

Acoustical Evaluation of Voice across Different Levels in Vocal Professionals



Sanazeb Pathan* and Yaashna Rajani

Audiologist and Speech Language Pathologist, India

Submission: July 15, 2017; **Published:** August 09, 2017

***Corresponding author:** Sanazeb Pathan, Audiologist and Speech Language Pathologist, India

Abbreviations: MPD: Maximum Phonation Duration; MDVP-A: Multi-Dimensional Voice Program Advanced; CSL: of Computerised Speech; RAP: Relative Average Perturbation; APQ: Amplitude Perturbation Quotient; NHR: Noise-to-Harmonic Ratio (NHR); SPI: Soft Phonation Index

Introduction

Voice plays a major role in speech & also in communication. Communication skills are important to almost everybody as our society has become service-oriented. Occupational voice health is becoming more important as more people rely on their voices for their work. 'Vocal professionals' constitute an ever increasing segment of the population who depend on their voice for a daily living [1]. According to Stemple, Glaze and Gerdman [2], vocal professionals by the very nature of their occupations are at a greater risk of developing voice problems and laryngeal pathologies than general population. The demand on an individual's vocal system depends on the kind of occupation one is engaged in. Vocal professionals, especially those in the speaking profession require certain qualities in their speech to be successful in their profession such as good pitch range, rhythm, melody, fluency, phrasing, emphasis, modulation & good expiratory air to sustain speech.

Need of the Study

As vocal professionals have profession specific needs, their voice parameters vary depending on their respective professions. Therefore, in order to understand the vocal mechanism of vocal professionals it is very necessary to evaluate the acoustical parameters in voice. There is a need for research that would determine how the speech language pathologists can best be of service to different levels of vocal professionals who are at risk of developing a vocal pathology. Most of the studies among vocal professionals have been conducted on the singers, actors, radio jockeys, teachers, telephone operators etc. [3-6]. But research on voice of lawyers, doctors, businessmen, clerks, laborers, factory workers etc. is less addressed in literature. Therefore, the acoustic parameters of vocal professionals should be explored

so that it can be used by the speech language pathologists in future to evaluate the voice of at risk vocal professionals.

Mostly Indian studies have concentrated more on surveying the risk factors and vocal symptoms in teachers, singers, actors, telephone operators etc; [7,8]. There have been very few attempts to compare the acoustic parameters of voice of vocal professionals across the levels, however still there is a lacunae in the existing research. The implication of studying the acoustical parameters will be mainly in terms of early identification, evaluation and remediation of at risk vocal professionals who have profession specific vocal demands.

Aim and Objective of the study

The present study aimed to measure the acoustic parameters of voice across different levels of vocal professionals.

Method

The present study was aimed to find out the difference in the voice parameters of vocal professionals across the 4 levels of vocal professionals as classified on the basis of their vocal usage [9].

Participants Of The Study

A total of 120 participants were selected across 4 levels of vocal professionals. Each group consisted of three types of vocal professionals. Total of 10 participants per profession which included 5 males and 5 females were included as shown in the Table 1. The data was collected from radio station Red FM 93.5 Pune, B.V.P hospital, B.V.P Law College, B.V.P Fine Arts College, factories, academic offices, shops, telephone exchange in and around the city of Pune.

Table 1: Participant Details.

Level 1			Level 2			Level 3			Level 4		
Singers	Actors	Radio jockeys	Teachers	Lecturers	Telephone operators	Doctors	Lawyers	Businessmen	Cleks	Labourers	Factory workers
10	10	10	10	10	10	10	10	10	10	10	10

Inclusion criteria

- a) All participants were within the age range of 20 to 40 years.
- b) All participants included in the study were native speakers of Marathi.

Material

A standardized reading passage in Marathi called 'Asabantomoti' developed by Deshmukh [10] was used for the reading task. This passage consisted of 152 words.

Procedure

A detailed case history was taken before the participants were ready to be a part of the present study. All participants signed an informed consent form after they were explained the purpose of the study. A questionnaire was compiled and filled by the clinician for the purpose of obtaining the participants demographic details and information regarding their vocal habits as well as voice use. Voice samples were recorded in a quiet, isolated room with a portable high fidelity Sony digital voice recorder (model ICD-PX312) with an in-built microphone. The sampling frequency of the recorder was 44.1 kHz with the bit rate of 48Kbps. It was hung on the neck of the participant at a distance of 12cm from the mouth.

Participants were asked to perform two tasks, sustained vowel phonation /a/ and reading task. In the first task of sustained phonation the participants were instructed to take a deep breath and then phonate the vowel /a/ for as long as possible for three trials. The best of the three trials was considered as the Maximum Phonation Duration (MPD). The steady state portion of vowel /a/ was selected for acoustic analysis. A 60 second long sample was analyzed.

The second task was to read a standardized Marathi passage at normal conversational pitch and loudness.

Acoustic Analysis

Acoustic analysis of audio-recorded voice samples was done using the Multi-Dimensional Voice Program Advanced (MDVP-A) of Computerised Speech Lab (CSL) 4500 module (KayPentax, Lincoln Park, NJ). The audio-recorded voice samples were line fed into the CSL module using an XLR female connector jack of 3.5 mm in diameter. A sampling rate of 50,000 Hz and the bit rate of 16Kbps were used for acoustic analysis.

