

Cultural Competence of Social Workers with Deaf People

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This research work focuses on understanding the opinion of social workers about physical and cultural competencies of deaf clients. The physical and cultural competency of deaf people were evaluated from the view point of social workers. Furthermore, views of social workers about necessary counselling and corrective treatments for deaf clients were also studied. The deaf individuals need assistance from the society for which we need to understand their various challenges. For this purpose, a cross-sectional survey was conducted to analyze the cultural competence of social workers who deal with deaf people in their daily routines. To analyses our variables 60 social workers from Lahore were recruited through convenience sampling technique to participate in a quantitative survey that was based on Attitudes to Deafness Scale made by Cooper, Rose, & Mason in 2004. Outcomes of the survey indicated that social workers belonging to Lahore mostly had positive views about the deaf community. However, improved exposure to deaf community and better familiarity with how to work with interpreters may encourage more positive attitude in practitioners. Hearing impaired clients should not be seen as disabled individuals rather with necessary support they can excel in various social platforms. It is very crucial for deaf people to receive help in their home and work environment. Their families should be provided necessary counselling and training for helping their hearing-impaired family members. Initiatives are required both at community and government level to elevate life's of hearing-impaired clients.

1. Introduction

Culture is a group of beliefs, traditions, practices, and attitudes shared by community. Whereas cultural competency is a wider conception that refers to interventions that focuses on improving the approachability and efficiency of healthcare facilities for ethnic and racial groups (Hulme et al., 2023). Culture is traditionally acquired from family and parents specifically. Though, deaf children are usually born to hearing couples, who don't have knowledge about deaf culture. Mostly parents do not learn Sign Language to converse with their deaf offspring's due to which a serious delay in language develops. A common observation in the case of deaf individuals is lack in communication which make them different and shows belonging to the deaf culture (Jackson, 2013). The process of enculturation and identity development of deaf individuals becomes complete as they are learning sign language and interact with other deaf persons.

There is legal and ethical obligation of social workers to address the need for various clients through non-discrimination and culturally fit practices (Munro et al., 2008). This includes suitably fulfilling the needs of hard of hearing clients. Among this population mental health needs are similar to hearing population; however, the barriers may be much superior (Jongen et al., 2018). The importance of cultural competency is highlighted in the health practice and policies of United States of America which is regulated by federal and state regulations. This policy requires the health care providers to offer care that is culturally competent (Curtis et al., 2019).

It has been seen that studies related to cultural competency in health care facilities are largely focused on outcomes of the providers (Kusters et al., 2017) and patient while other studies examined health illnesses e.g. hypertension (Hommes et al., 2018). But there is still a dire need of rigorous research about, mental illnesses, cultural competency and quality of services and facilities for the deaf community (Taylor et al., 2020). Deaf individual is defined as "someone who cannot communicate by speaking and hearing and who is incomplete in some way just because of his or her hearing ability" (Hulme et al., 2022). Deafness should not be considered as troublesome or a disability; instead, they belong to a linguistic & cultural group. This group is comprised of people with varying levels of hearing. Deaf individuals are culturally different and display deaf behaviors such as language, traditions, beliefs, norms, values, & spatial territory (Choi et al., 2019).

The main purpose of this study was to understand the attitude of social workers, working with the deaf community. We strived to identify the contention of social workers regarding cultural competencies of deaf people. Their viewpoint about counseling and corrective treatment for deaf people were also taken into account. This study will be beneficial for teachers, students and various institution of special education working in the field of hearing-impaired children. This study will be useful for social work institutions for planning their social work activities. Furthermore, this research will open new avenues for researchers interested in this field.

1.1 Research Questions

- Q1. What is the opinion of social workers about the deaf people's cultural competency?
- Q2. What is the opinion of social workers about deaf people's corrective treatment?

