to improve their dress codes for equity and inclusion.

Research Study Problem Statement

The field of SLP is actively attempting to diversify the profession to be more representative of the public (Rodriguez, 2016). However, there are barriers that must be examined to welcome all people as learners. The use of inclusive language and an

increased awareness of assumptions and stereotypes to have more inclusive healthcare settings (Marjadi et al., 2023). Similarly, this applies to education as one specific barrier may be how a “professional” dress code is interpreted by university faculty. The problem addressed in this study explored the intersection of dress code and various forms of pressure (cultural, societal, regulatory bodies, diversity, etc.) that SLP programs experience. By understanding this intersection, a holistic review of the policies and procedures that impact graduate students in the field can be addressed.

Purpose Statement

The purpose of this phenomenological qualitative investigation was to explore dress codes in accredited graduate-speech language pathology programs in the Midwest region of the United States. The investigation utilized three methods of data collection to obtain data convergence. Data was gathered using content analysis, semi-structured interviews of clinic directors, and open-ended survey responses from students.

Research Questions

This investigation aimed to answer four primary research questions. 1) How are dress codes in Masters of SLP programs generated, communicated, and reformed? 2) How do dress codes in SLP programs affirm diverse populations? 3) What is the experience of clinic directors in enforcing the program dress code? 4) What are the lived experiences of students navigating their program’s dress code?

Instruments

Due to this investigation, two instruments were created by the researcher to gather information from different stakeholders. Both data collection instruments are consistent with a phenomenological study to develop an understanding of a shared experience

(Burkholder et al., 2020). One instrument was an open-ended interview guide (Appendix A) that explored the lived experience of enforcing and modifying a dress code and their understanding of dress and professionalism which were themes noted by other allied health disciplines (Debiasse et al., 2023 & Naughton et al., 2016). The guide included 17 content questions, the opportunity to ask follow-up questions specific to the program's dress code, followed by demographic questions about the SLP program. The interview guide was piloted in a previous pilot investigation, and two questions were added as a result of the pilot. The two questions that were added are, "How does your dress code live into your program or university mission?" and "In your experience, has a student's dress/physical appearance impacted the following: grading, clinical placement assignments, and relationships with peers, faculty, and clients?" The first question was added in order to understand if the dress code was consistent with department priorities. The second question was added to assess the potential impact that dress has on academics and clinical opportunities and social relationships.

The second instrument was a survey for currently enrolled graduate students that aimed to understand their experience navigating a dress code in the field of speech language pathology. A survey was selected to enhance the accessibility of students providing input. The survey contained 11 questions, one demographic question and 10 open-ended questions (Appendix B).

The content analysis of the written dress code policy utilized inductive and deductive reasoning. Using inductive reasoning, a specific instrument was not constructed for the portion of this analysis. Inductive reasoning was chosen to allow the data to generate ideas (Throne, 2000) used to ask follow-up questions during the individual interviews.

Following the inductive reasoning coding, an analysis was completed using deductive reasoning using a checklist revised from The Education Trust and National Women's Law Center (2020) (Appendix 3).

In addition, the dress code policy was analyzed for specific quantitative features, such as number of words and the readability of the document. The quantitative components were utilized to answer the second question on during the deductive checklist answering, "Is the dress code constructed with matched literacy levels for the audience?"

Data Collection Procedures

Before scheduling a semi-structured interview, the participants provided a copy of their program's dress code for review to the researcher. The primary investigator read, analyzed and annotated the policy to note follow-up questions during the interview using an inductive reasoning process. During the annotation phase, open coding was used to create categories and abstract meaning (Elo & Kyngas, 2008). The meaning was further explored during the zoom interview.

Zoom interviews were audio and video recorded for further analysis with closed captions to assist with the transcription process. While conducting the interview, notes were transcribed to make immediate meaning of the conversation. Following the interviews, the recordings were reviewed and transcribed verbatim. Interview recordings, transcripts, and notes were saved on a locked and password protected computer. The interviews ranged from 22 to 46 minutes in duration.

After completion of the interview, clinic directors were provided with a recruitment email to send to their students. The recruitment email contained an invitation to participate, informed consent, and the open-ended questions.

The student survey was sent through Microsoft forms and was set to accept anonymous responses which allowed for de-identified data to be submitted. The results were stored on a cloud-based storage system that was password protected. The first page of the survey was the informed consent. If students did not wish to participate, the survey ended. If students opted in to participate, they were advanced to the survey questions. Seventy-four students completed the informed consent process for the survey and provided information on their lived experience. The survey data reported it took 31 minutes and 13 seconds to complete. After further analysis, most responses were submitted between 3-10 minutes, with two responses being submitted after a four-to-five-hour time lapse. It can be inferred that the survey was left open, which increased the survey's mean completion time.

Analytical Strategies for Data Analysis

Following the content analysis policy review and semi-structured interviews, the qualitative data were analyzed and interpreted. Quantitatively, descriptive statistics of the program were gathered and are reported in Chapter 4. In addition, the written policy was reviewed for grade level and reading ease in a Microsoft Word document. The Flesh-Kincaid metric provides a readability number from 0-12, whereas 0 means a kindergarten reading level and 12 means a grade 12 reading level (Si & Callan, 2001). The Flesh reading ease score ranges from 0.0 to 100.0. The lower the score, the higher the complexity of the document. Multiple components are considered in this algorithm such

as the average number of words per sentence and average number of syllables per word (Eleyan et al., 2020).