Acoustic Parameters

MDVP Advanced software was used to extract 33 voice-related parameters out of which 8 parameters were selected for the present study. The following 8 parameters of voice were measured for the recorded voice samples of sustained phonation and reading. The acoustic parameters analysed were Mean Fundamental Frequency (mf0), Jitter Percent (jitt), Relative Average Perturbation (RAP), Fundamental Frequency Variation (vf0), Shimmer Percent (shim), Amplitude Perturbation Quotient (APQ), Noise-to-Harmonic Ratio (NHR), Soft Phonation Index (SPI), Maximum Phonation Duration (MPD) and S/z ratio. The normative data developed by Hema, Sangeetha, Pushpavati [11] for the selected parameters were used as Indian standards for the present study with +/- 1 SD criteria to elicit the range.

Results

The parameters were analysed and compared across two tasks; viz sustained phonation task and reading task. Researchers have used sustained vowel phonation task widely for the acoustic analysis [12-15] as it gives you a steady state sample compared to connected sample such as reading or spontaneous speech. But, it is clear that the sustained phonation sample is not enough to represent the multidimensional aspects of connected speech [16,17]. The connected speech sample will have aspects like articulatory rate, precision, intonation, intention etc which may show valuable changes in voice production [15]. Hence the connected speech along with sustained phonation task is found provide vital information in acoustic parameters. Results of the present study are discussed task wise for eight parameters included in the study.

Task of Sustained Phonation

Descriptive statistics mean and standard deviation were calculated separately for each of the parameters across all four levels. The gender differences are evident across most of the acoustic parameters, which is also reported by the literature [18-22]. The graphs 4, 5, 6, 7, 8, 9, 10 & 11 show the average of acoustic parameters for males and females. The differences in means are graphically shown, but to check whether these differences are statistically significant MANOVA was carried out. Results of MANOVA for sustained phonation task indicates that there is no significant difference between vocal professionals across the levels $F(24, 305.13) = 1.23, p > 0.05$. The studies previously done also conclude that there was no difference in the vocal professionals across sustained phonation task [15]. There

was a significant difference noticed for sustained phonation task across the gender $F(8, 105) = 57.28, p < 0.01$. The gender differences were observed in the parameters of mf0 ($p < 0.01$), jitter ($p < 0.01$), RAP ($p < 0.01$), APQ ($p < 0.01$), NHR ($p < 0.01$) etc. The present study supports the results found in the literature where the gender differences were evident for above parameters [18-21,23].

Task of Reading

Descriptive statistics mean and standard deviation were calculated separately for each of the parameters across all four levels. The gender differences are evident across most of the acoustic parameters as reported by the literature [15,20,21]. Hence the mean of parameters are tabulated separately for males and females across all four levels. The graphs 12, 13, 14, 15, 16,

17, 18 and 19 show the average of acoustic parameters for males and females for the reading task. The differences in means are graphically shown, but to check whether these differences are statistically significant MANOVA was carried out.

Results of MANOVA for reading task indicates there is a significant difference across the levels $F(24, 305.13) = 3.74, p < 0.01$. The studies previously done conclude that there was a significant difference in acoustic parameters among the vocal professionals for the reading task [20,21,23,24]. There was a significant difference noticed between the genders $F(8, 105) = 49.02, p < 0.01$. The gender differences were observed in the parameters of mf0 ($p < 0.01$), jitter ($p < 0.01$), RAP ($p < 0.01$), APQ ($p < 0.01$), NHR ($p < 0.01$) etc. The present study supports the results found in the literature where the gender differences were evident for above parameters [18-23].

Table 2: Results of tests of between subject effects for reading task across levels.

Source	Dependent variable	df	Mean Square	F value	Significance
Levels	mf0	3	3251.11	4.90	0.00**
	Jitt	3	3.53	5.29	0.00**
	RAP	3	0.97	4.68	0.00**
	vf0	3	239.91	8.73	0.00**
	Shim	3	4.99	1.11	0.34
	APQ	3	13.57	1.74	0.16
	NHR	3	0.02	6.41	0.00**
	SPI	3	68.75	3.23	0.02*

**significant difference at 0.01 level

As seen in Table 2, a one way between subjects multivariate analysis of variance was carried out to assess the difference between the levels across each parameter. For reading task, fundamental frequency information measures (mf0), $F(3) = 4.90, p < 0.01$, short term and long term frequency perturbation parameters like (jitt), $F(3) = 5.29, p < 0.01$, (RAP), $F(3) = 4.68, p < 0.01$, (vf0), $F(3) = 8.73, p < 0.01$, noise related parameters (NHR), $F(3) = 6.41, p < 0.01$, and (SPI), $F(3) = 3.23, p < 0.05$, showed statistically significant difference across levels. Bonferroni's pair wise multiple comparisons across levels were carried out Table 2.

Table 3: Post hoc analysis of mean fundamental frequency (mf0) for reading task across levels.

mf0	Level I	Level II	Level III	Level IV
Level I		20.76**	16.83	22.97**
Level II			-3.93	2.20
Level III				6.14
Level IV				

**significant difference at 0.01 level

For the parameter mf0 there was a statistically significant difference noticed between the levels I & II ($p < 0.01$) as well as levels I & IV ($p < 0.01$). In the reading task there are patterned

variations of pitch over linguistic units of differing length, such inflections may lead to change in the mean fundamental frequency for the reading task. Inter speaker variability also contributes to such differences in mean fundamental frequency. These findings are reported in literature [4,19,20,23,25,26]. In case of elite vocal performers higher mf0 is present as a consequence of the training they undergo. This finding supports the studies done by Sheela [27] where the results indicated that trained vocal professionals had significantly different acoustic parameters as compared to the untrained professionals (Table 3).

