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Lived experiences of adults with deafness when accessing healthcare services in Johannesburg, South Africa

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Title: Lived experiences of adults with deafness when accessing healthcare services in Johannesburg, South Africa

Abstract

Background and rationale: Access to healthcare is an acknowledged basic right for all. The harsh reality is that access to healthcare is not equal across all populations. In South Africa, the majority of the population accesses healthcare through the public healthcare system, including adults with deafness. Persons with deafness have the additional elements of possible barriers in communicating when accessing healthcare service, that are likely to impact how any healthcare service is utilised. More research is needed in the South African healthcare context, especially for adults with deafness. Therefore, this study aimed to explore the lived experiences of adults with deafness when accessing healthcare services in Johannesburg, South Africa.
Methodology: This cross-sectional study made use of an exploratory qualitative research design to explore which facilitators and inhibitors impact on adults with deafness accessing health care services. Sampling included a combination of non-probability, purposive and convenience sampling. The sample included only thirteen adults with diagnosed deafness, who attend the Speech Therapy and Audiology clinic at a specialized tertiary hospital in Johannesburg, South Africa. Participants took part in semi-structured interviews, and transcriptions then underwent thematic analysis.
Results: Results were presented under the pre-defined dimensions of the Theory of Accessibility (1981), and also applied to the Biopsychosocialtech model and International Classification of Functioning (ICF). It was found that participants are either dissatisfied or resigned to their access experience within the public healthcare system. Participants expressed that with aging, they access more hearing and non-hearing related healthcare services. Additional co-morbidities that come with aging also require support from family to ensure that access to healthcare is successful, such as handing over listening and hearing needs. Hospital infrastructure and acceptance of deafness from healthcare practitioners and support staff do not support the needs of adults with deafness.
Implications: The findings of this study emphasize the need for improved access to healthcare for adults with deafness, and more education for medical and non-medical clinical staff on how deafness can impact a healthcare service experience. The findings of this study may contribute to audiological service provision and advocacy for patients and the profession, through clinical training.

Key words: deafness, access to healthcare, South Africa, hospital, public healthcare, available healthcare, accessible healthcare, affordable healthcare, acceptable healthcare, accommodations in healthcare