

Comparative Analysis of Characteristics of Voice Use Amidst Clergy

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Summary: The development of “Care of the Professional Voice” as a subspecialty of Otolaryngology-Head and Neck Surgery has expanded the concept of professional voice users. Although sometimes uncompensated, the clergy represents a unique group of voice users who are required to perform at a professional level. Additionally, cultural norms create great diversity in terms of style of delivery and typical venues, adding to the interest in this subset of professional voice users. We surveyed 403 respondents and found certain factors predictive of voice problems for members of the clergy. Age, length of sermon, and ethnicity were all found to be statistically significant indicators. Further investigations are needed.

Key Words: Cultural competence–Clergy–Hoarseness–Professional voice–Voice.

INTRODUCTION

The development of “Care of the Professional Voice” as a subspecialty of Otolaryngology-Head and Neck Surgery has required some refinements in our thinking about voice, professional voice, performing voice, and vocal difficulties. Approximately one third of the global workforce requires integrity of the voice in order to work efficiently and effectively.^{1,2} Voice disorders often result in changes in vocal quality, loudness, and pitch. A disordered voice can also result in phonotrauma, which will further impair vocal efficiency and effectiveness. These disruptions can inhibit an individual’s ability to communicate effectively. These numbers should help us refine our understanding of the professional voice user. Much of the early literature on professional voice focused on singers and performers,^{3,4} but we have begun to appreciate that many vocations require the integrity of the speaking voice as the primary means of communication.^{1,5–11}

Although voice problems of singers, professional speakers, and teachers have been studied, relatively limited research is available on the special voice demands of clergy. In fact, Jewish cantors have been examined as a specific and unique set of voice professionals.¹² We believe that the demands on the voice are comparable with other identified and more commonly accepted voice professionals. Moreover, the intersection of religion and culture makes cultural differences for oration and delivery likely.^{13,14} The study of delivering the sermon or homily, homiletics, has also provided a platform for examining how preachers prepare and deliver a sermon.^{15–17} With these events in mind, the clergy appears to be a group of professional voice users appropriate for further inquiry. Moreover, the theory that different preaching styles may translate to different risks for voice problems is plausible.

The largest study to date ($N = 901$) was done in Finland among evangelical Lutheran priests. Results showed that 24.5% of respondents had sought help for voice problem, with 21% of them noting a current voice problem and 26.7% reporting frequent vocal

symptoms. The study showed significant correlation between voice problems and environmental or health-related risk factors. More female than male participants reported voice problems.¹⁸ A smaller study ($N = 340$) was done in Slovenia among Catholic priests and vicars. Results showed that 85.6% of the respondents reported voice issues of some type during their career, with 15.9% reporting frequent voice problems.¹⁹

The factors influencing voice disorders included respiratory tract infections, frequent throat clearing, vocal load during spare time, voice disorders during training, and not receiving instruction on proper vocal technique.¹⁸ A recent study of pastors from all denominations ($N = 120$) used snowball sampling and Internet tools to ask 81 questions related to vocal use and care. Only 7% of the respondents had a voice disorder diagnosed by a physician, yet 30% reported a recurring voice problem. Fifty-seven percent reported that they knew of someone in the clergy with a voice problem.¹⁴ A small study of the sermons of six female pastors analyzed vocal patterns from recorded sermons and identified certain vocal habits and maladaptive voice patterns in relation to the pastors’ perceptions of their voice. Results indicated a need for additional information from professionals to better understand the amount of variance behind voice problems in this specific group of professional voice users.²⁰

Objectives

The purpose of the preliminary study is to identify the factors that may place clergy at risk for voice disorders. Both quantitative and qualitative data were collected for analysis. The secondary goal of this preliminary study is to test the hypothesis that accepted cultural practices regarding voice use in a sermon may correlate with risk of injury. For example, a bishop in a small Church of God in Christ church may have more risk of vocal injury than a Catholic bishop based on a number of factors, such as length of sermon, number of sermons, other weekly voice use, and use of amplification.

