The **accessibility** of rehabilitation services for **Deaf** adults according to the perspective of healthcare professionals of Quebec; Preliminary results

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PROBLEM

Deaf people (sign language users) reprensent a distinct sociocultural group [1, 2]
Healthcare system use is lower among Deaf individuals [4]
They experience **health inequities** [3]

Communicational barriers persist

Cultural inadequacy remains a challenge

Deaf cultural competency is therefore crucial.[5]
In Quebec, Canada, Deaf adults are dissatifsfied with rehabilitation services, and professionals question themselves.
No data currently exists in the literature.

OBJECTIVES

1. Describe the perception of the rehabilitation professionals of the way they modify their interventions for Deaf adults.
2. Describe their perception on the facilitators and the barriers to the provision of ideal rehabilitation services to Deaf adults.
3. Analyse the Deaf cultural competency of the rehabilitation professionals .

METHODOLOGY

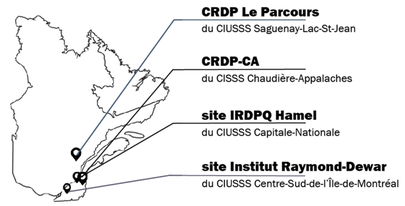
Participants - Inclusion criteria:

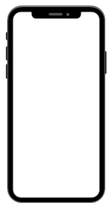
1. Currently working in a rehabilitation center with Deaf and hard of hearing individuals.
2. Having experience with at least one Deaf client.

Qualitative component

Semi-structured individual interviews (virtual)
4 *Centres de réadaptation e*n déficience physique (CRDP)/ rehabilitation centers

- 15 participants
- Duration: 30 to 60 min.





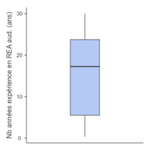
Quantitative component

Professionnals from all rehabilitation centers in Quebec

- Online self-administered survey (cross-sectional): Attitudes toward Deaf people and knowledge about deafness and sign language interpreter use.
- 30 participants
- Duration: 15 to 20 minutes

It is essential to plan **enough time** for effective communication with Deaf clients in order to better identify actual needs and to **build** a therapeutic relationship based on **trust**.

PRELIMINARY RESULTS



Median experience: 17.3 yrs
IQR 18.3 yrs (3 months to 30 yrs)

Qualitatitative - Participants' profile

14 participants, self-identified as women. 7 professional titles held. 8 knew a Deaf person in their social circle.

Interview duration: 57 min. on average, SD 20 min.
(44 min. to 1h57min.)

Preliminary results based on ongoing analysis: data familiarization and initial coding.

Objective 1: Perception of adaptations applied

Attitude: Use coherent non-verbal cues, plan longer intervention time.
Knowledge: Use an effective communication mode, adapt to the sign language proficiency and literacy level of the person. Deaf culture knowledge is crucial to support sound clinical opinion.

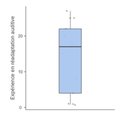
Objective 2: Perception of facilitators and barriers

Clinical factors: acquired attitudes and knowledge.
Organizational factors: Manager's support and flexibility.
Structural factors: frequent staff turn-over (loss of expertise), services' approachability.

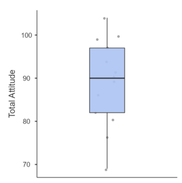
Objective 3: Rehabilitation profesional's Deaf cultural commpetency

Quantitative - Participants' profile

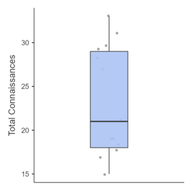
N = 13 (12 women, 1 man)
4 CRDP, 8 different professional titles
9 knew at leat one Deaf person in their social circle



Median experience: 18 yrs
IQR 18 yrs
(10 months to 27 yrs)



Attitude subscale
Mean 89/110, SD 10.2 (69 to 104)
⊕ Positive attitude



Knowledge subscale
Mean 21/40 (52%), IQR 11 (38 to 83%)
⊖ Relatively low?

CONCLUSION

Next steps:

- Complete data collection and analysis: mixed thematic qualitative analysis and inferential statistics.
- Understand Deaf adults' perception of healthcare services, including specialized rehabilitation services for Deaf people.
- Analyse their satisfaction toward those services.
- Identify facilitators and barriers to healthcare services' accessibility to Deaf adults in Quebec.

Partnership research to ensure the cultural adequacy of the methodology and accuracy of data interpretation.
Cultural safety first!

→ In collaboration with the Deaf partners, develop recommendations to improve healthcare services' accessibility to Deaf adults in Quebec.

Broader implications:

- Training programs tailored to different professional profiles in healthcare sector, and eventually, other areas, as justice system.
- Guide structural changes to overcome health inequities.

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