Regarding the qualitative analysis, the first step was to read the transcripts multiple times to begin to understand the phenomenon. A mix of deductive and inductive analysis occurred. Deductive reasoning was utilized by analyzing the responses to specific interview prompts as they relate to individual research questions (Ravindran, 2019). Then, additional sources of data were considered from the interview using thematic analysis to create and organize categories and subcategories from specific questions and supporting conversations throughout the interview (Pitney & Parker, 2009).

Similarly to the qualitative interviews, the student responses were analyzed in a deductive, question by question process (Ravindran, 2019). The survey responses were read in entirety to allow for themes to naturally occur. Similar statements and ideas were grouped into themes.

Threats to Reliability and Validity

The research design focused on enhancing the trustworthiness of the data (Pitney & Parker, 2009). Triangulation was attempted by using multiple data sources to focus on data credibility. Member checking was utilized to influence the credibility of the research by sending the transcripts back to each participant for feedback (Burkholder et al., 2020). Two individuals responded with errors that were related to the transcription captions or overtalk. Interviews were reviewed to assess accuracy prior to using specific quotations.

Programmatic demographic information was asked at the end of the interview to assist with transferability. In addition, these questions were asked at the end of the

interview to control stereotype threat (Spencer et al., 2016). Dependability occurred through triangulation of data, member checking, and reflexive journaling (Meyer & Willis, 2019). Journaling was used after interviews to make comments related to the interaction which leads to greater understanding. An example of items that were journaled were the researcher's positionality as it relates to information shared in the interview.

Conclusion

This chapter discussed the details of the methodology of the investigation, including study setting and participants, action/innovation, problem statement, purpose statement, research questions, instruments, data sources, data collection procedures, analytical strategies for data analysis, threats to reliability and validity. The following chapter shares the data analysis and results.

Chapter 4: Results

This chapter aims to provide responses to each research question in order. The research questions that the investigation aimed to answer through multiple sources of data are:

- 1) How are dress codes in speech-language pathology generated, communicated, and reformed?
- 2) How do dress codes in SLP programs affirm diverse populations?
- 3) What is the experience of clinic directors in enforcing the program dress code?
- 4) What are the lived experiences of students navigating their program's dress code?

Dress Code Communication- Research Question #1

Throughout this investigation, the process of dress code communication was evaluated in multiple ways. First, the policy was reviewed to ensure a matched literacy level of the written policy that would make the policy understood by the graduate students. The results of the literacy levels can be found in Table 4.1 and show that the reading ease ranges from 28.4-56.9 and the reading grade level ranges from 8.2-13.2. Given that these are graduate students in speech-language pathology, it can be inferred that literacy levels are appropriate for the audience. In addition, the policies were provided to the primary investigator from the clinic or program manuals which indicate that the information is readily available to enrolled students. This question was followed-up on in the interviews by asking how, when, and where the dress code was communicated to students.

Table 2 Policy Quantitative Data

Program	Grade level	Reading Ease
1	11.9	46.1
2	11	50.3
3	12.1	38.8
4	9.4	52.7
5	10.1	48.9
6	10.4	49.6
7	10.4	48.6
8	13.2	28.4
9	12.6	32.7
10	12.3	37.3
11	8.2	56.9
12	10.5	47.5

Clinic directors reported multiple means of written communication, multimedia communication, and verbal communication regarding the dress code. Clinic directors reported multiple means of written communication, multimedia communication, and verbal communication regarding the dress code. All twelve programs provided information about their dress code communications. Two programs indicated that they use multimedia communication to communicate expectations. One program reported using pictures to demonstrate examples of appropriate dress and one program created a “what not to wear” video. In terms of verbal communication, clinic directors report the policy is reviewed at the beginning of semester clinician meetings, program and clinic orientation, as needed to clarify policy and in clinical method-type courses. Programs often mentioned students sign that they received the handbook, which includes the dress policy. This data was confirmed by most students reporting that the dress code was provided to them before starting the graduate program or during orientation.

Policy generation and reform were addressed by asking clinic directors to reflect on the last time the policy was reviewed and to discuss what stakeholders are included in the policy review questions. Unanimously, all twelve programs reviewed their policy since the 2020 COVID-19 pandemic. Some mentioned that this was in response to the inclusion of scrubs into their policy, and others mentioned that the dress code is frequently reviewed and modified as an “*evolving document*.” A common policy review structure among the group was to utilize a small working group of faculty and staff to review the policy. In some instances, this was a committee, advisory board, co-clinic directors, or administration across different units. Some programs mentioned utilizing student feedback from exit interviews to guide the discussion or including a student representative on the faculty committee. Otherwise, students were not invited into the policy review discussions.

Another stakeholder not included in the formal policy development or review process but considered at points in the interview were the clients. The influence of client perceptions and client demographics were considered when making decisions about dress code policy. Throughout the conversation, clinic directors mentioned client variables like age and their geopolitical region as some factors that the department considers. For example, one individual stated, “*They're worried about their client perceiving it this way and that can look very different if your clients are older or younger or you know different backgrounds.*” Additionally, some participants referenced their “*conservative*” location and preference for “*conservative dress*” as a consideration to make when considering dress code. For example, when discussing hair color and piercings amongst faculty, the clinic director reported, “*we determined or decided that there were still enough clients*

that were our parents age here in our clinic that would be turned off or would not see the clinician as an authority figure if they came in with bright pink hair and six nose piercing.”

