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Original article

Self-assessment of adults with acquired hearing loss in the context of self-esteem and psychosocial functioning

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Summary

Introduction. The consequences of acquired hearing loss in adults condition their psychosocial functioning and imply changes in the quality of life related to disorders in social and emotional functioning. Hearing loss is considered a risk factor for reduced psychosocial functioning and self-esteem. Psychosocial well-being and preserved self-esteem imply having a positive self-image and realizing that a person is an important part of the social community in which he/she lives. The paper deals with self-esteem and psychosocial functioning of adults with acquired hearing loss. The aim of this research is to determine the level of self-esteem and the degree of expression of consequences in psychosocial functioning, that is, the connection between the level of self-esteem and the degree of expression of consequences in psychosocial functioning in adults with acquired hearing loss.

Methods. The research was conducted on a sample of 60 adult subjects with acquired hearing loss and 60 subjects with normal hearing. The average age of the respondents with hearing loss was 54.1 (*SD* = 10.84), and the sample consisted mostly of male respondents (56.7%) with moderate hearing loss (25.4%). The Rosenberg Self-Esteem Scale and the questionnaire for the subjective assessment of the hearing condition - the HHIA questionnaire (Hearing Handicap Inventory for Adults) were used as instruments.

Results. The results showed that the respondents expressed moderate or average self-esteem and that there was a connection between self-esteem and psychosocial functioning in adults with acquired hearing loss.

Conclusion. Future research could be directed more towards examining self-esteem in more detail in more specific domains of psychosocial functioning of adults with acquired hearing loss.

Key words: hearing loss, adults, self-esteem, psychosocial functioning

Introduction

Hearing loss implies a permanent decrease in auditory sensitivity to sound i.e a reduced ability to perceive sound stimuli and can be congenital or acquired [1, 2]. Acquired hearing loss is one of the most common chronic conditions affecting adults [3, 4]. The consequences of acquired hearing loss in adults condition their psychosocial functioning and imply changes and disorders in social and emotional functioning, i.e. reduced participation in social activities and impaired mental health [5].

Sebastian, Varghese and Gowri [6] conducted research with the aim of determining the relationship between hearing loss and psychosocial functioning, and their results showed that acquired hearing loss in adulthood significantly affected the psychosocial well-being of an individual.

Communication is the first aspect in the psychosocial functioning of adults with acquired hearing loss where the consequences and difficulties are observed [7]. In the context of hearing loss, limitations in communication refer to difficulties in understanding and following direct spoken or telephone communication [8]. Negative communication experiences in individuals with hearing loss firstly lead to the feeling of being left out, resulting in avoiding social interactions and group experiences [9]. Research shows that their participation in social activities significantly decreased after the onset of hearing loss and that hearing loss negatively affected the social aspect of their functioning [10–13].

By further limiting the situations in which they can participate, people with acquired hearing loss are at risk of social isolation [12, 14, 15].

Social isolation, impaired interpersonal interactions reflect on the quality of life of adults with acquired hearing loss, which further often leads to emotional difficulties and changes in psychological functioning [16, 17]. In respondents with hearing loss, the most common mental difficulties that lead to changes in psychological functioning are the increased presence of symptoms of depression, anxiety and phobic anxiety [17, 18–25].

Self-esteem implies the evaluation individuals create or maintain about themselves, which reflects the attitude of acceptance or rejection and refers to the level at which the individuals perceive themselves as capable, successful, significant and valuable [26]. Hearing loss is considered the risk factor for reduced psychosocial functioning and self-esteem. Psychosocial well-being and preserved self-esteem imply having a positive self-image and recognizing that a person is an important part of the social community in which he/she lives [27]. During self-assessment, we are guided by an objective evaluation of our own abilities and skills and an evaluation based on social acceptance. The community sees hearing loss as an obstacle to participation in society, underestimates the abilities of people with hearing impairment and considers them inferior members of society [15, 28, 29]. Individuals with hearing loss tend to question their worth and self-esteem [15].

As communication difficulties become a source of frustration over time, numerous negative emotional reactions develop, such as shame, guilt, discomfort, loneliness, further leading to the loss of self-confidence and self-esteem. Re-experiencing negative emotions leads to the creation of a bad self-image, a feeling of incompetence, and then to complete isolation and depression [30, 31].

