

Resilience occurs when an individual is faced with adversity or a bad experience and is able to “bounce back” and adapt without disrupting their mental health, behavior, and performance (e.g. Luthar & Zigler, 1991). Resilience is weighted by effective *protective factors* (internal and external resources) that counter *risk factors* (Dyer & McGuiness, 1996; Hill, 1998; Luthar, Cicchetti, & Becker, 2000; Rutter, 1995; Werner, 2000). Poor parental and peer attachment (Fass & Taubman, 2002) and community instability (South, Baumer, & Lutz, 2003) are examples of risk factors. Familial support, good communication skills and autonomy are examples of protective factors (e.g., Werner, 1995). Within the workplace, resilience has been associated with positive work-related outcomes (e.g., Jackson, Firko, & Edenborough, 2007; Youssef & Luthans, 2007).

Some Deaf people might have poor resilience prior to adulthood, since most are raised in hearing households, often with less-than-optimal access to communication that negatively affects their language acquisition (Listman, Rogers, & Hauser, 2011). Steinberg (2000) explained that if shared communication between a Deaf child and the caregiver is poor and inconsistent, Deaf children are potentially faced with only a few internal resources to make sense of the world around them. They are then faced with lack of access to the emotional lives of others, reduced experiences of empathic communication, and constant social experiences of isolation, all of which are risk factors that most likely make them less resilient. Brice and Adams (2011) suggested that Deaf individuals who experience language acquisition delays – if they have a caring and secure parent-child attachment – could still develop resilience if they develop a strong sense of self as well as an accurate and objective understanding of other people. Deaf parents of deaf children often serve as role models on how to be resilient and navigate life as a Deaf individual (see Koester & McCray, 2011 for discussion).

Anitia, Reed, and Shaw (2011) pointed out that the communication access challenges experienced by developing Deaf individuals are not limited to the home. For example, in mainstream education, many Deaf children experience social isolation and lack of opportunities to develop social competencies necessary for future success. They have fewer opportunities to work collaboratively or to become familiar with hearing peers in “inclusive” educational environments because of communication access issues and less access to extracurricular activities. Keating and Mirus (2000), in a study on Deaf children in the mainstream environment, found that Deaf-hearing interactions were far more limited than interactions between the same hearing children and their peers, or between the same Deaf students and their Deaf peers. They noted that differences were found in the frequency of occurrences as well as duration, organization, and nature of participant roles. It is possible these risks at home and in the mainstream setting altogether might have an impact on Deaf individuals’ adulthood experience and their careers. The purpose of this study was to identify the work-related resilience risk and protective factors that may influence Deaf individuals’ career success.

This study used the phenomenological approach because it involved describing what participants had in common in their lived experiences, including what they experienced and how they experienced it (e.g., Creswell, 1998). This approach allowed the researchers to describe the Deaf participants’ experiences on work-related resilience risk and protective factors. This study focused on Deaf professionals’ perceptions because they had work-related resilience that played a significant role in helping them successfully obtain and maintain their current careers. These Deaf professionals worked with Deaf individuals and were able to comment on their own journeys as well as their observations of other people’s journeys. In the phenomenological approach, the researcher is not a detached or impartial observer—since, as [who?] claims it is not

possible to begin without presumptions or biases; instead, the researcher is another interested subjective participant in the process. This requires the research team to make clear the experiences they each bring into the study as well as the interpretations and meanings that have been placed on findings (e.g., Plummer, 1983; Stanley & Wise, 1993).