2. Literature review

This section will highlight the associations between the service provider, deaf client, and interpreter. Hulme et al. (2022) proposes that deaf clients are more satisfied with results of the therapy when their specific requirements are identified & valued as important. Adverse results may occur in case the needs of such clients are ignored such as the use of interpreters by doctors (Curtis et al., 2019). The National Association of Social Worker (2008) in their Code of Ethics forbids the social work practitioners from discrimination based on physical or mental disabilities. The term cultural competence in the field of social work states that “social workers shall seek to provide or advocate for the provision of information, referrals, and services in the language appropriate to the client, which may include use interpreters.” (NASW, 2008, Standard 9. Language Diversity).

It is crucial to learn about their client’s cultural background to offer suitable services and to show respect. The NASW includes cultural competency in its Code of Ethics. Standard number 1.05, of Cultural Competence & Social Diversity, part (b) says that, “Social workers should have a knowledge base of their clients’ cultures and be able to demonstrate competence in the provision of services that are sensitive to clients’ cultures and differences among people and cultural groups” (National Association of Social Workers, 2008). It is significant for the social workers that they must value the information provided by clients about their needs for developing a positive relationship with them. The involvement of sign language interpreter greatly improves the communication and understanding among social workers and deaf clients. It is a common practice among Deaf people who recognize themselves with Deaf community and Deaf culture use local sign language as their basic language. This identifies the importance of understanding sign language for professionals not fluent in this capacity, therefore should use an interpreter to communicate with their clients.

3. Methodology

Quantitative approach was employed to find cultural competency of social work practitioners with deaf clients. For this purpose, a cross-sectional survey was conducted to understand number of groups at one point in time (Polit et al., 2011). Non-probability convenience sampling technique was used for selecting samples as social workers are not a large segment, therefore participants who meet the criteria were based on their availability and ease of access. Our sample belonged to age ranges 20 to 51+ years. Social workers from Lahore were approached. Total 120 participants, both males and females were included. All the participants were first contacted telephonically and then approached personally. A standardized questionnaire i.e. Attitudes to Deafness Scale (Cooper et al., 2004) was used for data collection. The scale comprised of 22 statements and each item indicates a positive or negative attitude of social workers toward the population. The scale measured responses on a five-point Likert type scale ranging from 'strongly disagree' to 'strongly agree'. Participant response indicated a positive, neutral or negative, attitude. Descriptive analysis was done to interpret data through frequencies and percentages. Ethical considerations were observed and confidentiality of the data was maintained.

4. Result and Findings

Participants who had practiced as social workers currently or previously in the society were included in the data collection process. All the questionnaires were checked for completeness prior to data analysis. Total number of respondents were 120 out of which 80% social workers were current practitioners, while 20% had previously worked as social workers. Only 5% of the respondents reported that they have disability, whereas 95% of the social workers acknowledged themselves as a hearing person, or without hearing loss. The demographics of the social workers participating in the study were studied closely and indicated that 90% were female participants and only 10% were male. Most of the participants (78%) belonged to 20-35 years age group while rest were 50 plus. Majority (73%) of the social workers 5-8 years' experience. The analysis of attitude to deafness scale questionnaire data is given below:

Figure No 1: Attitude to deafness scale items 1-7.