For the parameter jitt ($p < 0.01$) & RAP ($p < 0.01$) there was a statistically significant difference noticed between the levels I & IV as well as between levels II & IV. In the reading task, there are abrupt transitions which occur during voicing onset and offset. There is a certain degree of apparently random variability of the cycle to cycle duration. Age, gender, oral and nasal sounds present in the reading text, are all contributing to the variations in the jitter across levels [20,23,28-31]. This difference in the jitter can also be attributed to the difference noticed in the mean fundamental frequency across levels. Literature indicates that jitter is influenced by mean f0 of the speaker's phonation [32]. Although there was significant difference across the levels, still the jitter values were within normal limits. Jitter variations are

also observed in elite vocal performers who smoke and consume alcohol [23,30].

The present study shows significant differences in the jitter values of elite vocal performers when compared to the other three levels of vocal professionals. Also, in professional voice users there is a common vocal symptom of vocal fatigue which may lead to variations in the jitter. Heterogeneity in the levels with respect to age and professions also might have contributed to such variations in the jitter values as reported in the literature [22,23,33,] (Tables 4 & 5).

Table 4: Post hoc analysis of jitter (jitt) for reading task across levels

jitt	Level I	Level II	Level III	Level IV
Level I		0.03	0.49	0.69**
Level II			0.45	0.66**
Level III				0.20
Level IV				

**significant difference at 0.01 level

Table 5: Post hoc analysis of relative average perturbation (RAP) for reading task across levels.

RAP	Level I	Level II	Level III	Level IV
Level I		0.00	0.23	0.35**
Level II			0.24	0.36**
Level III				0.11
Level IV				

**significant difference at 0.01 level

For the parameter vf0 there was a statistically significant difference noticed between the levels I & II (p<0.01), levels I & III (p<0.01) as well as levels I & IV (p<0.01). vf0 changes during phonation as well as reading tasks. This is specifically noticed because there are changes in the mf0 for different tasks. A variety of factors influence this change in reading such as the number of words spoken, amount of intonation used and amount of air pressure varied as reported in the literature [15,20].

Although there were significant differences in the vf0 between the levels the variations were within the normal limits. The difference across levels can be attributed to the mean age (mentioned in the method) differences observed in the present study. It has also been reported that there are age dependent variation in vF0 [22]. Literature has postulated that variations in the length of the vocal tract, resonating quality of voice, effect of training, vocal loading per day etc. may contribute towards the variations in f0 [6,23,27,28,34-37]. In the present study vf0 is

significantly different in elite vocal performers as compared to the other three levels. This must be because vocal professionals in level I are trained for their profession as compared to the other three levels as discussed in the literature by Boominathan, Rajendran, Nagarajan, Seethapathy & Gnanasekar [7] (Table 6). In the present study vf0 is significantly different in elite vocal performers as compared to the other three levels. This must be because vocal professionals in level I are trained for their profession as compared to the other three levels as discussed in the literature by Boominathan, Rajendran, Nagarajan, Seethapathy & Gnanasekar [16].

Table 6: Post hoc analysis of variation in fundamental frequency perturbation (vf0) for reading task across levels.

vf0	Level I	Level II	Level III	Level IV
Level I		4.38**	3.96*	6.83**
Level II			-0.42	2.44
Level III				2.86
Level IV				

**significant difference at 0.01 level

For the parameter vf0 there was a statistically significant difference noticed between the levels I & II (p<0.01), levels I & III (p<0.01) as well as levels I & IV (p<0.01). vf0 changes during phonation as well as reading tasks. This is specifically noticed because there are changes in the mf0 for different tasks. A variety of factors influence this change in reading such as the number of words spoken, amount of intonation used and amount of air pressure varied as reported in the literature [15,20]. Although there were significant differences in the vf0 between the levels the variations were within the normal limits. The difference across levels can be attributed to the mean age (mentioned in the method) differences observed in the present study. It has also been reported that there are age dependent variation in vF0 [22].

For the parameter NHR there was a statistically significant difference noticed between levels I & III (p<0.01) and also between levels I & IV (p<0.01). Higher MPD gives rise to higher respiratory support and lesser effort on laryngeal valving during vocal fld closure which in turn results in higher number of harmonics than noise [24]. NHR may have varied across levels due to the symptom of GERD which occurs due to late meals (67%) [26]. Literature has also stated that noise related parameters can have a nonlinear trend of variations when the voice samples were recorded versus when live voice samples are used [29]. Authors have found that there were significant differences in the noise related parameters in recorded voice as compared to live voice because digitization and sampling frequency might have altered the signal to noise ratio of the sample which may in turn must have led to the variability in NHR.

Literature has postulated that variations in the length of the vocal tract, resonating quality of voice, effect of training, vocal loading per day etc. may contribute towards the variations in f0 [6,23,27,28,34,35,37]. In the present study vf0 is significantly different in elite vocal performers as compared to the other three levels. This must be because vocal professionals in level I are trained for their profession as compared to the other three levels as discussed in the literature by Boominathan, Rajendran, Nagarajan, Seethapathy & Gnanasekar [7] (Table 7).

Table 7: Post hoc analysis of noise to harmonic ratio (NHR) for reading task across levels.

NHR	Level I	Level II	Level III	Level IV
Level I		0.03	0.05**	0.06**
Level II			0.01	0.02
Level III				0.00
Level IV				

**significant difference at 0.01 level

For the parameter SPI there was a statistically significant difference noticed between the levels I & IV ($p < 0.01$). SPI is an evaluation of the poorness of high frequency components that may be an indication of loosely adducted vocal folds during phonation. As it provides information related to glottic closure, SPI value and asthenic voice quality are significantly related [38]. Due to the vocal fatigue there could be a possibility of weakness in voice which must have led to incompletely adducted vocal folds. This partial adduction of vocal folds must have caused variations in SPI in the first two levels of vocal professionals.