Method

Participants

Purposive sampling was used to ensure that the participants were from different workplaces and various educational, familial, and racial backgrounds. The team contacted Deaf professionals who worked in the metropolitan Rochester, New York, area and participants were selected on a first-come-first serve basis as long as the sample was representative of different backgrounds. The researchers knew the Deaf professionals selected for this study, and were familiar with the participants' vocation and educational background. A criterion sample of 10 Deaf ($n = 10$) professionals participated in this study. All of the participants self-identified as "deaf" or "hard of hearing." There were six females and four males; two were African American and one was Hispanic. The ages of the participants ranged from 31 to 58 ($\text{Mean}_{\text{age}} = 45.5$; $\text{SD}_{\text{age}} = 9.5$). Three participants had master's degrees, two had doctoral degrees, and two had medical degrees. Three of the participants attended a school for the Deaf, six attended a mainstream program, and one was home schooled. Of those who attended mainstreamed programs, all had fewer than five other Deaf children attending their program at the same time. Three of the participants had Deaf parents. Eight participants communicated primarily in American Sign Language (ASL) and two used both ASL and spoken English. One of the Deaf participants used a cochlear implant. To ensure confidentiality of the identities of the participants, they were given pseudonyms.

Procedures

The research team developed a list of Deaf professionals from different educational, familial, and racial backgrounds who had frequent contact with the Deaf community. Potential participants were contacted by email, and those who responded first and met the criterion were included in the study. Semi-structured interview questions were formulated focusing on the definition of resilience and possible risk and protective factors (see Appendix A for interview questions). The Institutional Review Board approved all procedures. Two of the researchers who are Deaf served as interviewers, and each interviewed five professionals individually. After all of the interviews were completed, two hearing certified interpreters from outside of the research team were hired and paid to transcribe the interviews from ASL to printed English. The Deaf third researcher served as an “outside” party by reviewing all of the transcriptions and compared them with the video interviews to check for accuracies and make sure the transcriptions reflected the interviews correctly. Minor errors were corrected by the third outside party. If some items were unclear, participants were contacted for clarification and verification. Interviews were conducted in ASL and videotaped using a split screen. All participants provided consent and were paid \$50 for their participation. This research was made possible and funded by the National Technical Institute for the Deaf at Rochester Institute of Technology (NTID/RIT)’s Innovative Fund Project.

Findings

Risk Factors: Inequalities

There were several positive and negative findings from the interviews. An analysis of each follows.

Audism and linguisticism. The most predominant theme throughout the Deaf

professionals' stories was incidents of oppression and discrimination, namely *audism* and *linguicism*. Audism is the perception that one is treated differently because of hearing status, and linguicism is the perception that one is treated differently because of language use. Sarah, a mental health counselor, responded to the question about what challenges Deaf individuals face: "Most of [Deaf individuals] are oppressed. I have experienced that too. You have a hearing majority." Priscilla, a college professor, described the challenges Deaf employees face at work: "Communication barriers, the attitudinal barriers of society that Deaf people have to face...this is a hearing world, we have to survive in a hearing world." Alexandra, a clinical psychologist, described her experience with communication challenges: "I know that everyone has hard knocks but the one thing that hearing people don't have to constantly fight is a communication barrier. They don't have to always worry about getting access services and a lot of other things. I think that increases the [frustration] level for us."

Nia, an administrator at a predominantly Deaf college, gave an example of explicit linguicism: "My office area, I think, is the worst. Many [hearing] people [who can sign] don't always sign, it makes me feel like I'm not there, makes me feel invisible and discouraged." Being left out of the daily workplace conversations is a common experience among Deaf professionals, as Sarah explained: "Information isn't shared. We don't know what they're doing or we don't know what's going on lots of times...[my Deaf co-workers and I] couldn't communicate with [our hearing co-workers], they couldn't communicate. They never chatted, they were never friendly." Restricted access to workplace communication was a common theme but was considered oppression and discrimination when access was possible but not provided.

Many Deaf professionals work with sign language interpreters when communicating with hearing supervisors, patients, students, or families. Interpreting policies and resources have

caused some inequalities. Sarah explained that the only time she really learned about what was going around the office was during a monthly meeting the Deaf employees had with their supervisor. “[Our] supervisor would meet with us, and bring an interpreter, but if the interpreter didn't show up, we had to cancel the meeting. Everything would have to be delayed to the next month, so we were stuck a lot of times.” Many of the Deaf professionals’ stories had similar themes of feeling like an outsider or a second-class citizen among their peers and desiring to know what their colleagues talked about and thought.