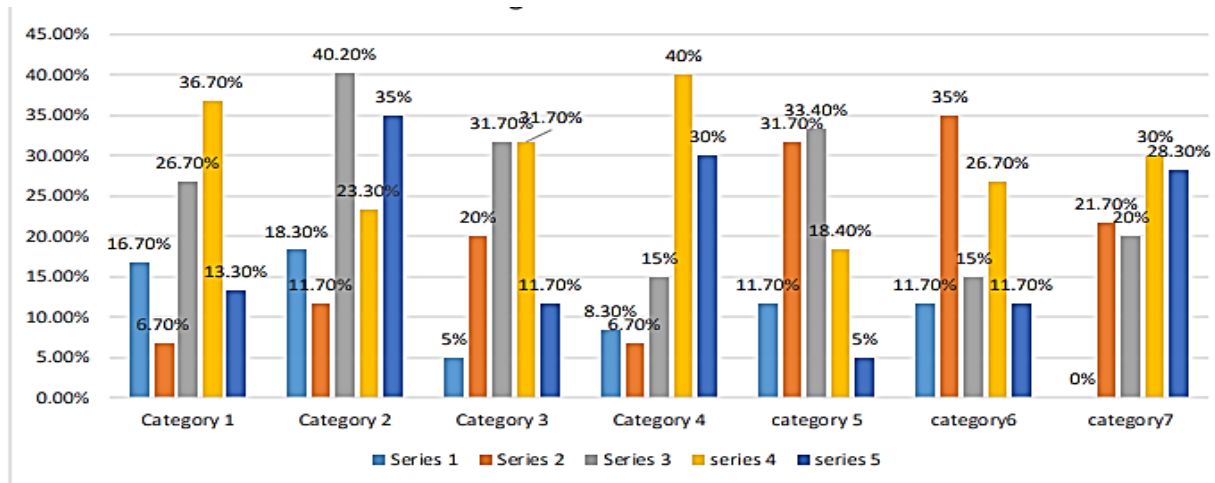
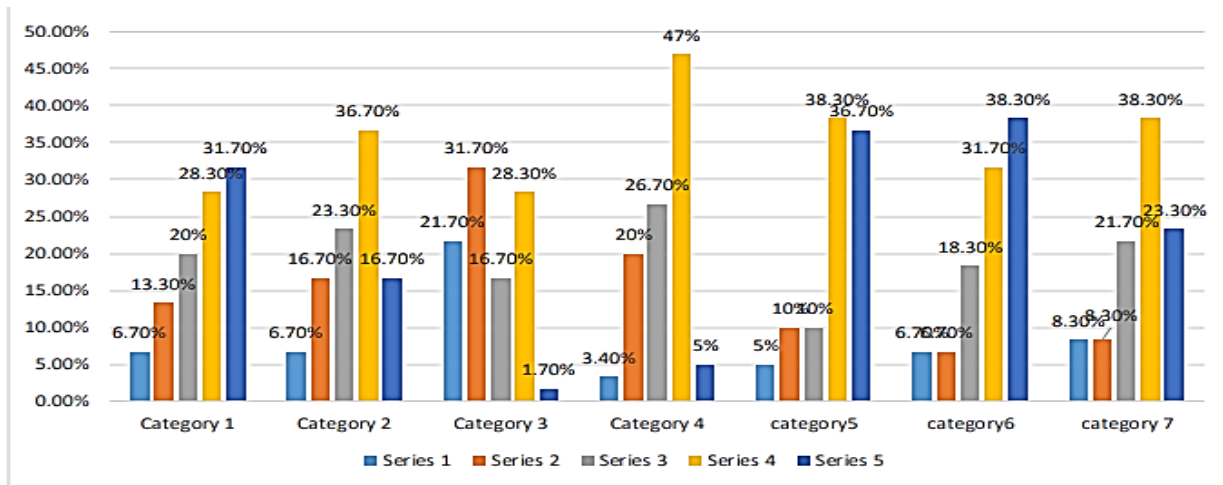


