



The role of belonging in
quality of life of deaf adults in
a home counselling program

Introduction



- Langendoen & Huisman (2013): clients in the home counselling program of GGMD live isolated and are lonely.
- Professionals of GGMD value the quality of life of these clients as low.
- These clients are outsiders in all social circles: family, colleagues and the Deaf community.
- Research questions: what is the social network of these clients and how do they value the quality of their lives?
- Research was carried out by NSDSK and GGMD.

Quality of Life

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- QoL: how someone appreciates his or her mental and physical capacities and possibilities, how she or he interacts with others and manages their daily life.
- Social support and a large social network are positively related to QoL (Fellinger et al., 2005).
- For Deaf people, a Deaf social network is positively related to QoL (Gerich & Fellinger, 2012).
- Phillips (2016): QoL is estimated low in the case of a hypothetical illness/disability, compared to actually having this illness/disability.

Research instruments

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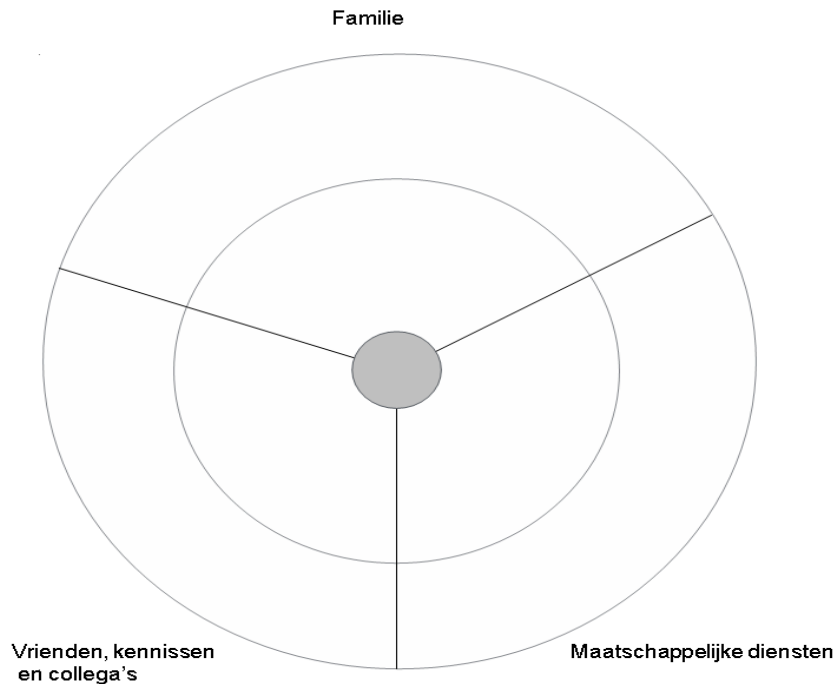


- Questionnaire on QoL of the World Health Organisation (WHQOL-BREF).
- *Deaf Acculturation Scale* (DAS, Maxwell-McCaw & Zea, 2011).
- Both translated by Smeyers et al. (2014) into:
 - Written Dutch
 - Sign Supported Spoken Dutch (NmG)
 - Dutch Sign language (NGT), by a Deaf teacher of NGT
 - Dutch Sign language (NGT), by a hearing interpreter of NGT

Network circle

(Scheffers 2010)

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Participants



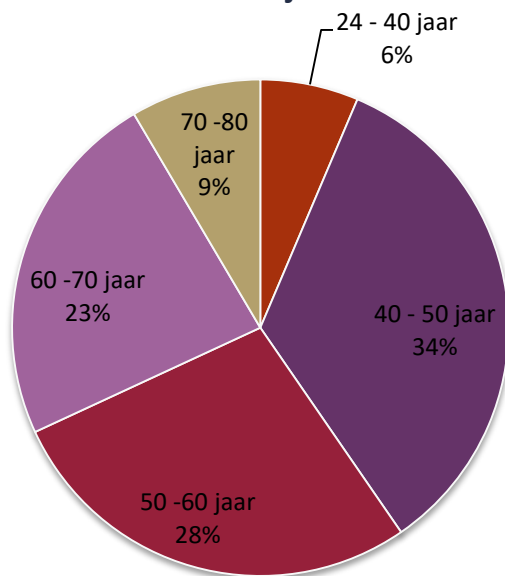
- 47 participants, 21 men, 26 women.
- Age: 24 to 80 years (average = 55,3).
- 32 consider themselves deaf, 15 consider themselves hard-of-hearing.
- 25 participants spent their youth in boarding schools (19 participants did not).
- 20 out of the 38 participants who were less than 65 years old have a job.
- 22 participants consider themselves members of the deaf community (25 did not).
- 39 participants have contacts with other deaf persons (8 do not).