Self-esteem is at the core of many problems and changes that arise in the psychosocial functioning of adult individuals. The collapse of the level of self-esteem and the sense of loss of control over oneself, which occurs when the person loses their hearing capacity, are serious triggers of stress, depression and anxiety [32]. Through the previous paragraphs, these symptoms and disorders are described as problems and changes that can occur in the functioning of adults with acquired hearing loss. When self-esteem is included in the overall story, we see that self-esteem and the consequences that occur in psychosocial functioning are closely related and that it is necessary to further investigate this relationship in adult individuals with acquired hearing loss.

Our objective was the self-assessment of adults with acquired hearing loss in the context of self-esteem and psychosocial functioning research aiming to determine the level of self-esteem and the degree of expression of consequences in psychosocial functioning, i.e. whether there is a connection between the level of self-esteem and the degree of expression

of consequences in psychosocial functioning in adults with acquired hearing loss damage. The aim of the research was determined through the following tasks:

1. to examine whether there are differences in the level of self-esteem among adults with acquired hearing loss in relation to the degree of expression of consequences in psychosocial functioning;

2. to examine whether there are differences in the level of self-esteem between adults with acquired hearing loss and adults with preserved hearing;

3. to examine whether there are differences in the level of self-esteem among adults with acquired hearing loss in relation to the degree of hearing loss; and

4. to check whether there are differences in the level of self-esteem between respondents of different genders.

Methods

A total of 120 respondents were included in this research. The sample was divided into group A and group B. The group A consisted of people with acquired hearing loss, while the group B consisted of people with preserved hearing. The groups were equal according to the number of respondents, so there were 60 respondents in each group.

The level of self-esteem was measured using the Rosenberg Self-Esteem Scale [26] consisting of 10 items where five statements of the scale were in the positive direction (e.g. I feel that I have many good qualities) and five in the negative direction (e.g. I feel that there is not much that I can be proud of) with reverse scoring. The respondent should indicate the degree of agreement from 3 - I completely agree to 0 - I do not agree at all.

According to the author of the scale, the results of the general self-esteem scale are divided into three groups: low (score below 15), average/moderate (score from 15 to 25) and high self-esteem (score over 25). At the level of Rosenberg's self-esteem scale, good reliability was registered in this research ($\alpha = 0.85$).

Variables gender and level of hearing loss were obtained using a questionnaire on the sociodemographic characteristics of the respondents, while the degree of expression of consequences in psychosocial functioning variable was obtained through the subjective assessment of hearing condition questionnaire - HHIA questionnaire (Hearing Handicap Inventory for Adults) [33].

The results of the HHIA questionnaire, according to foreign authors, are described by the term hearing handicap, which in this case implies the degree of expression of consequences in psychosocial functioning. The questionnaire contains 25 items, where 13 of those items refer to social issues. Respondents answer these questions with yes, sometimes and no. Scores with less than 16 points on the HHIA questionnaire indicate the absence of a hearing handicap (a low level of expression of consequences in psychosocial functioning), scores from 16 to 42 points indicate a mild to moderate degree of expressiveness of the consequences in psychosocial functioning, while scores with over 42 points indicate the significant hearing handicap (high degree of expressiveness of the consequences in psychosocial functioning). Based on the HHIA questionnaire, in our research, high reliability was registered ($\alpha = 0.94$).

Results

In the group A the sample consisted mostly of male respondents (56.7%), while in the group B the number of male and female respondents was equal. The age of the subjects ranged from 22 to 65 years, with the average age in the group of subjects with acquired hearing loss being 54.1 (SD = 10.84) and in the group of subjects with preserved hearing 52 (SD =11.49). In the group A, the largest number of subjects had moderate hearing loss (25.4%).

Table 1. Sample structure of the group A according to gender and degree of hearing impairment (N=60)

	Groups of respondents	f	%
Gender	Male	34	56.7
	Female	26	43.3
Degree of hearing loss	Mild	14	22.2
	Moderate	16	25.4
	Moderately severe	11	17.5
	Severe	12	19.0
	Profound	7	11.1

Based on descriptive statistics, it was determined that the largest number of adult respondents with acquired hearing loss, 41 or 68.3%, showed moderate or average self-esteem. The results of the t-test for one sample showed that the **average value of the level of self-esteem** in adults with acquired hearing loss (N = 60, M = 21.42, SD = 4.58) was statistically significantly above the assumed critical value for the low level of self-esteem (t =10.85, df =59, p < 0.001). The obtained average value indicates moderate or average self-esteem in adults with acquired hearing loss, which is in accordance with the data from descriptive statistics.