Affirmation of Diverse Populations within the Dress Code- Research Question #2

A content analysis of the written dress code policy was completed using deductive reasoning coding (Appendix 3) to explore the research question, “How do dress codes in SLP programs affirm diverse populations?”. Some questions on the deductive reasoning coding guide were answered through the interview as the policy did not provide specific guidance. The specific questions on the deductive reasoning checklist (Appendix 3) that were evaluated using the checklist are: 1) Does the dress code celebrate or affirm expression of diverse cultures? For example, the university should permit students to wear any religiously, ethnically, or culturally specific head coverings and hairstyles. 2) Does the dress code celebrate or affirm body diversity by saying it will be equally enforced without regard to body shape or size? 3) Is the dress code gender neutral? For example, are the same items of clothing allowed or prohibited regardless of whether the student wearing it identifies as a female, male, or nonbinary person?

When analyzing the data for the affirmation of expression question, policies were evaluated for their inclusivity of body modifications such as tattoos, jewelry, hair color, and/or accepting language. Half of the dress codes demonstrated evidence that they celebrate and affirm the expression of diverse cultures. Two of these affirming dress codes provided guided questions in which a student can use to reflect on their own presentation. An example of a sample reflective question is, “*Will my personal presentation support positive rapport with my clients/patients?*” Other dress codes were

considered affirming if they did not have regulations regarding body modifications which indicates that they are not prohibited. Dress codes that stated regulations such as “*tattoos should be covered*” and “*no facial and/or visible body piercings or tattoos are permitted...*” and “*hairstyles should be neat, clean, and in good taste*” were coded as not affirming of diverse cultures due to the restrictive nature of expression or the use of subjectivity to enforce. One dress code outlined a process for dress code accommodations for “*medical conditions, spiritual, cultural, and/or religious beliefs.*”

Information related to regulating dress when it comes to body shapes and sizes was present in four dress codes. Language within the dress code pertaining to items such as cleavage, tightness, and “*appropriate fit*” as explicitly addressing body shape and size. The description of “*appropriate fit*” and “*tightness*” are subjective and allows for clinical faculty to utilize their own judgement. Wording in dress codes such as “*exposed skin between shirt bottom and pant top*” or “*no midriff or back showing*” appear through dress codes. Although in theory this may be related to modesty, it may not always be possible when engaging in movement for individuals with diverse body shapes and sizes. One dress code stated, “*dress in a manner that is professional and neat while allowing for body coverage (think shoulders to knees) in a variety of positions.*” This is a more reflective statement in support of body positivity and provides a rationale of why it is important to be covered instead of focusing on the presentation of dress.

Gender-neutrality was measured by inclusive pronouns and reviewing language policy that typically applies to one gender (e.g., camisole, skirt for female). The results demonstrated that half of the dress codes (six) were free of gender bias or gendered language while the other six referenced gendered-language or clothing. One dress code

specifically provided regulations for the dress of males indicating that they need to wear “*colored or polo styled shirts that are tucked in. V-neck or crewneck sweaters may also be worn.*”

Enforcement of Dress Code- Research Question #3

Research question #3, what is the experience of clinic directors in enforcing the program dress code? This question was answered via thematic analysis from the interviews to capture the lived experience of the clinic director.

It should also be noted that per the policy review, ten of policies provided some information regarding enforcement of the policy. Six policies reviewed indicated that the program utilized various forms of exclusionary practices for dress code violations. The exclusionary practices include reflecting the violation of the dress code in the CALIPSO competency rating, requiring the student to modify dress prior to delivering services, and removal from the scheduled clinical services. Two policies indicated enforcement of policy through conversation and reflection. For example, one policy stated:

“If at any time your preceptor/supervisor has questions or concerns regarding your appearance or dress, these questions will be used to facilitate a discussion to ensure the safety and comfort of yourself, your preceptor/supervisor, your peers and your clients.”

All clinic directors reported that they need to infrequently enforce the dress code policy. It was common that the utility of dress code enforcement follows a chain of command within the clinic. Initially, concerns are handled by a conversation between the student and clinical educator and then a discussion with the clinic director would occur if needed. For example, one clinic director stated, “*So that's the thing is I don't really feel*

like we've ever had to [enforce the dress code]. We have a statement in the handbook about the clinical supervisors can bring up concerns. But to be honest with you, I've never really heard of anything." Another clinic director echoed the infrequent use of applying the policy by saying, *"To be honest, we have never had to go any further than having a conversation between the supervisor and the student."* One participant referenced that they perceive students *"are scared to make a mistake"* which encourages them to comply with the dress code.

Some clinic directors also referenced that *"no one wants to talk about what you are wearing."* This is a shared sentiment as it is an uncomfortable topic that others prefer to avoid. One clinic director reported, *"It's not a battle that I'm probably going to spend a lot of time picking even though other people think we probably should."* When clinic directors had to enforce policy, students have appeared responsive to reminders. Two clinic directors mentioned that they have had to remind students of the dress code and both times the students responded with *"oh ok"* and then moved on.

Student Experience- Research Question #4

The student survey data was collected to answer research question #4: What are the lived experiences of students navigating their program's dress code? Seventy-four graduate students completed the survey with representatives from nine universities. Three students did not list their university affiliation. Still, their data was included in the analysis since they had to be from one of the twelve universities to receive an invitation to participate.

Students were asked to reflect on if they have ever received positive or negative comments from a faculty member about their dress. Students reported that if they

received comments, it was mostly positive comments like, “*During final meetings, supervisors have mentioned that I always look presentable and professional.*” or comments like, “*someone looks spiffy for clinic.*”

Most students reported they have not had negative comments about their dress or physical appearance, but a few students indicated faculty have requested modifications to their dress. For example, one student was asked not to wear a bracelet because it was distracting. Other students reported being reprimanded for wearing “*wearing inappropriate clothing in a clinic area by an out of discipline faculty member*” and another for having a piercing visible in the clinic even though they were not seeing clients at that time. A final student indicated that seeing their sports bra strap was deemed “*unprofessional*” and now the student wears an extra layer of clothes to ensure the bra straps are covered.