Grant, a medical doctor, had access to interpreting services more frequently at work but continued to experience a challenge. “They do have an interpreter that works at the clinic [where I work], if there is a big meeting you can call them. The interpreter has diverse work roles; [the interpreter] is not just there for me. They work with other doctors as well because there are many Deaf patients.” By sharing the clinic’s interpreter with others, Grant was not always able to have access when he needed it. Liam, another medical doctor, described how in addition to paying attention to what was being said, he always had to monitor his interpreter’s translations closely. The Deaf professionals did not always have highly-qualified interpreters, and often engaged in guesswork to align the interpretations with what they knew about the workplace. Liam described this as exhausting and noticed that the hearing participants were not as exhausted as he was because they did not have to deal with the extra task of deciphering the interpretations.

Sarah explained another example of inequality:

“I was rushing. I had a meeting with a patient and I rushed into a meeting and they said ‘I’m sorry the interpreter left.’ I was shocked; it was like 10 or 15 minutes. I didn’t contact the interpreter, I didn’t know who [was interpreting for me at that time], so I was stuck. Hearing people can be late, 10 or 20 minutes and it’s OK. I have to remember that

I lose all the information. It's upsetting, and frustrating. I thought, "Okay," and went back to my office and did paperwork, but still it's not fair and it's not equal [opportunity]."

Networking challenges. Sarah stated, "There was a lot we had to give up. You go and work, you have to work but you give up a lot of the socialization." Her experience was not unique; many of the Deaf professionals shared stories of isolation and networking barriers. Zack commented,

"Many of us are not moving into those higher positions. We've flatlined, and I think that has to do with a lack of access to networking. Lack of networking hurts us a lot. It's irritating, very irritating because that's not fair."

The participants recognized the importance of networking. Liam said, "If you want to climb the ladder, you have to do it socially. Social connections are a big part of that...if I want to climb the ladder, I have to network and socialize." Grant described the risk of not networking, saying, "If there is no sharing of ideas or work, maybe another person will take that idea and share it with the boss because they already have a relationship so the Deaf person might be cast to the side." Liam pointed out that compared to hearing individuals interacting with each other, it is a challenge to network with hearing non-signers given the communication challenges. He cited conversations with administrators in the bathroom or at golf courses when an interpreter is not present, and that this was a privilege that hearing co-workers had that helped them climb the career ladder.

Liam added that even when an interpreter is present, it is still challenging to network with hearing non-signers. "I think socializing with hearing people and networking...has been difficult for me. It's tiring." He described the effort it takes to navigate a social situation with an interpreter, such as a social event at a conference as an example: "I can't constantly hold onto my

energy, to make sure I have enough for social situations in the evening [at conferences]. I have to spend my energy. Things like that can be very frustrating and exhausting.”

Similarly, Nia mentioned that it was a challenge to network with hearing signers because at work they often do not sign when they talk with each other. She feels excluded and needs to work harder to develop strategies to navigate the workplace.

Working harder than hearing peers. Most Deaf professionals share common views that they have to work harder compared to their hearing counterparts. Grant shared his experience related to the attitudes in the medical profession towards Deaf doctors, researchers and scientists: “The science and medical community looks down on Deaf people, so you've got to fight harder to be seen as an equal.” Maribel describes her experience working in a college that provides services to Deaf students but has many hearing employees:

“I work harder...I've got to prove myself, prove my skills a little more. I can say the same thing as [my hearing co-workers but they listen to them more than me]...people tend to stereotype that when they meet a Deaf person; they assume we're all the same. You have to work harder to show them that you're an individual.”