The average score of the respondents on the HHIA questionnaire (N = 60, M = 35.33, SD = 25.82) fits into the interval from 16 to 42 points, which implies a mild to moderately significant hearing handicap. This result, that is, the level of hearing handicap, actually indicates a mild to moderate degree of expressiveness of the consequences in the psychosocial functioning of adults with acquired hearing loss.

According to the results of the Shapiro-Wilk test, the empirical distribution of measures on the self-esteem level of adults with acquired hearing loss variable (W = 0.98, p = 0.19) does not deviate statistically significantly from the normal distribution model, while in the case of the empirical distribution of measures on the level of hearing handicap variable (W = 0.93, p < 0.01) there is a statistically significant deviation from the normal distribution model. According to the results of the Shapiro-Wilk test, the connection between the level of self-esteem and the level of hearing handicap variables was checked using a non-parametric (Spearman) correlation analysis. The results of Spearman's correlation analysis show that there is the statistically significant relationship between the level of self-esteem and the level of hearing handicap (r = - 0.56, p < 0.001). The values of the correlation coefficient show that there is a negative correlation of moderate intensity between these two variables, where the increase in the level of hearing handicap is associated with the decrease in the level of self-esteem. This result indicates that significant levels of hearing handicap, i.e., greater degree of expression of consequences in psychosocial functioning are associated with lower levels of self-esteem in adults with acquired hearing loss.

Table 2. Descriptive data for subjects with acquired hearing loss and subjects with preserved hearing on the self-esteem scale (N=120)

	Group of respondents	N	M	SD	SE_M
Level of self-esteem	Adults with acquired hearing loss	60	21.42	4.58	0.59
	Adults with preserved hearing	60	20.95	5.62	0.73

M - average value of the level of self-esteem; **SD** - standard deviation; **SEM** - standard error of the mean

According to the results of the Shapiro-Wilk test, the scores on the self-esteem level variable were normally distributed both in adult subjects with acquired hearing loss (W = 0.98, p = 0.19) and in adult subjects with normal hearing (W = 0.97, p = 0.09). Based on these results, the difference in the level of self-esteem between adult subjects with acquired hearing loss and adult subjects with normal hearing was checked using the t-test for dependent samples. The results of the t-test for dependent samples showed that there was no statistically significant difference between adult subjects with acquired hearing loss and adult subjects with normal hearing regarding the level of self-esteem (t = 0.48, df = 59, p = 0.63, d = 0.06).

According to the results of the Shapiro-Wilk test, the scores on the self-esteem level variable were normally distributed in both male (W = 0.98, p = 0.88) and female (W = 0.93, p = 0.09) adult subjects with acquired hearing loss. The variances in these two groups were approximately equal, as shown by the results of Levene's test (F = 0.01, df = 1, p = 0.94). Based on these results, the difference between male and female respondents in their attitudes towards deafness was checked using the parametric Student's t-test. The results of the Student's t-test showed that the difference between male and female respondents in attitudes towards deafness was not statistically significant (t = - 1.33, df = 58, p = 0.19, d = - 0.34).

According to the results of the Shapiro-Wilk test, the scores on the self-esteem level variable were normally distributed in the subsamples of subjects with mild hearing loss (W = 0.93, p = 0.31), subjects with moderate hearing loss (W = 0.97, p = 0.13) and subjects with moderately severe hearing loss (W = 0.86, p = 0.07), subjects with severe hearing loss (W = 0.91, p = 0.21) and subjects with profound hearing loss (W = 0.83, p = 0.08). The results of Levene's test indicate the approximate equality of variances between all groups of respondents (F = 1.63, p = 0.18). In accordance with the results of the Shapiro-Wilk test, the differences in the level of self-esteem between subjects with different degrees of hearing loss were checked using a parametric test, i.e. using a one-factor analysis of variance. The results of the one-factor analysis of variance showed that there is no statistically significant difference in the level of self-esteem between subjects with different degrees of hearing loss (F = 0.39, $df1$ = 4, $df2$ = 55, p = 0.82, $\eta 2$ = 0.03).