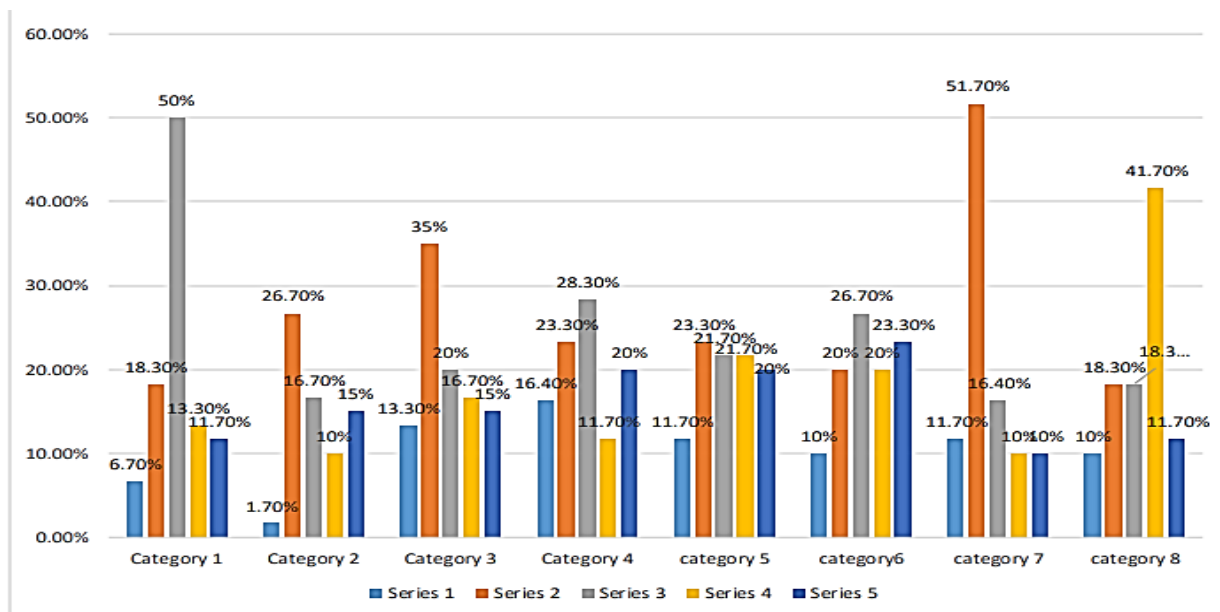
Figure shows the results of items 1-7. The category 1 shows that majority of the respondent i.e. 36.7% agreed and 13.3% strongly agreed that deaf couples should have genetic counseling so that to avoid deaf offspring's. Category 2 shows that most of the respondents (23.3%) & (35%) strongly agreed that Deaf children should also learn to speak to communicate with hearing parents. Category 3 shows that most of the participants (31.7%) agreed and (11.7%) strongly agreed with the statement "I would like to have more deaf friends". Category 4 shows that highest number of respondents (40%) agreed and (30%) strongly agreed that the deaf schools and deaf clubs create deaf community. Results of category 5 reveals that most of the respondents (11.7%) strongly disagreed and (31.7%) disagreed with the view that deaf people should learn speech rather than sign language. The category 6 displays that most of the participants (11.7%) strongly disagreed and (35%) agreed that deaf people are handicapped. The results of category 7 identifies that large number of participants (30%) agreed & (28.3%) strongly agreed that more research should be done to find cures for deafness.

Figure No 2: Attitude to deafness scale items 8-14.



In the above figure 2, first category shows that majority of the respondents (28.3%) agreed and (31.7%) strongly agreed with the statement that deaf kids should be taught in sign language”. Category 2 shows result that majority (36.7%) agreed and (16.7%) strongly agreed with the statement that hearing children of deaf parents are at risk of emotional deprivation. Category 3 shows that almost 21.7% respondents strongly disagreed and 31.7% respondents disagreed that deaf people are safe drivers. Category 4 shows that majority of the participants (47%) agreed and 5% respondent strongly agreed that they would like to have more deaf colleagues at work place. The results of category 5 reveals the view that 38.3% respondents agreed and whereas 36.7% respondent strongly agreed that deaf people should learn to lip-read.

Figure No 3: Attitude to deafness scale items 15-22.



Category 6 shows that higher number of participants expressed that (31.7% agreed and 38.3% strongly agreed) interpreters should be available for deaf people at work. The results of category 7 shows that most of the respondents (38.3% agreed and 23.3% strongly agreed) were of the view that deaf people should automatically receive help in their home environment.