Our study supports the previously done studies [6,39,40] where the results indicated that due to varied vocal demands there are alterations in the vocal tracts which lead to increased spectral energy in higher part of spectrum which in turn caused incomplete vocal fold adduction. Effect of training was also attributed to the variations in SPI especially in elite vocal performers [41] (Table 8).

Table 8: Post hoc analysis of soft phonation index (SPI) for reading task across levels.

SPI	Level I	Level II	Level III	Level IV
Level I		-3.70**	-1.73	-1.87
Level II			1.96	1.82
Level III				-0.13
Level IV				

**significant difference at 0.01 level

Non Instrumental Acoustic Analysis For Maximum Phonation Duration & S/Z Ratio

For maximum phonation duration the results reveal that mean values for level I was comparatively greater than the other levels. When we compare the means for MPD across gender the results reveal that MPD was higher for males as compared to females (Figure 1). There is a difference in the mean of MPD across levels and between genders. Therefore to find out whether the difference was statistically significant MANOVA was carried out.

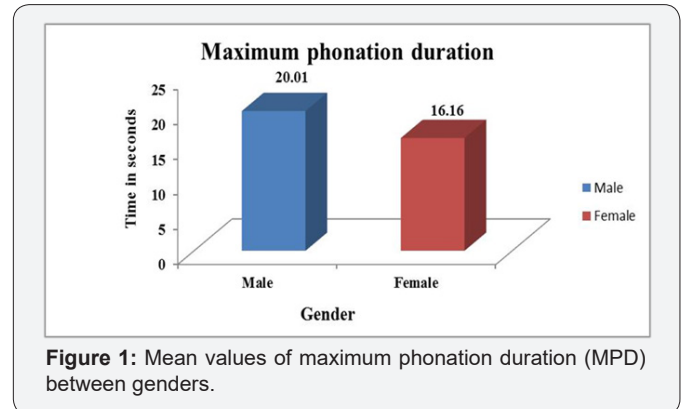


Figure 1: Mean values of maximum phonation duration (MPD) between genders.

Results of MANOVA for maximum phonation duration reveal that there is a significant difference between the levels $F(3) = 9.879, p < 0.01$ and also between the genders $F(1) = 88.73, p < 0.01$. Bonferroni's pair wise multiple comparisons across levels were carried out. Parameter wise results are summarized in the Table 18. The results indicate that there was a significant difference in MPD between the level I & II ($p < 0.01$), level I & III ($p < 0.01$) and level I & IV ($p < 0.01$). This difference was significant as the vocal professionals in the level I (actors, singers) were trained for their voice as compared to the other three levels. Literature also reports evidences of effects of training increases maximum phonation duration [3,27]. Also, there was a gender wise statistically significant difference observed in which the males were able to sustain phonation for longer duration than females as reported the literature [42,43,44-60].

a) S/z ratio:

For the task of s/z ratio the results reveal that there was no difference in the mean values across all the levels as well as genders, as shown in the Figure 2. Results of MANOVA for s/z ratio reveal that there is no significant difference between the levels $F(3) = 0.950, p > 0.05$ and also across gender $F(3) = 0.06, p > 0.05$. The reason for obtaining no significant differences could be because participants having normal voice were selected for the study. According to Indian standards an average normal speaker is expected to sustain both voiceless /s/ and the voices /z/ for approximately equal duration's resulting in a ratio of one [24]. Acoustic analysis of voice seems to be an effective method for voice evaluation in vocal professionals who are at risk for developing any vocal pathology. Therefore prevention and early

detection of these voice disorders are of particular clinical importance. This study is a preliminary step to commence profession specific voice evaluation, as there are various professional vocal demands across different levels [60-122].

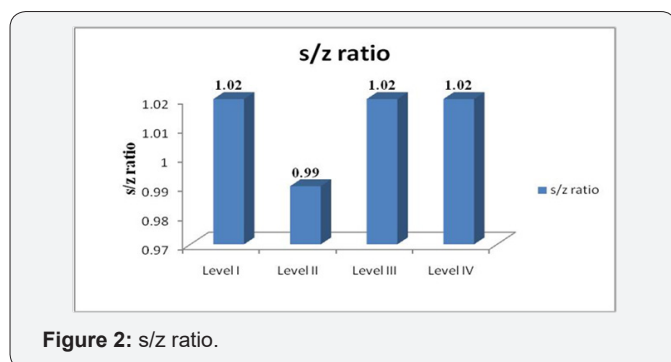


Figure 2: s/z ratio.