Table 3. Descriptive data for male and female respondents on the self-esteem scale (N=60)

	Gender	N	*average value of the level of self-esteem*	SD	SE M
Level of self-esteem	Male	34	20.74	4.59	0.79
	Female	26	22.31	4.51	0.88

Table 4. Descriptive data for subjects with different degrees of hearing loss before applying one-factor analysis of variance (N = 60)

Degree of hearing impairment	N	*average value of the level of self-esteem*	SD
Mild	14	22.21	4.14
Moderate	16	20.44	5.25
Moderately severe	11	21.82	5.21
Severe	12	21.92	4.93
Profound	7	20.57	2.22

Discussion

The results of the research show that adult respondents with acquired hearing loss express moderate or average self-esteem. In addition, in adult subjects with acquired hearing loss, there is the mild to moderately significant auditory handicap, which actually indicates the mild to moderate degree of expressiveness of the consequences in psychosocial functioning. The results also show that there is a connection (in the form of a negative correlation) between the level of self-esteem and the degree of expression of consequences in psychosocial functioning. More significant levels of hearing handicap, that is, a greater degree of expressiveness of consequences in psychosocial functioning is associated with lower levels of self-esteem in adults with acquired hearing loss. Adult subjects with acquired hearing loss do not differ in their level of self-esteem from subjects from the control group who have normal hearing. Gender and degree of hearing loss did not prove to be a statistically significant factor contributing to changes in the level of self-esteem.

By reviewing of the available literature it was found that communication challenges and the impossibility of quality participation in social interactions, in addition to disrupting daily functioning and causing stress, also led to persons starting to form a negative image of themselves, which can put their self-esteem in question [34]. If the person experiences stress due to hearing loss or changes occur in psychological functioning, this can affect the level of self-esteem [35]. Hearing loss affects the entire psychosocial functioning of the individual, and is mostly associated with reduced participation in social activities, feelings of loneliness, symptoms of anxiety and depression, and impaired self-esteem [36]. Research on the relationship between self-esteem and hearing loss shows that the level of self-esteem in adults with acquired hearing loss is low [19, 32]. Such findings are not consistent with our research.

The respondents in our research show moderate or average self-esteem, which points to the interpretation that they have maintained a certain level of self-esteem and that they manage to deal with the consequences of hearing loss with the mild to moderate degree of expression of the consequences in psychosocial functioning. One explanation could be that in adulthood, self-esteem gradually increases as status, power, and social position increase, peaking in the late 60s. After that, self-esteem declines again due to changes in roles, relationships and psycho-physical functioning, and the strongest decline is caused by facing the transience of life, which begins in the 70s [37]. On the other hand, the problems of adults with acquired hearing loss arise in interaction with other people. Individuals do not know how people from the immediate or distant environment or an unknown person will react to their new situation and whether their attitudes will match established stereotypes [38]. In this context, adult individuals with acquired hearing loss want to preserve their self-image and their social identity and invest more cognitive effort, which can be tiring, frustrating and negative experience [39]. In addition, adults with acquired hearing loss often use defense mechanisms to preserve their previously achieved level of self-esteem. Among the most frequently used mechanisms are rejection and neglect, especially in those persons with mild to moderate hearing loss. As dealing with the acquired loss directly affects self-image, it is easier for individuals to ignore the presence of impairment and refuse interactions and communication [40]. The efforts and mechanisms that adults with acquired hearing loss make to preserve their self-image and self-esteem, in addition to dealing with the consequences of hearing impairment, additionally affect their psychosocial functioning, which creates a vicious circle between hearing loss, psychosocial functioning and self-esteem, with insufficiently clear mechanisms of their mutual influence.