In figure no 3, category 1 shows the result that most of the respondents agreed that all deaf people should be offered corrective surgery. The results of category 2 reveals that most people (29%) disagreed with the statement that training more professionals to work with deaf clients would be a waste of time. Category 3 shows that most of the respondents disagreed that (13.3% strongly disagreed and 35% disagreed) having a deaf colleague would cause problems in the workplace. Category 4 shows that most of the respondents disagreed (16.4% strongly disagreed and 23.3% disagree) that deaf people are physiologically impaired. Category 5 shows that most of the respondents agreed that (21.7% agreed and 20% respondents strongly agreed) with the statement that deaf people should not be viewed as impaired. Category 6 shows that most of the respondents (20%) agreed and (23.3%) strongly agreed with the statement that I would like to see more deaf people at the clubs/societies I attend. Category 7 shows that most respondents (11.7%) strongly disagreed & (51.7%) disagreed that having a deaf friend would be difficult for them. The results of category 8 reveals that most of the participants (41.7%) agreed and (11.7%) strongly agreed with statement that deaf people have their own culture.

4.1 Discussion

This research was conducted to analyze cultural competency of social work practitioners with deaf people. Our results revealed that mostly service providers have positive attitudes for deaf people. This trend is in line with previous researches.

4.1.1 Cultural competency of social workers

The cultural competency of individuals who serve as social workers for hard of hearing clients is an important aspect of their services. "Social work is one of the few professions that have a mandate from their code of ethics to provide culturally competent services to clients of varying backgrounds" (National Association of Social Workers, 2008). As sound understanding of background and knowledge base of social workers about deaf clients can play an important role in communication & therapies. In addition to that there is a dire requisite to provide social work practitioners with educational materials related to cultural background and deaf culture for continuing education in Deaf community. Training sessions and free educational videos for professionals such as social workers, interpreters and therapists is important in this regard. More research should be conducted about the deaf culture and deaf community in every society. And the relevant content should be deciphered from these researches to compile books, educational modules and free digital educational materials regarding the deaf culture. The three health behaviors as in indicated by Singleton and Krause (2010) i.e. "health literacy, cultural barriers, and language proficiency" should be the most important target for service providers for deaf community. Educational services for teaching sign language should be provided by the state to parents of deaf individuals to decrease the

problems created due to language barrier. “Unfortunately, 90% of deaf children are born to hearing parents who do not learn sign language skills early in life” (Richardson, 2014). As Gilmore et al. (2019) has suggested that recommendations for policies and practice should be advised for interpreters and that both deaf people and therapy providers working with interpreters should get training.

4.1.2 Competency of Deaf People

Our results show that deaf people are not considered safe drivers by most of the population due to their impairment in hearing capacity. Whereas some participants expressed that deaf people can drive vehicles with preventive measures and help while driving any vehicle. More than half of our participants reported that deaf people should not be viewed as impaired. With right corrective measures and necessary support, social, physical and academic competencies of deaf clients can be greatly enhanced.

4.1.3 Social Workers Opinion about Emotional Competency of Deaf People

Our results highlight that most of the people working as social workers with hearing impaired individuals have positive mindset for them, which is a very ideal prospect. They have better understanding of the problems of such individuals and have training to deal with them. Most of the survey participants expressed that they would like to have more deaf friends in daily life. They also indicated that it would not be difficult to have deaf friends for them. It is better for a healthy community to endorse diversity in all aspects. Our findings also revealed that most of the social workers would like to work with deaf colleagues and having more deaf colleagues do not create challenges in the work place. This positive approach is probably due to the fact that social workers dealing in this field are trained to be sympathetic and caring for hearing impaired individuals. They tend to have a natural inclination towards sensitivity for such patients. The social workers who participated in our research reported that they would prefer to have more interaction with deaf people and would like to participate in societies and clubs with them. Although it can be challenging to have relationships with special individuals due to their incapacity in certain aspects, but necessary training and awareness about hearing impaired individuals can yield highly positive results.

4.1.3 Deaf Community & Deaf Culture

Deaf community is synonymous to deaf culture. As individuals in this community share their problems and dilemmas with other members they tend to communicate, interact and associate more easily. Most of the respondents said that deaf schools and deaf clubs create deaf community. These communities are important for their education and skill development. Congregation in this form develops a deaf culture which is pertinent to the community they live in. Deaf culture have most of the norms of the community around them with certain additional common association and meanings related to the hearing impaired individuals. The survey participants also clearly indicated that deaf people have their own culture which is subjective to the culture around them.