Robert, a college admissions counselor, echoed Maribel, saying:

“You have to understand it takes hard work to succeed. Sometimes I have to work twice as hard to get there and I think I did. I think I worked twice as hard to succeed and that doesn't bother me. I wanted the success, and I've become successful and I know it takes me twice the work to get there.”

Liam gave an example how he had to work harder:

“Sometimes you have to work harder. For example, most hearing physicians can give their reports on patients through a tape recorder with their voice, they do one patient then

the next and so on. That's how they do their paperwork, and then they have their administrative assistant or secretary type it up. They don't have to do it themselves, then the staff assistant gives the transcription back to them and the physician signs off on it. That makes things pretty simple and easy. I can't do that because I have to do them myself by hand. It's four or five hours a night of extra work for me to do."

Alexandra, who is African American, said:

"I have been conditioned to think that being white means I have to work harder because I am black and also because I am Deaf. I didn't always have what I needed and the perception is that white and hearing people always have what they need ... it is just that we have to go through the Black and Deaf issues." She reflected on her doctoral training and said, "[My hearing classmates] got jobs after graduation. Deaf students don't get these jobs. Companies hire the hearing signers because it is an advantage for them, [the hearing signers] can work with both Deaf and hearing with no need for accommodations. They think that hiring Deaf individuals will be expensive and time-consuming. They don't realize that most times, they only have to change a few little things to accommodate us. That takes opportunities away from the Deaf [professionals]. And, we see that and we get it very quickly that we have to work harder, publish more often, do everything possible to be ahead of them so we can get the same jobs."

Promotion limitations. Grant reflected on his conversations with Deaf patients and his friends in the Deaf community. "Promotions are a huge problem. Many Deaf people are stuck at the same level for a long time while hearing people tend to move up and receive promotions. And that can impact income." Zack, a mental health counselor, shared his interactions with other Deaf professionals who aimed to move up the career ladder but were denied promotions:

“I’ve seen several people who’ve wanted to move up in their jobs but... higher administration didn’t give them a chance to do that. These people had to prove themselves, go back to school, and get their master’s degrees or Ph.D.s, before they could be considered for promotion. Even after that, they kept getting turned down. So I’ve seen several people leave their jobs because of that. They feel they’re not given the opportunity. So I’ve seen that a lot, promotion in jobs, being denied. That leads people to give up.”

Nia shared concerns regarding speech as a necessary skill in order to move up the career ladder:

“We do have several department chairs who are Deaf, and that’s good...as you move up the ladder, Deaf people are able to speak more...someone actually said that to me, I was like ‘this makes me sick’ I was shocked, when people still say that. [The message I am getting is that] it’s necessary to speak to move up [the career ladder here at this university]!”

Liam said, “You know who is lucky, Deaf people who speak for themselves. They have an advantage; they can talk one-on-one with people. They tend to advance faster than me because of that issue. They have privilege to that social climb.”

Protective Factors: Deaf Community

Social support. Robert identified social support as a protective factor.

“Any time people get frustrated, they should be encouraged to not give up. They should just persist and keep going through it. Some give up and others look for support...you could have a support group, family member, or friends...some people have mentors, and that’s really awesome... if they have family support that’s great, but if they don’t, that’s

another story.”

Nia stated that she moved her family to a different state, away from her extended family, for her current career. Although there were similar positions in her home state, none of them were in a work-environment with a critical mass of Deaf co-workers. This critical mass was what she knew would allow her to thrive in her career because she would have support from Deaf co-workers.

Maribel, an academic counselor, discussed receiving and giving support to her Deaf colleagues and peers:

“I think talking to people, having a support group and support network is extremely critical. I have a group of wonderful ladies in a Deaf Professional Group of women...we support each other a lot...they are from different professions, different kinds of work, different kinds of people we work with. We talk about all these things, how to succeed, what works and what doesn't. That really helps. That's my venting group. That's really important...you feel better when you get together with people of your own kind and you can brainstorm what to do. Sometimes when I don't know what to do I get together with these women and they help me work through things.”