Like the previous question, students were asked if they experienced positive or negative comments about their dress or physical appearance from clients or caregivers. Students report that clients and their caregivers either do not comment on their dress or make positive comments by complimenting their clothing or appearance. Only one student reported a negative comment from a client, or their family member, and it was not directed towards them since they are required to cover up their tattoos. However, the client mentioned that tattoos are “*tacky*” without knowing the student had tattoos.

When asked about the student experience with the dress code, there were mixed results with themes focusing on finances, enforcement, and interpretation. Related to finances, students reported that the dress codes were financially limiting and accessible. Students commented that they were “*grateful for the required attire being provided to*

us” and “*I like the dress code. It is very financial friendly and helps us look professional, but also doesn't allow others to know any financial problems.*” Both students are enrolled in a program where one dress option is provided to them during enrollment.

Alternatively, students commented they had to spend a lot of money to follow the code and that “*it is unfair to place the financial and mental burden of compliance with dress code on the student.*”

Another common theme was inconsistent enforcement of the policy by clinical faculty. For example, one student said that “*no one says something when they probably should*” and another student mentioned, “*Not too difficult or limited but not always consistent as some dress depended on the supervisor rather than the program itself.*”

Students commented on being wrote up for violations such as nose rings and other “*dated*” expectations like a dress that wasn’t “*professional.*”

Regarding interpretation, students reported mixed results about the ease of interpretation of the dress code where others reported it was “*difficult to navigate.*” Students spoke favorably about a program’s “*guidelines*” vs. dress code once they were able to interpret the different options. They expressed that the guidelines allowed for self-expression by saying:

“We have guidelines which consist of a few questions that help us reflect on how our outfit may be perceived or influence how we are able to do our job. At first, these loose guidelines are intimidating, but they let us express ourselves and dress in ways that reflect the clients we are working with, working with kids versus adults.”

When asked if students felt confident and liked their authentic self while following dress code policies, responses were split equally between affirming and disagreement. Students who affirmed this statement responded with comments related to comfort wearing scrubs or “*dressing professional improves my confidence.*” Another student reported that they had improved confidence because they didn’t have to worry about what they were wearing since their program had a specific shirt requirement.

Students who reported discomfort when working with pediatric patients on the floor specifically related to shoes, polos, and scrubs. Students again commented on the financial investment indicating that they have been “*able to find clothes that fit my style/budget that adhere to the dress code*” and “*It has required a significant financial investment in business clothes. I could have complied without significant financial investment but would have sacrificed expression.*” Clinic directors mentioned cost in various capacities. First, some programs with required dress expectations informed the students of the associated costs in their welcome letter. Other programs reported incorporating a course fee to cover the cost or facilitating a group order. Some programs reported flexibility of purchasing the type or brand of scrubs which allows students to work within their budget. For example, one clinic director reported,

“We don't offer funding, but I have had some come to me and say, can I get black scrubs at Walmart for much cheaper and go ask the company to embroider it. I think it's \$8 to do that. I'm like, absolutely”

Two clinic directors discussed financial insecurities. One person reported that she asks students to let her know if there is an issue with cost, but they have never been approved in the five years as clinic director. Another clinic director reported that their

dress code is open-ended to allow for wearing a range of clothing due to financial insecurity.

Self-expression was also mentioned as it relates to piercings and tattoos by stating, *“As for the strict guidelines of no piercings or tattoos, I felt as though I was not being my authentic self. Instead, I felt like I was "hiding" parts of myself.”* Another student shared a similar sentiment by saying, *“I feel that things such as tattoos and piercings are forms of self-expression, and as long as they aren't a distraction to my client, they should be allowed. I feel like I'm having to hide parts of myself.”*

When asked if their physical dress or appearance impacted opportunities, students overwhelmingly mentioned *“no”* with only 5 of the students indicating that dress did impact opportunity. Of those five, two mentioned positive correlation indicating that dressing well improves clinical placements, two mentioned that they must dress *“stereotypically put together”* and one individual indicated hyper awareness of being male.

The next question asked students to reflect if their dress has impacted grading, selection of clinical placements or relationships with peers, faculty or clients. Students overwhelmingly responded that there has been no impact. However, some feel it has impacted them positively by connecting to peers about where they got their clothes or connecting with clients as a conversation piece (e.g., connecting with clients about a hairstyle). One individual mentioned having to *“hide”* themselves because of the dress code. Another student commented that they were concerned about connecting with young children when wearing scrubs.

The final questions asked students to identify something they wished they could change about the dress code. Students had opinions regarding increased flexibility of the policies regarding a few topics: varying acceptable shoes, allowing jeans, increased acceptability of colors/patterns/textures of required clothing, improved accessibility (e.g., such as removing the requirement that polos had to be university branded or have them provided to students), inclusion of scrubs as a clothing option, increased acceptance of casual clothes (jeans, t-shirts), remove hiding tattoos and piercing policies, and some asked for more formal standards to know what was acceptable.

Professionalism and Dress

Threaded throughout dress code policy and conversation is the concept of professionalism. All twelve written dress codes use the term professionalism in various ways. Some dress codes indicate the importance of a “*professional image*” or “*professional dress*”, while others use it to describe a “*professional environment.*” Clinic directors were asked how dress code relates to professionalism in the individual interviews. Responses largely stemmed from the idea that first impressions, perceptions, and presentation play a role in developing the therapeutic relationship. One clinic director reported, “*So, as students if you how you want to be perceived by your clients should be a reflection of who you are.*” Another individual reported, “*I talk about that first impression. And what we want to be able to tell our clients and caregivers is my clothes aren't a distraction for what I'm trying to do with your loved one.*” Perception was a common term in quotes like,

“other people's perceptions, unfortunately, do have an impact on their first impression of us will have an impact on if they're going to want to return to our

clinic or if they're going to really buy into what we're telling them to do or what we're saying."

