

Clinical Acceptability of Standardized Language Test for Children Who Speak Cantonese

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Introduction

In Speech and Language Pathology, standardized language tests

- measure oral language and articulation skills
- inform the diagnosis of speech and language disorders

The Hong Kong Test of Preschool Oral Language (Cantonese) (TOPOL)

- shows acceptable psychometric properties and diagnostic accuracy (Child Assessment Service, 2019)
- TOPOL’s clinical acceptability remains unexplored

Clinical acceptability

- explains a test’s applicability in real-world settings
- guides future development of standardized language tests
- Supported by Sekhon’s Theoretical Framework of Acceptability (TFA) (Sekhon et al., 2017)

Objective

To examine the retrospective clinical acceptability of the TOPOL from the perspective of intervention providers, speech-language pathologists (SLPs).

Research Question 1 (RQ1)

What is the overall clinical acceptability of TOPOL?

Research Question 2 (RQ2)

Which TFA construct(s) are most strongly associated with overall clinical acceptability?

Methodology

Survey Design

Section A		Section B
28 5-point likert scale rating questions 1 (strongly disagree) to 5 (strongly agree)		6 Open-ended questions
Section 1-7: TFA constructs (item 1.1-7.4)	Section 8: Overall Acceptability item (item 8.1)	

- Survey open for two months between June to August 2026
- Time needed: 15 minutes
- Completion rate: 73.1% (38/52)

Inclusion and Exclusion Criteria: SLPs

Inclusion Criteria	Exclusion Criteria
• experienced with standardized tests for Cantonese-speaking children aged 2-6 years • fluent in Cantonese and written Chinese	• experienced with only standardized tests for non-Cantonese-speaking children or adults in local or overseas • Speech-language pathology students.

Results

Variable	N	Mean	Median	SD
Across 7 constructs (item 1.1 - 7.4)	38	4.13	-	.37

Single overall acceptability item (item 8.1)

- Acceptable or strongly acceptable: 89.5%
- Neutral: 10.5%
- None SLPs select unacceptable or strongly unacceptable
- Z = 5.36 (very large effect size)

Variable	N	Mean	Median	SD
Single overall acceptability item (item 8.1)	38	4.13	4.00	.58

Across 7 constructs

- very large effect size
- Cohen’s d = 3.06, 95% CI [2.29, 3.82]

Correlation Analysis

	Affective Attitude	Burden	Ethicality	Intervention Coherence	Opportunity Costs	Perceived Effectiveness	Self-efficacy
Single overall acceptability Item (Item 8.1)	.60*	.68*	.37	.57*	.67*	.68*	.47*

*indicated statistical significance

- Strongest associations: Burden, Opportunity Costs, and Perceived Effectiveness (r = .68, .67, .68).
- Affective Attitude, Burden, Intervention Coherence, Opportunity Costs, and Perceived Effectiveness shows strong positive association with overall acceptability
- Ethicality does not show statistically significant association whereas self-efficacy shows moderate positive association

Discussion

RQ1: Overall Clinical Acceptability of TOPOL

- With reference to the interpretations by Goldstein et al. (2017) and Thiemann-Bourque et al. (2018), our results revealed **high overall acceptability of TOPOL** → **underscores practical relevance in Hong Kong**

RQ2: Correlations Between Factors

- All constructs except ethicality show **moderate to high positive associations** with overall acceptability
- Current data did not directly explore the underlying factors of such association
- **Qualitative data:**
 - “Easy to administer”, “Straight-forward scoring system” → Burden
 - “Cover wide range of language abilities”, “Able to help find out areas of possible goal selections” → Perceived Effectiveness

Limitations

- Demographic information was not collected
- small sample size, 3.69% of SLPs in HK → limited generalizability

Conclusion

- **High overall acceptability was shown**
- All constructs except ethicality show moderate to high positive associations with overall acceptability

Reference