References

- Murry T, Rosen CA (2000) Vocal education of professional voice user & singer. *Otolaryngol Clin North Am* 33: 967-982.
- Stemple JC, Glaze LE, Gerdman BK (1995) *Clinical Voice Pathology: Theory and Management* (2nd ed.). Singular Publishing Group, Cali, Columbia, USA.
- Brown WS, Rothman HB, Sapienza CM (2000) Perceptual & acoustic study of professionally trained versus untrained voices. *J Voice* 14(3): 301-309.
- Kovacic G, Budanovac A (2002) Acoustic characteristics of adolescent actors and non-actors voices. *Folia Phoniatricae Logopaedica* 54: 125-132.
- Sataloff RT (2001) Professional voiceusers: The evaluation of voice disorders. *Occup Med* 16(4): 633-647.
- Pinczower R, Oates J (2005) Vocal Projection in Actors: The Long-Term Average Spectral Features that distinguish comfortable acting voice from voicing with maximal projection in male actors. *Journal of Voice* 19(3): 440-453.
- Boominathan P, Rajendran A, Nagarajan R, Seethapathy, J, Gnanasekar M, et al. (2008) Vocal abuse and vocal hygiene practices among different levels of professional voice users in India: A survey. *Asia Pacific Journal of Speech, Language and Hearing* 11(1): 47-53.
- Banjara H, Singh D, Gupta A (2011) Hoarseness of voice: A retrospective study of 251 cases. *IJOPL* 1(1): 21-27.
- Koufman JA, Isaacson G (1991) The spectrum of vocal dysfunction. In J Koufman, G Isaacson (eds.), *The Otolaryngologic clinics of North America: Voice Disorders*. Philadelphia, USA.
- Deshmukh S (2006) Relative Efficacy of Skills Training & Cognitive Behaviour Therapy in Intervention of Stuttering. Unpublished Ph.D. Dissertation.
- Hema N, Sangeetha, Mahesh, Pushpavathi M (2009) Normative data for Multidimensional Voice Program for Adults- A computerized voice analysis system. *Journal of All India Institute of Speech and Hearing* 28: 1-7.
- Linville SE (1987) Maximum Phonational frequency range capabilities of women's voices with advancing age. *Folia Phoniatrica* 39: 297-301.
- Karnell MP, Melton SD, Childes JM, Coleman TC, Dailey SA, et al. (2007) Reliability of clinician based (GRBAS & CAPE-V) & Patient based (VRQOL & IPVI) documentation of voice disorders. *J Voice* 21(5): 576-590.
- Scherer R (1995) Expression of emotion in voice and music. *J Voice* 9(3): 235-248.
- Moon KR, Chung SM, Park HS, Kim HS (2011) Materials of Acoustic Analysis: Sustained Vowel versus Sentence. *J Voice* 26 (5): 563-565.
- Klingholz F (1990) Acoustic recognition of voice disorders: A comparative study of running speech versus sustained vowels. *J Speech Lang Hear Res* 87(5): 2218-2224.
- Qi Y, Hillman R, Milstein C (1999) The estimation of signal-to-noise ratio in continuous speech for disordered voices. *J Acoust Soc Am* 105(4): 2532-2535
- Horii Y, Sorensen D (1983) Directional perturbation factors for jitter and for shimmer. *J Commun Disord* 17(3): 143-151.
- Nataraja NP (1986) Differential diagnosis of dysphonias. Doctoral thesis. University of Mysore, Mysore, India.
- Manoj P (1998) Analysis of voice of stage actors. Unpublished Masters Dissertation. University of Mysore, India.
- Prakup B (2012) Acoustic measures of voices of older singers and non singers. *J Voice* 26(3): 341-358.
- Bohme, Hecker (1970) cited in Hirano M (1981) *Clinical examination of voice*. Springer-Verlag Wien, NY, USA.
- Kalaiselvi PS (2006) Analysis of voice in Yakshagana folk artists. Unpublished doctoral thesis. University of Mysore, Mysore, India.
- Nataraja NP, Jagdish A (1984) Vowel duration and fundamental frequency. *Journal of All India Institute of Speech and Hearing* 15: 72-81.
- Koul A (2004) Vocal demands in teachers: primary versus secondary schools. Unpublished Masters Dissertation. University of Mysore, India.
- Ragini M (1986) Acoustic parameters of voice in singing. Unpublished doctoral thesis. University of Mysore, India.
- Sheela EV (1974) A Comparative study of vocal parameters of trained and untrained singers. Unpublished Masters Dissertation. University of Mysore, Mysore, India.
- Deepa D (2004) Voice and speech characteristics in radio jockeys. Unpublished Masters Dissertation. University of Mysore, Mysore, India.
- Manwa L, Rita L, Lance R (2005) Comparison of vocal characteristics of future professionals in three different University majors. *Contemporary issues in Communication, Science and Disorders* 13: 142-150.
- Shah H, Sanghi M (2010) A study of voice characteristics and reflux symptom index in professional voice users (call centre employees). *Journal of Indian Speech and Hearing* 24(1): 39-47.
- Shekhawat G, Kant A, Shah K, Dhola S (2006) Acoustical and perceptual analysis of the voice in call centre professionals. Paper presented at Indian Speech and Hearing Association Conference at Ahmedabad, India.
- Orlikoff RF, Baken RJ (1990) Consideration of the relationship between the fundamental frequency of phonation and vocal jitter. *Folia Phoniatrica* 42(1): 31-40.
- Hoffman-Ruddy B, Lehman J, Crandell C, Ingram D, Sapienza C, et al. (2001) Laryngostroboscopic, acoustic, and environmental characteristics of high-risk vocal performers. *Journal of Voice* 15(4): 543-552.
- Niebudek-Bogusz E, Kotylo P, Politanski P, Sliwinska-Kowalska M (2008) Acoustic analysis with vocal loading test in occupational voice disorders: Outcomes before and after voice therapy. *Int J Occup Med Environ Health* 21(4): 301-308.