Another concept was related to overall presentation that may lead to a distraction.

"I would say in the f there's something that's really distracting or creates a safety concern for a client, I could see that either degrading or taking away from the therapeutic relationship. And benefit." A second clinic director mentioned, *"outside of something like one's physical safety and protection, I think for the most part is allowing, you know, that authentic connection, right?"* Overall, clinic directors are mindful of enhancing the credibility of the client-student interaction. One clinic director borrowed language from Colleen Worthington by saying, *"dress in a way that enhances your credibility."*

Chapter 5: Discussion

In this chapter, the results outlined in chapter 4 are synthesized into a discussion. The discussion will connect the study findings to existing literature and theory, explain limitations, and provide actionable steps that SLP programs can utilize through an organizational improvement plan (OIP).

Study Overview

This investigation used three sets of data to evaluate the culturally responsive practices of dress codes in speech-language pathology graduate programs. The three data points were content analysis of written university dress code policy, interviews with directors of clinical education, and student feedback. Overall, there were many positive features within the dress code policy and a few areas that should receive additional consideration by clinic directors and university faculty.

Study Findings

The investigation found themes related to client perception, discipline, financial responsibility, and safety. These themes are a result of the multiple data sources and the information (or lack thereof) that was provided. For example, half of the policies did not address disciplinary action and the interviews did not portray a consistent response. This may be related to the infrequent need to apply the policy.

Client Perception

The idea of client perceptions and a “conservative” area or approach to dress relates to first impressions and implicit bias. Clinic directors stated the importance of a strong first impression. However, Cone et al., (2017) described how first impressions can

change throughout interactions with individuals. Exploring this concept in future research may equip clinic directors with the knowledge needed to explore flexible dress codes.

Discipline

As evidenced in chapter 4, half of the programs utilized exclusionary practices in their dress code policies. There is a growing need to remove exclusionary practices from the discipline practices in the field of speech-language pathology. Much of the research in this area has been conducted in K-12 education, although the implications and theory can be applied to higher education and the field of speech-language pathology (U.S. Department of Education, 2023). Exclusionary practices inherently create a negative workspace by creating an atmosphere of fear, bias, and equity. The Department of Education (2023) published guiding principles to create safe, inclusive, supportive and fair school climates that can be applied to higher education. The guiding principle that most directly applies to this specific policy is number five that reads, “Ensure the fair administration of student discipline policies in ways that treat students with dignity and respect” (p. 15). One of the suggestions is to ensure clear and accessible policies. All programs indicated that the dress code is accessible, and the language used in the dress code is appropriate for the audience. Therefore, this suggestion is already occurring. Next, educators should co-create policies with stakeholders to improve engagement and improve a sense of belonging. This is occurring in some programs ranging from formal to informal processes and is an area for further improvement. The final consideration that is appropriate for this research design is to evaluate the impact of policies and practices on different groups of students. This is an important aspect of policy development that

should be further explored as it relates to dress code in speech-language pathology programs.

Financial Responsibility

Students and faculty both commented on the financial burden of clinical dress, whether that was a required dress (e.g., polo shirt or scrubs) or business casual. To improve accessibility of required uniforms, programs should consider building in course fees to facilitate the ordering of required materials. Although the uniform underscores individuality, students are set up for success by providing clothing that the department has deemed appropriate and professional for their specific clinical setting.

Safety

All interviews alluded to the fact that dress codes are important to keep students and clients safe while engaging in therapy. Centering this as an essential theme in written and verbal communication is an important action that clinic directors can take to increase inclusivity and reduce personal bias. Reframing decisions about when to intervene with dress code can come down to two questions: “are they safe?” and “can they complete their job function?” This concept plays into defining role theory and exploring intersectionality in the field of SLP. As mentioned previously, role theory is centered around norms, preferences, and beliefs (Bridle, 1986), and there is not a universal norm regarding what the SLPs role of physical dress should be. Therefore, grounding the discussion in safety will make space for non-dominant cultural practices to be present.

Supporting the Underrepresented Student

Dress code alone will not be the answer for enhancing the diversity of graduate student recruitment in the field of speech-language pathology. However, it may be

representative of a symptom of a larger problem of implicit bias within the field of SLP. By addressing dress code barriers that are rooted in anticipated perception of clients and exclusionary practices, the field can begin to de-implement the construct that ties physical appearance to professionalism. As explored in other literature, professionalism is rooted in elements and behaviors such as accountability, enrichment, equity, honor and integrity, altruism, duty, and respect (Blackall et al., 2007). As mentioned by Alexis et al. (2020), our current conceptualization of professionalism is rooted in the white male identity. Their study found that participants in the medical community felt compelled to assimilate instead of a feeling of inclusion. This leads to further discussions related to the sense of identify and belonging that one has with their profession. There is evidence that individuals who identify as having marginalized intersectional identities are negatively impacted to a greater degree in policy and procedures (Seng et al., 2012). It is the responsibility of SLP faculty to evaluate known barriers, such as dress, to reconstruct a better future for all learners.