METHODS

Subject pool

The research pool for this observational study was initially identified by church listings in the phone directory for the city of Chicago, as well as the northern and southern suburbs. Approximately 4200 potential respondents were identified, and from this

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population 10% of the total was chosen for sampling. This choice reflects the desire to achieve a 5% margin of error and obtain results within a 95% confidence interval using equation (2.26) in Lohr's *Sampling Design and Analysis*,²¹ with some addition for non-response.

The various denominations were grouped into five religious families according to the Association of Religion Data Archives.²² These families were Traditional Black, Evangelical Protestant, Catholic, Ashkenazi Jewish, and Main Line. A probability proportional to size sample of 420 was selected from the population of 4200 churches within each category by assignment of a random number to each church and ordering by category.²¹ This method insured that the smaller denominational categories were represented proportionally to their size.

The initial 420 targeted respondents were assigned a code number to insure confidentiality. Each church was telephoned to introduce the study and obtain permission to mail the survey. Verbal permission to mail was obtained by 403 of the churches. The survey materials were then mailed. These materials contained a cover letter, an informed consent document, the survey, and a stamped envelope addressed to the researchers. Two to three weeks after mailing, a second phone call was made to answer any questions from the pastor or the church secretary. If the survey was not returned within 1 month of the second call, a third call was made to attempt to obtain maximum response. Of the 403 surveys sent, 33 responses were received.

We selected hoarseness as the response pathology and used the 28 response variables, 5 continuous and 23 categorical, to build a model of statistically significant factors for hoarseness. Twenty of the categorical variables were rated by the respondents on a scale of 0–3, with 0 being no presence and 3 being high presence of the factor. Three of the factors were nominal unordered categories, namely “Gender” (M/F), “Ethnicity” (African American, Hispanic, Ashkenazi Jewish, and Caucasian), and “Religious Denomination” (Traditional Black, Evangelical Protestant, Catholic, Ashkenazi Jewish, and Main Line.) Of the 403 surveys sent, 33 responses were received. This was a very low 8% response rate to the survey resulting in receiving a survey from 0.8% of the total population of church clergy. **Table 1** shows the survey variables and the average response of all participants, including the average response, the standard deviation, and the minimum and maximum responses. Quantitative variables are in units of years or percent as measured, and other variables are on the 0–3 scale. A summary of the categorical variables is provided in **Figure 1**.

The survey was designed to address the specific issues of pastors regardless of denomination. Basic demographic information was requested and included gender, age, ethnicity, church denomination, and zip code. Part I of the survey requested specific information on voice use. The survey is reproduced in Appendix I. The following are some of the information asked:

TABLE 1.
Overview of Data

Sample Variable Statistics					
Variable	N	Mean	Standard Deviation	Minimum	Maximum
Age	33	58.73	11.02	38	83
% of day using voice	33	46.12	24.75	5	99
Years as pastor	33	23.71	13.25	2	59
Total sermons/week	33	3.88	2.77	1	11
Length of sermon	33	23.88	14.99	5	60
Hoarseness	33	0.73	0.57	0	2
Warm up	33	0.55	0.75	0	3
Cool down	33	0.42	0.83	0	3
Sound system adjusted	33	0.82	0.92	0	3
Use fixed microphone	33	1.30	1.16	0	3
Use traveling microphone	33	1.76	1.15	0	3
Use hand gestures	33	1.82	1.04	0	3
Rest voice after sermon	33	0.70	0.88	0	3
Emotional speech	32	0.69	0.78	0	3
Hoarse voice	33	0.73	0.57	0	2
Loss of voice	32	0.34	0.48	0	1
Breaking voice	33	0.70	0.68	0	2
Low-pitched voice	33	0.73	0.80	0	3
Phlegm	33	0.70	0.68	0	2
Dry cough	32	0.63	0.75	0	2
Wet cough	33	0.45	0.56	0	2
Throat pain, speaking	33	0.27	0.45	0	1
Throat pain, swallowing	33	0.27	0.52	0	2
Mucus in throat	32	0.59	0.61	0	2
Dry throat	33	0.85	0.67	0	2
Strained speech	32	0.50	0.62	0	2

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