35. Sundberg J (1990) What's so special about singers? *Journal of Voice* 4(2): 107-119.
36. Sujatha G (1987) Analysis of singing voice. Unpublished Masters Dissertation. University of Mysore, Mysore, India.
37. Lehto L, Rantala L, Vilkmann E, Alku P, Backstrom T, et al. (2003) Experiences of a short vocal training course for call-centre customer service advisors. *Folia Phoniatrica et Logopaedica* 55: 163-176.
38. Dogan M, Midi I, Yazici MA, Kovac I, Gunal D, Sehitoglu MA, et al. (2007) Objective and subjective evaluation of voice quality in Multiple Sclerosis. *J Voice* 21(6): 735-740.
39. Froscheles E (1939) Twentieth century speech and voice correction. Philosophical Library, New York, USA.
40. Behra S, Savithri SR (2005) Voice characteristics of prospective and professional teachers. *Journal of Indian Speech and Hearing Association* 19: 62-67.
41. Teachy JC, Kahane JC, Beckford NS (1991) Vocal mechanisms in untrained professional singers. *Journal of Voice* 5(1): 51-56.
42. Hollien H, Coleman R (1970) Laryngeal correlates of frequency change: A Serol study. *Journal of Speech and Hearing Research* 13(2): 271- 278.
43. Jayaram K (1975) An attempt at differential diagnosis of dysphonia. Unpublished Masters Dissertation. University of Mysore, India.
44. Hirano M (1981) Clinical examination of voice. In GArnold F, Winckel, BD Wyke (Eds.). *Disorders of Human Communication* 5: 81-84.
45. Vanaja CS (1986) Acoustic parameters of normal voice. Unpublished Masters Dissertation. University of Mysore, Mysore, India.
46. Ptacek PH, Sanders EK (1963) Maximum duration of phonation. *J Speech Hear Disord* 28: 171-181.
47. Amormin GO, Bommarito S, Kanashiro CA, Chiari BM (2011) The vocal behaviours of telemarketing operators before and after a working day. *J Soc Bras Fonoaudiol* 23(2): 170-176.
48. Bahar M, Kosak TS, Boltezar IH (2012) Vocal problems among Slovenian physicians compared to teachers: Prevalence and risk factors. *Zdr Varst* 81(9).
49. Behrman A, Sulica L (2004) Factors predicting patient perception of dysphonia caused by benign vocal fold lesions. *Laryngoscope* 114(10): 1693-700.
50. Behlau M, Kristiane M, Van Lierde, Dijckmans J, Scheffel L, et al. (2011) Type and Severity of Pain During Phonation in Professional Voice Users and Nonvocal Professionals. *J Voice* 26(5): 19-71.
51. Behlau M, Zambon F, Guerrieri A, Roy N (2012) Epidemiology of voice disorders in teachers and nonteachers in Brazil: Prevalence and adverse effects. *J Voice* 26(5): 665.
52. Bele IV (2006) The Speaker's formant. *J Voice* 20(4): 555-578.
53. Boominathan P, Chandrasekhar D, Nagarajan R, Madraswala Z, Rajan A, et al. (2008) Vocal hygiene awareness program for professional voice users (Teachers): An evaluative study from Chennai. *Asia Pacific Journal of Speech, Language and Hearing* 11(1): 39-45.
54. Boone DE (1971) *The voice and voice therapy* (3rd edn.), Prentice- Hall Inc. Englewood Cliffs NJ.
55. Boucher VJ (2008) Acoustic correlates of fatigue in laryngeal muscles: Findings for a criterion-based prevention of acquired voice pathologies. *J Speech Lang Hear Res* 51(5): 1161-1170.
56. Callaghan J (2000) *Singing and voice science*. San Diego, Ca: Singular Publishing Group. *Clinics of North America* 24(5): 985-988.
57. Colton RH, Casper, JK (1996) *Understanding Voice Problems: A Physiological Perspective for Diagnosis and Treatment* (2nd edn.), Williams & Wilkins, Maryland, USA.
58. Coyle SM, Weinrich BD, Stemple JC (2001) Shifts in relative prevalence of Laryngeal pathology in a treatment- seeking population. *J Voice* 15(3) 424-440.
59. Davis SB (1979) Acoustic characteristics of normal and pathological voice. IN LASS NJ (edn). *Speech, Language: Advances in Basic Research & Practise* 1.
60. Deary JJ, Webb A, Mcgex4ue K (2004) Short self-report voice symptom scales: psychometric characteristics of the voice handicap index-10 and vocal performance questionnaire. *Otolaryngol Head Neck Surg* 131(3): 232-235.
61. DeJonckere PH, Crevier-Buchman L, Marie JP, Moerman M, Remacle M, et al. (2003) Implementation of the European Laryngological Society (ELS) basic protocol for assessing voice treatment effect. *Rev Laryngol Otol Rhinol* 124: 279-283.
62. Fritzell B (1996) Voice disorders and occupations. *Logopedics Phoniatrics Vocology* 21: 7-12.
63. Gelfer M, Andrews M, Schmidt C (1991) Effects of prolonged loud reading on selected measures of vocal function in trained and untrained singers. *Journal of Voice* 5(2): 158-167.
64. Gelfer MP, Fendel DM (1995) Comparison of jitter, shimmer and SNR from directly digitized versus taped samples. *J Voice* 9(4): 378-383.
65. Gotass C, Starr CD (1993) Vocal fatigue among teachers. *Folia Phoniatr* 45(3): 120-129.
66. Herrington-Hall BL, Lee L, Stemple JC, Neimi KR, McHone MM (1988) Description of laryngeal pathologies by age, sex and occupation in a treatment seeking sample. *Journal of Speech and Hearing Disorders* 53(1): 57-64.
67. Howes P, Kenny D, Callaghan J, Davis P, Thorpe W, et al (2003) The relationship between measured vibrato characteristics and perception in Western Operatic Singing. *J* 18(2): 216-230.
68. Jacobon BH, Johnson A, Grywalski C (2017) The Voice Handicap Index (VHI): development and validation. *AJSLP* 6: 66-70.
69. Jones K, Sigmon J, Hock L, Nelson E (2002) Prevalence and risk factors for voice problems in telemarketers. *Arch Otolaryngol Head Neck Surg* 128: 571-577.
70. Kitch JA, Oates J, Greenwood K (1996) Performance effects on the voices of 10 choral tenors: acoustic and perceptual findings. *Journal of Voice* 10(3): 217-227.
71. Laukkanen A-M (1995) On speaking voice exercises. Published Dissertation. *Acta, Universitatis Tamperensis*, (445), University of Tampere.
72. Laukkanen A, Kankare E (2006) Vocal loading-related changes in male teachers' voices investigated before and after a working Day. *Folia Phoniatrica et Logopaedica* 58: 229-239.
73. Laukkanen A, Jarvinen K, Artkoski M, Waaramaa-Maki-Kumala T (2004) Changes in voice and subjective sensations during a 45-min vocal loading test in female subjects with vocal training. *Folia Phoniatr Logop* 56: 335-346.
74. Lehto L, Laaksonen L, Vilkmann E, Alku P (2008) Changes in objective acoustic measurements and subjective voice complaints in call centre customer service advisors during one working day. *J Voice* 22: 164-177.
75. Lehto L, Laaksonen L, Vilkmann E, Alku P (2006) Occupational voice complaints and objective acoustic measurements - Do they correlate?. *Logopedics Phoniatrics Vocology* 31(4): 147-152.
76. Lehto L, Laaksonen L, Vilkmann E, Alku P (2008) Changes in objective acoustic measurements and subjective voice complaints in call center customer-service advisors during one working day. *J Voice* 22(2): 164-177.