Relationship to Literature and Theory

Role theory

Intersectionality is the notion that each individual holds identities that are interconnected with one another (Remedios & Akhtar, 2019). Dress code policies should consider what we are expressing about the intersection of individual identities and how they relate to class, race, and gender, among others (Kipp & Stevenson, 2022). Students had mixed responses when asked if they felt like their true, authentic selves but had mostly neutral or positive comments related to their appearance impacting their opportunities. It should be noted that students were not asked to explicitly provide

information related to identity. The clinic directors were asked to self-report demographic variables unique to their student and faculty body. The information provided mirrors the nationally available demographic data indicating that most students and faculty identify as white women and other demographic variables were not collectively provided. Although this was done intentionally, conclusions relating to the perceived inclusion and sense of belonging for historically marginalized populations or the intersectionality of identities cannot be deduced as the variables were not fully controlled for through voluntary disclosure by students.

However, it is worth noting that half of the dress codes included language that prohibited full individualized expression through the display of tattoos, hair colors, clean/neat hair, piercings, style of fingernails, “*gang affiliated*” clothing (i.e., which was considered a durag). These specific limitations may demonstrate the perception of maintaining the historical white norms (Frye et al., 2020). All programs are encouraged to review their dress codes and evaluate the presence of hegemony as it relates to concepts such as “othering” to reduce the reliance on perpetuating White norms (Aghasaleh, 2018; Rogers, 2022; Thomas-Olalde & Velho, 2011). To demonstrate inclusivity, programs should explore their self-constructed norms, preferences and beliefs to ensure inclusivity is occurring within their dress code while also valuing the student’s ability to do demonstrate their intersectionality.

Limitations

The current investigation contained some limitations that one must consider when examining the external validity of the project. First, it should be noted that all participants were recruited from a similar geographic region. This is important as dress is impacted by

variables such as weather and regional culture. The individuals in this group are similarly connected when considering items such as these.

Second, the clinic directors were recruited due to their active participation in a professional learning community called the Midwest Clinic Directors (MWCD) group. Dress code is a topic of discussion formally at MWCD meetings and through the online platform. Therefore, it can be anticipated that the frequent discussion amongst clinic directors encouraged homogeneity which makes it hard to determine the external validity and the representativeness to other groups.

Finally, it is worth noting that recent data suggests there are over 26,000 SLP graduate students (CAPCSD, 2023). This study included a small sample of respondents. Therefore, it is difficult to assess the external validity of the responses to the whole body of students.

Future Research

A logical next step of this investigation would be to scale the study to include other variables. One variable would be to have a representative sample of other geographic regions as it relates to social and cultural expression and dress. A second future research opportunity would be to more deeply explore how a student's identity impacts their responses to the survey questions. This could be completed by asking for demographic information in the student survey. In addition, future research should aim to explore the sense of belonging more deeply of students within SLP programs and how factors such as dress may influence belonging.

One other future research direction is to utilize focus groups to more accurately define how professionalism does, or does not, relate to dress. By understanding this concept, the field of speech-language pathology can begin to uncouple physical appearance with professional knowledge and skills.

Organizational Improvement Plan (OIP)

A critical element to action research is to utilize the findings to improve an organizational structure or process through data-based decision making. These results of this dissertation will provide guidance for SLP programs to consider when considering their dress code policies through an internal, self-audit and external action through stakeholder discussion and continuing education. Using the Kotter's 8-step model (as cited in Graves et al., 2023; Pollack & Pollack, 2014) for change, programs can engage in organizational transformation (Figure 1).

Establish a sense of urgency. This is the first step in Kotter's change model. In this step, it is important to create awareness that change is needed. This can be done by adding the discussion to an agenda item for a faculty meeting.

Create a guiding coalition. Step two is an important step that was explored during the interviews. Given that most programs modify policy in a shared governance organizational structure, it is important to consider the implications of policy for all stakeholders including students, clients, and faculty. There was not consistency among programs utilizing student feedback to proactively review and modify policy. However, some individuals reported considering the anticipated perception of clients. Given that students are consumers in higher education, like the clinic clients, involving members of all impacted communities in policy review would increase the responsivity of the policy.

This could take many forms such as a survey, focus group, or having student/client representatives sit on committees or advisory boards.

In addition, some interviewees discussed that some faculty were more comfortable addressing student violations of the dress code. Faculty should be considered as a stakeholder. It can be hypothesized that the resistance to addressing violations in current policies may be due to the subjectivity of terms such as “professional dress” and “appropriate fit.”

Form a strategic vision. In step three, it is encouraged that programs develop a strategy to systematically review their policy. To remove personal bias, it is encouraged for SLP programs to utilize a framework when reviewing their dress code policy. The first step would include a self-audit using the checklist in Appendix 1 to increase objectivity. The eight questions evaluated in this checklist can be completed with a simple yes/no response. The items that are answered with a “no” can be further explored by the department while holding paramount the importance of dressing for job safety and job function.

Communicate the vision and strategy. Step four requires frequent conversation about the topic. It is important to keep the topic an agenda item for future faculty meetings to provide discussion opportunities. In these conversations, it is important to address reservations to the change. Additionally, one can apply the change to the long-term vision of culturally responsive practices and culturally responsive guidelines provided by the accrediting body. This conversation can center around other guiding documents such as the program and university mission statement.

Remove barriers to action. In step five, it is important to eliminate barriers and provide opportunities for collaboration. This may look a variety of different ways. For example, stakeholders should have the opportunity to provide feedback publicly (e.g. in a small group) or privately (e.g., 1:1 with the clinic directory), written or verbally. In addition, this step can explore the possibility of university structures that may prohibit action. For example, evaluating if course fees can be utilized and developed to cover required clothing items to allow students the opportunity to acquire them using financial aid.