By introducing the group B in our research,

we wanted to check whether there were implications that would make future research to examine the existence of a direct relationship between hearing loss and the level of self-esteem. However, as the results of our research showed that the level of self-esteem of adult respondents with acquired hearing loss did not differ from respondents from the group B who have normal hearing, we believe that hearing loss alone, as a factor, does not directly affect the level of self-esteem in adults with hearing loss. With this type of damage, future research could be directed more towards examining in more detail the level of self-esteem itself, as well as the level of self-esteem in special, more specific domains of psychosocial functioning of adults with acquired hearing loss. A more detailed examination of the level of self-esteem would involve researching the structure of self-esteem from the perspective of factors that affect it , i.e. whether its level is more influenced by the individual's personal experience and experiences or the evaluations and respect expressed by others. With this approach, considering the specifics of the consequences of hearing loss, it should also be checked whether there are changes and differences in the level of self-esteem, especially in relation to the emotional and social components of the functioning of adults encountering this type of impairment.

Conclusion

Research has shown that there is a connection between self-esteem and psychosocial functioning in adults with acquired hearing loss. The higher degree of expressiveness of consequences in psychosocial functioning leads to the lower level of self-esteem. The moderate or average self-esteem of the respondents in our research indicates that adults with acquired hearing loss managed to maintain a certain level of self-esteem and that they manage to deal with the consequences of hearing loss with the mild to moderate degree of expression of the consequences in psychosocial functioning. Gender and degree of hearing loss did not prove to be statistically significant factors contributing to changes in the level of self-esteem. Adult subjects with acquired hearing loss do not differ in their level of self-esteem from subjects from the group B who have normal hearing.

The obtained results open up a series of new questions that point to the need of examining not only the level, but in general, the entire construct of self-esteem in adults with acquired hearing loss in more detail, with reference to specific domains of psychosocial functioning.

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Ethical approval. The Ethics Committee of the University of Belgrade, Faculty of Special Education and Rehabilitation, Belgrade, Serbia, approved the study and informed consent was obtained from all individual respondents. The research was conducted according to the Declaration of Helsinki.

Conflicts of interest. The authors declare no conflict of interest.

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Samoprocena odraslih osoba sa stečenim oštećenjem sluha u kontekstu samopoštovanja i psihosocijalnog funkcionisanja

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Uvod. Posledice stečenog oštećenja sluha kod odraslih osoba uslovljavaju njihovo psihosocijalno funkcionisanje i podrazumevaju promene u kvalitetu života koje se odnose na poremećaje u društvenom i emocionalnom funkcionisanju. Oštećenje sluha smatra se rizičnim faktorom za sniženo psihosocijalno funkcionisanje i samopoštovanje. Psihosocijalno blagostanje i očuvano samopoštovanje podrazumevaju posedovanje pozitivne slike o sebi i uviđanje da je osoba važan deo društvene zajednice u kojoj živi. Rad se bavi samopoštovanjem i psihosocijalnim funkcionisanjem odraslih osoba sa stečenim oštećenjem sluha. Cilj ovog istraživanja je utvrđivanje nivoa samopoštovanja i stepena izraženosti posledica u psihosocijalnom funkcionisanju, odnosno povezanost nivoa samopoštovanja i stepena izraženosti posledica u psihosocijalnom funkcionisanju kod odraslih osoba sa stečenim oštećenjem sluha.

Metode. Istraživanje je sprovedeno na uzorku od 60 odraslih ispitanika sa stečenim oštećenjem sluha i 60 ispitanika urednog sluha. Prosečna starost ispitanika sa oštećenjem sluha iznosi 54,1 (SD = 10,84), a uzorak su u većem broju činili ispitanici muškog pola (56,7%) sa umerenim oštećenjem sluha (25,4%). Kao instrumenti korišćeni su Rouzenbergova skala samopoštovanja (Rosenberg Self-Esteem Scale) i upitnik za subjektivnu procenu slušnog stanja - HHIA upitnika (Hearing Handicap Inventory for Adults).

Rezultati. Rezultati su pokazali da ispitanici izražavaju umereno, odnosno prosečno samopoštovanje i da postoji povezanost između samopoštovanja i psihosocijalnog funkcionisanja kod odraslih osoba sa stečenim oštećenjem sluha.

Zaključak. Buduća istraživanja mogla bi se više usmeriti ka tome da se detaljnije ispita samopoštovanje u konkretnijim domenima psihosocijalnog funkcionisanja odraslih osoba sa stečenim oštećenjem sluha.

Ključne reči: oštećenje sluha, odrasli, samopoštovanje, psihosocijalno funkcionisanje