77. Mattiske JA, Oates JM, Greenwood KM (1998) Vocal problems among teachers: A review of prevalence, causes, prevention and treatment. *J Voice* 12: 489-499.
78. Mendes AP, Rothman HB, Sapienza C, Brown WS (2003) Effects of vocal training on the acoustic parameters of the singing voice. *J Voice* 17(4): 529-543.
79. Namita SK, Savithri SR (2005) Fundamental frequency and Intensity control in singers and nonsingers. *Journal of Indian Speech and Hearing Association* 19: 36-39.
80. Neil E, Worrall L, Day A, Hickson L (2003) Voice and speech characteristics and vocal hygiene in novice and professional broadcast journalists. *Advances in Speech Language Pathology* 5(1): 1-4.
81. Niebudek-Bogusz E, Fiszer M, Kotylo P, Sliwinska-Kowalska M (2006) Diagnostic value of voice analysis in assessment of occupational voice pathologies in teachers. *Logoped Phoniatr Vocol* 31(3): 100-106.
82. Niebudek-Bogusz E, Kotylo P, Sliwińska-Kowalska M, (2007) Evaluation of voice acoustic parameters related to vocal-loading test in professionally active teachers with dysphonia. *Int J Occup Med Environ Health* 20(1): 25-30.
83. Niebudek-Bogusz E, Szurowska-Przygocka B, Fiszer M, Kotylo P, Sinkiewicz A, et al. (2008) The effectiveness of voice therapy for teachers with dysphonia. *Folia Phoniatr Logop* 60(3): 107-62.
84. Novak A, Dlouha O, Capkova B, Vohradnik M (1991) Voice fatigue after theatre performance in actors. *Folia Phoniatica* 43(2): 74-78.
85. Oates J, Bain B, Davis P, Chapman J, Kenny D, et al. (2006) Development of an auditory-perceptual rating instrument for the operatic singing voice. *J Voice* 20(1): 71-81.
86. Ohlsson A-C, Jarvholm B, Lofqvist A, Naslund P-E, Stenborg R (1987) Vocal behavior in welders- a preliminary study. *Folia Phoniatr Logop* 39: 98-103.
87. Pekkarinen E, Himberg L, Pentti J (1992) Prevalence of vocal symptoms among future teachers compared with nurses: A questionnaire study. *Scandinavian Journal of Logopedia Phoniatica* 17: 113-117.
88. Phyland DJ, Oates J, Greenwood KM (1999) Self-reported voice problems among three groups of professional singers. *Journal of Voice* 13(4): 602-611.
89. Robert R, Baken RJ (1984) Multi-Dimensional Analysis of Voice Disorders. Unpublished Master's Dissertation. University of Mysore, Mysore, India.
90. Roy N, Merrill RM, Thibeault S, Parsa RA, Gray, SD, et al (2004) Prevalence of voice disorders in teachers and the general population. *J Speech Lang Hear Res* 47(2): 281-293.
91. Russel A, Oates J, Greenwood KM (1998) Prevalence of voice problems in teachers. *J Voice* 12: 467-479.
92. Sala E, Airo E, Olkinuora P, Simberg S, Strom U, et al. (2002) Vocal loading among day care center teachers. *Logoped Phoniatr Vocol* 27: 21-28.
93. Sala E, Laine A, Simberg S, Pentti J, Suonpaa (2001) The prevalence of voice disorders among day care center teachers compared with nurses: A questionnaire and clinical study. *J Voice* 15(3): 413-423.
94. Sapir S, Keidar A, Mathers-Schmidt B (1993) Vocal attrition in teachers: survey findings. *Eur J Disord Commun* 28: 177-185.
95. Sapir S, Mathers-Schmidt B, Larson GW (1996) Singer's and non-singer's vocal health, vocal behaviours, and attitudes towards voice and singing: Indirect findings from a questionnaire. *Eur J Disord Commun* 31: 193-209.
96. Sataloff RT (1991) Reflux and other gastroenterologic condition that may affect the voice. In R. T. Sataloff (Edn.), *Professional voice: The science and art of clinical care* 179-184. Raven Press New York, USA.
97. Scherer R (1995) Expression of emotion in voice and music. *J Voice* 9(3): 235-248.
98. Schneider B, Enne R, Cecon M, Diendorfer-Radner G, Wittels P, et al. (2006) Effects of vocal constitution and autonomic stress-related reactivity on vocal endurance in female student teachers. *J Voice* 20(2): 242-250.
99. Sebastian S, Suresh BA, Simon S, Ballraj A (2012) Risk factors for Hyperfunctional voice disorders among teachers. *Online Journal of Health and Allied Sciences* 11(2): 6.
100. Simberg S, Sala E, Tuomainen, Sellman J, Ronnema AM (2006) The effectiveness of group therapy for students with mild voice disorders: a controlled clinical trial. *Journal of Voice* 20(1): 97-109.
101. Sippola S, Syrja T, Salo A (2004) Changes in voice and subjective sensations during a 45-min vocal loading test in female subjects with vocal training. *Folia Phoniatica Logopaedica* 56: 335-346.
102. Smith E, Gray SD, Dove H, Krichner L, Heras H (1997) Frequency and effects of teacher's voice problems. *Journal of Voice* 11: 81-87.
103. Smith E, Lenke J, Taylor M, Kirchner HL, Hoffman H (1998) Frequency of voice problems among teachers and other occupations. *Journal of Voice* 12: 480-488.
104. Sodersten M, Granqvist S, Hammarberg B, Szabo A (2002) Vocal behavior and spectral characteristics of teaching voice. *Folia Phoniatr Logop* 50: 205-211.
105. Sudhashree K, Shrinivas K, Rohith K (2005) Issues and concerns of health among call centre employees. *Indian Journal of Occupational and Environmental Medicine* 9(3): 129-132.
106. Ternstrom S, Boderstein M, Bohman M (2002) Cancellation of simulated environmental noise as a tool for measuring vocal performance during noise exposure. *Journal of Voice* 16(2): 195-206.
107. Timmermans B, De Bodt MS, Wuyts FL, Boudewijns G, Clement G, et al. (2002) Poor voice quality in future elite vocal performers and professionals voice users. *Journal of Voice* 16: 372-382.
108. Timmermans B, De Bodt MS, Wuyts FL, Van de Heyning PH (2005) Analysis and Evaluation of a voice training program voice users. *Journal of Voice* 19(2): 202-210.
109. Timmermans B, De Bodt MS, Wuyts FL, Boudewijns G, Clement G, et al. (1997) Populations in the U.S. workforce who rely on voice as a primary tool of trade: A preliminary report. *Journal of Voice* 11: 254-259.
110. Varma RM (2012) Vocal loading in dubbing artists: A preliminary study. Unpublished Masters Dissertation. Manipal University, Manipal, India.
111. Vashani K (2005) Effectiveness of voice therapy in reflux-related voice disorder. An unpublished dissertation submitted to University of Mumbai, Mumbai, India.
112. Vilkman E (1996) Occupational risk factors and voice disorders. *Log Phon Vocol* 21(3-4): 136-141.
113. Vilkman E (2000) Voice problems at work: a challenge for occupational safety and health arrangement. *Folia Phoniatica Logopaedica* 52: 120-125.
114. Vilkman E (2004) Occupational safety and health aspects of voice and speech professions. *Folia Phoniatica Logopaedica* 56 (4): 220-252.