Create short-term wins. Short-term wins in step 6 may look different from program to program. Some things to consider as wins are completed drafts, successful planning meetings, or achieving consensus on the wording of different components of the policy that were identified as needing to change as result of the self-audit. Some other examples of short-term wins may be adding survey questions related to dress code and expectations to existing documents. For example, this information may be gathered by adding a question or statement to the student exit interviews or the client end-of-term surveys would allow the voice of numerous stakeholders to participate in the conversation.

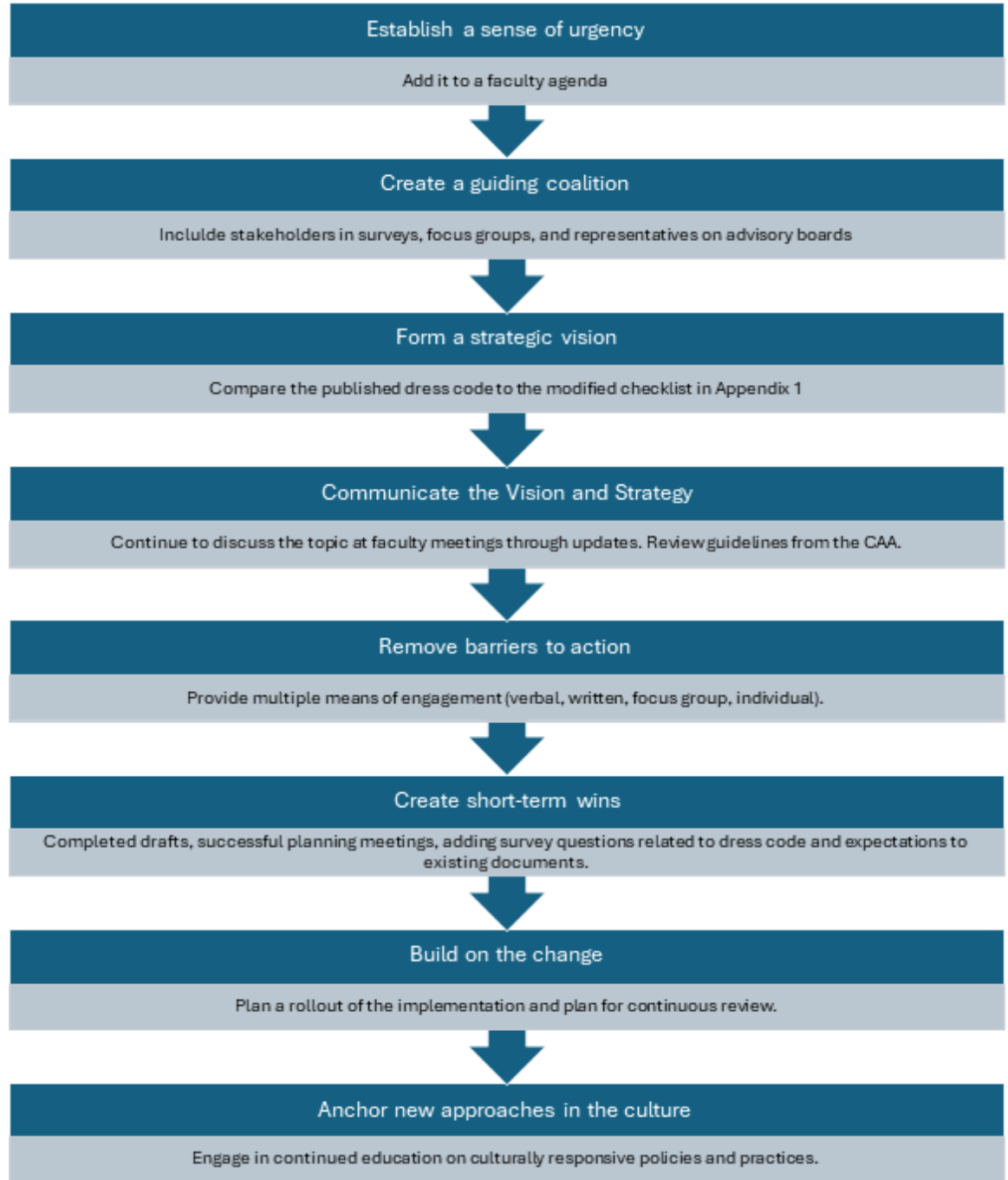
Build on the change. This is the seventh step, and it is important to reinforce the change while simultaneously exploring complications that have developed in response to the change. In this step, programs can determine how to roll out the new policy and discuss continuous review.

Anchor new approaches in the culture. The final step is to ensure the change is sustainable. Engaging in continuing education is important to continue prioritizing

culturally responsive policies and practices. Some topics that departments may explore are topics related to diversity, equity, inclusion, belonging, implicit bias, and accessibility.

After completing the 8-step process, the department's dress code will reflect the individual values of the department while removing subjectivity. The inclusion of the perspectives from multiple stakeholders will improve the likelihood for sustainable change while empowering the voice of individuals within the organization. Continuing to learn from and with others will guide programs to develop inclusive and responsive policies.

Figure 1: OIP



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Appendices

Appendix 1: Clinic Director Semi-Structured Interview Guide

- Summarize the dress code within your program.
- How does dress code relate to professionalism?
- How is dress code enforced?
- What are the consequences for violating dress code?
- How do you interpret the CALISPO grading item, “Personal appearance is professional and appropriate for the clinical setting”?
- How frequently is dress code discussed among faculty?
- When was the last time that your dress code was reviewed?
- If a dress code policy were to be revised, who would be invited into the discussion?
- How does your dress code live into your program or university mission?
- If you could describe your departmental culture as it relates to diversity and inclusion, what would you say?
- In your experience, has a student’s dress/physical appearance impacted the following:
 - grading
 - clinical placement assignments
 - relationships with peers, faculty, and clients?
- Is there anything that would be helpful for me to know about your dress code policy?
- Do other clinical programs in your campus have dress codes?