She added that this support system gave her different strategies and approaches to consider for challenges in her workplace:

“We all share our situations [of inequalities], if I have a situation that I don't know what to do, they share their opinions with me...I think support is the key. It's also important...to discuss the same experiences and how to deal with those certain issues. It's so you don't feel like you're the only one. We've had similar experiences and people can give you advice on that situation.”

Role models. Alexandra reflected on why she thought she and other Deaf individuals have wanted to give up in the past, saying, “I think no one takes the time to train [Deaf individuals] on how to succeed in a hearing world.” She added,

“If [Deaf employees] lost their job, [they] blamed the hearing people instead of looking at themselves and figuring out what they can do. I still blame hearing people for a lot of things but you have to look at yourself and think of what you can do to play ‘their’ game, and how you can tolerate, accommodate, and get a thick skin to be successful. I think Deaf people don’t know how to do that. [Deaf role models] have to show them how. Their [hearing] parents don’t show them.”

Many of the participants pointed out the importance of role models. Liam said,

“Deaf parents who are involved or are professionals...they can teach you about [profession-related skills and knowledge]. Obviously, they have experience and they can share it with the [Deaf] child as the child grows up...often hearing children become hearing professionals just like their parents because they received that information and training at birth. If their parents are doctors they end up being doctors as well. It’s the same idea. If a Deaf child has Deaf parents who are professionals, then I think the [Deaf] child has a chance of being a professional as well because they have the advantage of learning this all from birth.”

Grant described how Deaf individuals need to be assertive in finding role models:

“I knew a few Deaf doctors, and I went ahead and made a network. It was important for us to network. I found that we had similar experiences and I could learn from what they had gone through. Sometimes you feel that you’re the first in your area and are making a breakthrough but it’s important to reach out to others and find out you’re not the only

one. You find out that they go through similar experiences and you can learn from how they overcome these experience so you don't have to reinvent the wheel every time.

Sometimes you can learn new strategies on your own and help your community or network of friends with new ways, but you have to help yourself.”

“Deaf can” optimism. Many of the participants discussed how they had to believe “Deaf can” and hold on to that optimism even when faced with inequality risk factors. Grant talked about the importance of changing his negative internalized perspective into an optimistic perspective, reflecting on his interviews for residence (medical training), saying that many of the interviewees

“looked down on [him]...were unsure [that they could have a Deaf resident]...they didn't look at everything I had done, my grades and evaluations. They were focused on my being Deaf. Some situations are worth a fight and others are not worth it because you are already going through so many frustrations. I don't want to say you're giving up, but more like you're focusing your energy in the right places. If everything is constantly negative you're going to feel like giving up. It is important to keep a balance.”

He further elaborated,

“For residency interviews, I applied to eight different places, and only two had any negative issues [related to me being Deaf] and I saw them as not worth it. If all the places were negative, I would have fought, that's a different story, but it was only two. The other six I had great experiences with. So there was a judgment, there were two negatives and all the rest were positive, I had plenty of opportunities with the six. If I had fewer opportunities, I would probably be a little more aggressive and fight.”

Grant's advice for overcoming such risk factors was:

“It’s difficult, you’ve got to be patient, and you’ve got to continually think positive. You can’t think negatively, that will just tear you down. It’s almost like you can’t compare yourself with other people...I graduated at the top of my class, and I compared myself to other people. I learned how to change that, and not really compare. Someone is going to be better than you in some things and you’re going to be better than them in some. We all bring something to the table and we all have weaknesses. I think it’s important that we all learn that we have to work together and we’ll get the best product...before, I wanted to be number one. I [used to] want to be the best at everything and it’s not that important to me anymore.”