4.1.4 Emotional Deprivation

Our results showed that hearing children of deaf parents were at risk for emotional deprivation, because their parents are sometimes not able to provide help and required support to their hearing children. This may be due to the language barrier and social stigmas associated with the impairment. Children in the growing years sometimes find it difficult to associate themselves with their parents with such condition. Whereas in more smitten and caring families these barriers can be overcome by support of other family members. While a positive approach of the society towards hearing impaired individuals specifically and special people in general can raise social coherence between family members and community at large. Deaf people are not psychologically impaired but a negative association and discrimination can cause dissatisfaction leading to psychological dilemmas. More over deaf individuals cannot be considered as psychologically impaired because their environment is conducive to their psychological condition at all stages of life.

4.1.5 Social Workers Opinion about Corrective Treatments for Deaf People

It is very crucial for deaf people to get assistance in their daily life routine. Their families should be provided necessary counselling and training for helping their hearing impaired family members from very beginning. The growth and development of HIC can be improved by providing both training and corrective measures. It is also important to train them regarding the use and maintenance of hearing aids in daily routine. Most of the social worker said that all deaf people should be provided corrective surgery depending upon the availability of resources and medical advancements. Timely medical treatments can improve the living conditions, educational and job placement opportunities for hearing impaired individuals. While more studies should be done to find new cures and preventive measures for deafness. Social workers participating in our study also suggested that deaf couples should receive genetic counselling to avoid deaf offspring. More research is required in the field of genetic engineering to introduce it as an affordable medical treatment. Initiatives are required both at community and government level to elevate life's of special people.

4.1.6 Learning New way of Communication

Most of the social workers had opinion that deaf children should learn to speak for communication with their hearing parents. It would be better to enhance communication skills of deaf children which would help them in community living. Learning speech would not only help them in communication but also improve social competence at all levels. It is also important for deaf people to learn both speech and sign language for effective communication with others. As it is not beneficial for them to learn only one way of communication among speech and sign language. It is seen that learning sign language and speech at the same time compensates for their disability and improve communication skills. Furthermore it is also helpful for the deaf children to learn lip-reading skill. Most of the deaf children are taught lip-reading because this skill assists them in understanding speech.

More research has to be conducted about relationship of social workers and interpreters with Deaf clients. It would be highly valuable to study factors that can lead to better outcomes for Deaf client therapies, including trainings for cultural competency of social workers. There is also a need to identify what kind of training materials and online educational content is accessible to social workers about the Deaf, which can be most effective in developing cultural competency.

5. Conclusions

Cultural competency is an acknowledged and popular approach that can improve the provisions for health care, racial and ethnic minority groups in deaf community. It can be also helpful in reducing inequalities and associated taboos. Although more research needs to be done about attitude of social workers and interpreters with deaf clients, but studies put forward that improved cultural competency with particular group can enhance outcomes for clients. Our survey findings showed that social work practitioners have positive attitude on the whole for deaf people. However, experience with deaf culture and understanding about how to work in coordination with interpreters may develop positive attitudes in social workers. Hearing impaired clients should not be seen as disabled individuals rather with necessary support they can excel in various social platforms. Awareness at community and global level can improve social acceptance for diverse groups specifically for hearing impaired individuals. Better health care opportunities and support services can make their lives easier. Social workers are a part of wider support service network for such individuals. And improvement in their cultural competency with deaf clients can yield several benefits, including mediating the communication between deaf clients and community, through awareness among masses.

5.1 Future Recommendations

This research study focused on the cultural competency of social workers with deaf clients. Future researchers can study the cultural competency of teacher working with hearing impaired children. Data collection from various cities of Pakistan can also highlight more intensive observation in the field of HIC. Better initiatives are also required to conduct collaborative trainings for social workers globally. To conduct collaborative trainings for social workers at local, national and international level.

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