- In your tenure, has your client ever voiced a concern over student dress?
- What is the most frequent violation of the student dress code?
- How, when, and where is the dress code communicated to students?
- Does your faculty have a dress code? Is it enforced or followed?
- *Approximately 2-3 clarifying questions related to the clinic manual will be asked. For example, “how does your department define client distraction” as stated in your dress code policy? Questions will be asked in order to clarify items such as terminology, policy enforcement, and policy adherence.*

Demographic information:

- Is your program considered private or public?
- How many students are in your program?
- How many faculty are in the department?
 - Full-time
 - Part-time
 - Adjunct
 - Staff
- Describe the demographic make-up of your department as it relates to gender, diversity, age, etc.
- To your knowledge, do you have fellow faculty who identify with a marginalized population (BIPOC, LGBTQ+, etc.)?
 - If yes, were they included in the dress code policy development?
- To your knowledge, do you have students who identify with a marginalized population (BIPOC, LGBTQ+, etc.)?



Appendix 2: Student Survey

1. What graduate SLP program do you attend?
2. Were you provided with the program dress code prior to starting the program?
3. What has been your experience with your programs' dress code?
4. Have you experienced positive comments related to your dress from a faculty member?
5. Have you experienced negative comments related to your dress from a faculty member?
6. Have you experienced positive comments related to your dress from a client or their family member?
7. Have you experienced negative comments related to your dress from a client or their family member?
8. Are you able to be your most confident, authentic self during sessions while adhering to the clinic dress code?
9. Do you feel the opportunities presented to you have differed based on your dress or physical appearance?
10. In your opinion, has your dress or physical appearance impacted grading, selection of clinical placements, or relationships with peers, faculty, and clients?
11. If you could change anything about your program's dress code policy, what would it be?

Appendix 3: Deductive Reasoning Coding


- o Is the dress code accessible to all learners?
- o Is the dress code constructed with matched literacy levels for the audience?
- o Does the dress code explicitly state the importance of the dress code? For example, this could be related to job safety and job function.
- o Does the dress code celebrate or affirm expression of diverse cultures? For example, the university should permit students to wear any religiously, ethnically, or culturally specific head coverings and hairstyles.
- o Does the dress code celebrate or affirm body diversity by saying it will be equally enforced without regard to body shape or size?
- o Is the dress code gender neutral? For example, are the same items of clothing allowed or prohibited regardless of whether the student wearing it identifies as a female, male, or nonbinary person?
- o Does the dress code explicitly prohibit exclusionary practices in response to dress code violations?
- o If the dress code requires a uniform, does the university provide information to support the student in accessing the uniform?

Appendix 4: IRB Approval

 Joanne C Fish <editor-irb-student-x-1053-3213528@dcfontbonne.bepress.com> |  3 | 9/8/2023

MS #1053 - Student Submissions: Exempt Review

Retention Policy Conversation History (Never) Expires Never

 We removed extra line breaks from this message.

[EXTERNAL EMAIL]: This email originated from outside of the organization. DO NOT CLICK links or open attachments unless you trust the sender and know the content is safe.

Dear Klaire Jessie Brumbaugh and Grace Hagood,

Your submission "An Exploration of Dress codes in Speech-Language Pathology Graduate Programs" has been reviewed by the Fontbonne University IRB Committee and has been approved. Your approval number is FBUIRB09082024-KJB. Your approval expires one year from today's date, on September 8, 2024.

You will receive an official approval letter on Fontbonne University letterhead in a separate email.

The current version of your submission is available here:
<https://griffinshare.fontbonne.edu/cgi/preview.cgi?article=1053&context=irb-student-x>

You may also preview your submission on that page. To submit revisions, use the Revise Submission link on that page.

Thank you,

Joanne C Fish
Fontbonne University IRB Committee Chair jfish@fontbonne.edu

Appendix 5: Recruitment Script- Clinic Directors

Hello!

I am recruiting participants for my dissertation titled “An Exploration of Dress Codes in Speech-Language Pathology Graduate Programs.” You have been invited to participate in this research because of your role as a director of clinical education in a master’s of speech-language pathology program in the Midwest. Fontbonne University’s IRB has approved this study: FBUIRB09082024-KJB.

The research will contain three components. In the first component, you will be asked to email me your dress code policy for review. After receiving the policy, a 1:1 interview will be scheduled via Zoom. The interviews will be recorded for further analysis and saved on a password-protected cloud-based storage system. The third phase is to send an open-ended survey to your students to gather information about the student experience.

For more information, please get in touch with me at kbrumbaugh@fontbonne.edu.

If you are ready to participate, you can get started here:

<https://forms.office.com/r/VtJnf93VPx>

Thank you for your time!!

Appendix 6: Recruitment Script- Students

Hello!

I am recruiting participants for my dissertation titled, “An exploration of dress codes in speech-language pathology graduate programs.” You have been invited to participate in this research because your clinic director participated in a dress code policy review and interview on this topic.

The research will comprise of completing an open-ended survey to gather information about your experience navigating the dress code in your graduate SLP program. I anticipate that the survey will take approximately 10 minutes to complete.

To participate, clinic [here](#).

Thank you!

Klaire Brumbaugh