Sarah described her perspectives of what drives Deaf professionals to succeed at their jobs despite the inequality risk factors:

“I think [they are] goal-oriented. They know what they want for the future and they won’t give up. Some Deaf people think, ‘Oh I can’t,’ because they have internalized that message. But, others are tenacious and know they can do it. They have something to prove. They want to prove that they can do it so I think that keeps them going. So they are goal-oriented for what they want in the future.” Then she adds, “Yeah, we didn’t give up, we couldn’t give up. We had to stay tenacious. I knew I could do it. I kept telling myself I could do it and kept going and going, even though I’d get knocked down, but I’d keep getting up. So that’s how I developed it [resilience].”

Discussion

The findings from this phenomenological study described Deaf professionals’ perspectives and experiences of work-related resilience. Based on their responses, Deaf employees experience inequalities and are often limited to face-to-face communication even with

interpreters, because challenges exist regarding to interpreting quality, policy, and availability. Deaf workers often feel isolated and left out when faced with communication barriers. Nia, for example, described her lack of access to workplace chatter (or gossip). To some, this might appear unimportant or work-related; however, psychological studies have shown that rumors at work have positive effects on organizations, often referred to as the watercooler effect (see DiFonzo, 2008, for review). For example, employees often know, and are not surprised by, announcements related to organizational changes because they have already heard rumors. Such gossip is, metaphorically, the glue of an organization. In another study, Deaf employees mentioned that they benefited from hearing allies who were “chatty” and filled them in on what they missed from the workplace gossip (Kavin and Brown-Kurz, 2008),

The participants felt that they and other Deaf individuals had to work harder to be respected equally. This observation was found in another qualitative study of 14 Deaf adults (Luckner & Stewart, 2003, who shared stories of needing to be overqualified compared to their hearing colleagues in order to secure employment. Many also felt challenges and limitations in achieving promotions, which was also discussed in another qualitative study of Deaf employees (Kavin & Brown-Kurz, 2008). This challenge is not limited to promotions, but also obtaining internships or new positions (Hauser, Maxwell, Leigh, & Gutman, 2000).

Deaf individuals have different lived experiences and different cultural norms (Hauser, O’Hearn, McKee, Steider, & Thew, 2010) from hearing people, which sometimes makes cross-cultural exchanges and networking a laborious experience. Even though the participants in this study recognized networking as a key feature of occupational success and mobility, many found the art of navigating the social scene with communication accommodations, as well as cultural and epistemological differences, a challenge. Pouliot and Stern (2008) and Clark and Finch

(2008) provided some insight on how to navigate social situations with interpreters, but the success often depends on the Deaf workers being assigned a designated interpreter (Hauser & Hauser, 2008).

Deaf employees need Deaf role models, social support from the Deaf community, and “Deaf can” optimism, all resilience protective factors identified by the participants. Listman, Rogers, and Hauser (2011) explained that the Deaf community provides Deaf individuals with different tools to counter resilience risk factors. In addition to such tools, the Deaf community and Deaf role models also give Deaf individuals the sense that “Deaf can,” when the world around them may indicate otherwise.

Despite these findings, one limitation of this study was that all of the participants were from Rochester, New York, which has a large deaf community. The experiences of deaf professionals in more remote locations may be different. Additionally, the themes here may be different than those of deaf employees without advanced degrees. This study needs to be replicated among different groups. Additionally, it would be beneficial to do a national survey to determine if the themes raised in this study are generalizable to the majority of deaf employees.

Conclusion

The themes from this phenomenological study of work-related resilience broaden our understanding of work-related risk factors experienced by Deaf employees, and the protective factors that have successfully helped them maintain work-related resilience. Inequalities exist and Deaf workers – compared to their hearing peers – need to work harder to navigate their careers. The participants in this study described four main workplace risk factors for Deaf workers: (a) audism and linguicism; (b) networking challenges; (c) working harder than hearing peers; and, (d) promotion limitations. Such inequalities seem to be countered by the protective

factors that the Deaf community offers, including: (a) social support; (b) role models; and (c) “Deaf can” optimism.

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