Background of participants

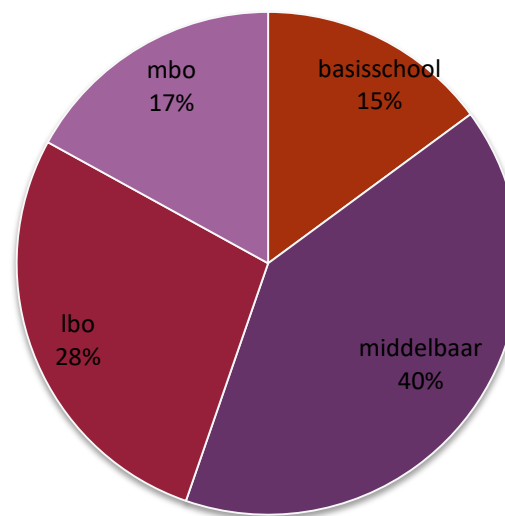
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leeftijd



opleiding



Results



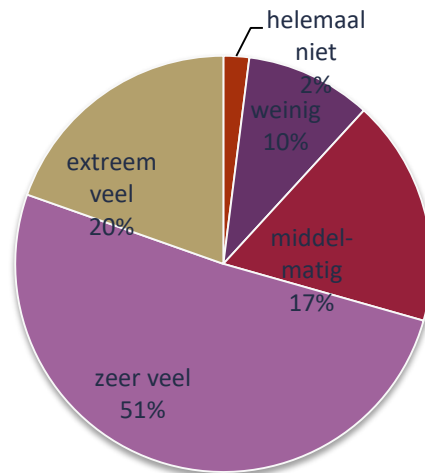
- Compared to the Smeyers–norm group (average Deaf Dutch population) and the Tilburg–norm group (average Dutch population). (selected on age, education, gender).
- No significant differences regarding QoL.
- Clients of GGMD do have somewhat lower results compared to the Tilburg–norm group (not significant).
- Clients of GGMD are very satisfied regarding their QoL.
- No difference between clients with or without a boarding school background.

Quality of life

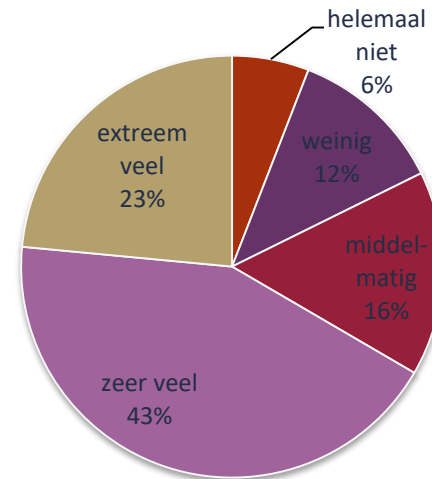
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Tevreden over kwaliteit van leven



Tevreden met gezondheid



Acculturation

- Clients of GGMD identify themselves more with Deaf culture than with hearing culture.
- Compared to the Smeyers–norm group they score higher on “deaf” and lower on “hearing”. Compared to the Maxwell–McCaw & Zea–group they score lower on “deaf” but the same on “hearing”.
- No difference between clients with or without a boarding school background.

Social network

- Clients of GGMD have on average 17 persons in their network, including family and friends, colleagues and professionals.
- We found a positive relation between the total number of persons in the network and strength of network, and quality of life.
- We also found a positive relation between psychological health, social functioning and environmental aspects (e.g. finances, housing, mobility).
- A higher score on hearing cultural identity was related to a higher score on physical health, psychological health and environmental aspects.
- A higher score on deaf cultural identity was related to a higher score on social relations and environmental aspects.

Conclusions – QoL

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- Clear answer to our question: clients of GGMD are satisfied about the quality of their lives.
- Discrepancy with the perspective of professionals regarding QoL of clients: confirmed by literature (Phillips, 2016).
- Environmental aspects have an influence on QoL: mobility, recreation, access to health services, safety and finances. The needs of clients in these aspects are met in the home counselling program of GGMD.

Conclusions – culture

- Acculturation – belonging – to a cultural group is important. This can be any cultural group: deaf or hearing.
- Confirmation of the findings of Gerich & Fellingner (2012): a larger social network is related to a higher QoL.
- Omission: we did not ask for the hearing status of people in the social network of clients...

Discussion

- We were surprised by the positive relation between a good physical health and a higher acculturation into the hearing culture.
- A possible explanation is that speechreading and communication with hearing people in general requires more energy.
- Research literature suggests more symptoms of fatigue and a longer recovery time in deaf and hard-of-hearing people (e.g. Nachtegaal et al., 2005).

Thank you!



- GGMD: mental health care and social services for deaf and hard-of-hearing people, www.ggmd.nl.
- NSDSK: Dutch foundation for the deaf and hard-of-hearing child, www.nsdsk.nl.