115. Vilkmán E, Lauri ER, Alku P, Sala E, Shivo M (1999) Effects of prolonged oral reading on F0, SPL, subglottal pressure & amplitude characteristics of glottal flow waveforms. *Journal of Voice* 13: 303-315.
116. Vilkmán E, Lauri ER, Alku P, Sala E, Sihvo M (1998) Ergonomic conditions and voice. *Logopedics Phoniatrics Vocology* 23: 11-19.
117. Watson NA, Oakeshott P, Kwane I, Rubin J (2012) A comparison of the Voice Handicap Index- 10 scores between medical and musical theatre students. *Journal of Voice* 27(1): 129.
118. Yiu EML (2002) Impact and prevention of voice problems in the teaching profession. *Journal of Voice* 16: 215-229.
119. Rajasudhakar R, Savithri SR (2010) Effects of teaching and voice rest on acoustic voice characteristics of female primary school teachers. *JAIISH*.
120. Rantala L, Paavola L, Korkko P, Vilkmán E (1998) Working-day effects on the spectral characteristics of teaching voice. *Folia PhoniatrLogop* 50: 205-211.
121. Rantala L, Vilkmán E, Bloigu R (2002) Voice changes during work: Subjective complaints and objective measurements for female primary and secondary school teachers. *J Voice* 16: 344-355.
122. Ravikumar A, Boominathan P, Mahalingam S (2010) Clinical voice analysis of Carnatic singers. *J Voice* 28(1): 128.e1-128.e9.



This work is licensed under Creative Commons Attribution 4.0 License
DOI: [10.19080/GJO.2017.09.555767](https://doi.org/10.19080/GJO.2017.09.555767)

**Your next submission with Juniper Publishers
will reach you the below assets**

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission
<https://juniperpublishers.com/online-submission.php>

