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Self-efficacy and quality of life in adults who stutter

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ABSTRACT

Purpose: Self-efficacy has emerged as a potential predictor of quality of life for adults who stutter. Research has focused primarily on the positive relationship self-efficacy has to treatment outcomes, but little is known about the relationship between self-efficacy and quality of life for adults who stutter. The purpose of this mixed- methods study is to determine the predictive value of self-efficacy and its relationship to quality of life for adults who stutter.

Method: The Self-Efficacy Scale for Adult Stutterers and the Overall Assessment of the Speaker's Experience with Stuttering were administered to 39 adults who stutter, aged 18– 77. Percentage of syllables stuttered was calculated from a conversational speech sample as a measure of stuttered speech frequency. Qualitative interviews with semi-structured probes were conducted with 10 adults and analyzed using thematic analysis to explore the lived experience of adults who stutter.

Results: Self-efficacy emerged as a strong positive predictor of quality of life for adults living with a stuttered speech disorder. Stuttered speech frequency was a moderate negative predictor of self-efficacy. Major qualitative themes identified from the interviews with the participants were: encumbrance, self-concept, confidence, acceptance, life-long journey, treatment, and support.

Conclusion: Results provide clarity on the predictive value of self-efficacy and its relationship to quality of life and stuttered speech frequency. Findings highlight that the unique life experiences of adults who stutter require a multidimensional approach to the assessment and treatment of stuttered speech disorders.

1. Introduction

Stuttering is a multifaceted disorder that presents unique emotional, environmental, and physical experiences for individuals who stutter (Beilby, 2014; Smith & Weber, 2016; Yaruss & Quesal, 2004). Historically, Sheehan's (1970) iceberg analogy has been used to highlight aspects of stuttered speech disorders beyond the surface presentation, including the speaker's thoughts, feelings, and reactions to stuttering (Beilby, 2014; Manning, 2010). The focus of assessment and treatment in stuttered speech disorders typically centers on the motor speech aspects, while the equally important features beyond the traditional typography are often overlooked. Recent research supports the need for a multifactorial perspective in the assessment and treatment of stuttered speech disorders (Smith & Weber, 2016). Stuttering has been found to have a negative impact upon the individual's overall vitality and emotional, social, and mental health, potentially culminating in reduced quality of life for adults who stutter (Craig, Blumgart, & Tran, 2009; Yaruss, 2010). This substantive negative impact warrants further investigation to understand the relevant factors that may remediate the adverse impacts of stuttering on quality of life (Craig et al., 2009). Recently, self-efficacy has been identified as a construct that

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may diminish the impact of stuttering through the protective mechanism of resilience (Craig, Blumgart, & Tran, 2011); however, research directly examining the way in which self-efficacy might help is needed.

Self-efficacy refers to an individual's internal appraisal of their ability to execute an action successfully in order to achieve a desired outcome (Bandura, 1977). Bandura’s (1977) model of self-efficacy comprises three major constructs: magnitude, generality, and strength. Individuals with a high magnitude and strength of self-efficacy beliefs will persevere with a behavior, even in the absence of a positive outcome. By contrast, individuals with a low magnitude and strength of self-efficacy beliefs may confine their confidence to behaviors that they perceive as easy to accomplish. In terms of generality, an individual’s self-efficacy beliefs are variable across different behaviors and contexts. In this way, self-efficacy beliefs can influence an individual's choice of activity and setting, by limiting activities and restricting participation when a situation is perceived to exceed their coping skills (Bandura, 1977). Considering the major constructs of Bandura’s (1977) model of self-efficacy in stuttered speech disorders, an adult who stutters with low self-efficacy may avoid activities perceived as intimidating (e.g. giving a speech or presentation), withdraw from social situations where communication is perceived to be difficult (e.g. speaking in front of an audience), and choose not to engage in behaviors where a perceived positive result is lacking (e.g. experiential avoidance of the telephone).

1.1. The Biopsychosocial Model of Stuttering

The biopsychosocial model decrees that “clinical problems have multiple interacting causes and contributing factors” (Rees, Breen, Cusack, & Hegney, 2015), In 2004, Yaruss and Quesal adapted the World Health Organization’s International Classification of Functioning and Disability (WHO, 2002) to describe the multidimensional nature of stuttering from an integrated biopsychosocial viewpoint, whereby the surface characteristics of the disorder are considered alongside features below the traditional typography (Beilby, Byrnes, & Yaruss, 2012). This contemporary model underpinning stuttering posits that wellbeing is influenced by a combination of biological, psychological, and social factors (Yaruss & Quesal, 2004), thus providing a context within which to consider how self-efficacy, a major component of psychological resilience, affects an individual’s quality of life. By considering the varied and complex interaction between biological, psychological, and social factors, the overall impact that a clinical problem can have on the individual’s health and quality of life can be appreciated (Beilby et al., 2012; Rees et al., 2015). The interaction between biological (i.e. stuttering) and psychosocial (i.e. self-efficacy) factors is highlighted in stuttered speech disorders by the way in which stuttering limits communication activities and restricts participation in daily life, producing a potentially detrimental impact upon an individual’s overall wellbeing and quality of life (Beilby et al., 2012; Boyle, 2016; Craig et al., 2009; Yaruss & Quesal, 2004).

Within the biopsychosocial model, quality of life is conceptualized as a construct that encompasses overall personal wellbeing (Craig et al., 2009). Quality of life is a priority for speech-language pathologists who have an articulated role in addressing their clients’ quality of life by incorporating the best available evidence from research and other external sources (American Speech-Language-Hearing Association, 2016; Speech Pathology Association of Australia, 2010). In a recent study, Boyle (2016) identified self-efficacy as a potential predictor of quality of life for adults who stutter, highlighting the need for us to understand further how self-efficacy and stuttering interact.

1.2. Self-efficacy and quality of life in stuttered speech disorders

Specific aspects of quality of life in stuttering disorders have garnered increased attention in recent literature. Research has shown that adults who stutter experience a reduced quality of life in the domains of social and emotional functioning and mental health, compared to fluent counterparts (Craig et al., 2009). In addition, qualitative research in this area suggests that adults who stutter experience feelings of sufferance, helplessness, fear, social anxiety, avoidance, embarrassment, and frustration (Beilby, Byrnes, Meagher, & Yaruss, 2013; Corcoran & Stewart, 1998). Stuttering has also been revealed to have a holistic impact on the environmental and personal-life domains of adults who stutter and their partners (Beilby et al., 2013).

Further research has highlighted the positive nature of support group participation and group identification for adults who stutter. The specific benefits of social support and resultant empowerment (self-efficacy/self-esteem) have been identified. Increased levels of self-efficacy, self-esteem and social support have predicted better quality of life, highlighting how self-efficacy is a protective factor likely to buffer the negative impacts of stuttering on an individual’s psychological wellbeing and quality of life (Boyle, 2015; Craig et al., 2011; Craig, Blumgart, & Tran, 2015).

Allied health research has emphasized the importance of self-efficacy on positive treatment outcomes for voice disorders (Van Leer, Hapner, & Conner, 2008), aphasia (Babbitt & Cherney, 2010), hearing impairment (Laplante-Lévesque, Hickson, & Worrall, 2011), and chronic motor impairment (Eccles & Simpson, 2011). The need to evaluate the role of self-efficacy in stuttering disorders is warranted to understand the prognostic potential it may have in treatment outcomes and improvement in the overall quality of life for adults who stutter. In recent years, research has associated severe social anxiety and related social impairment with lower levels of self-efficacy, resulting in situational and social avoidance (Iverach & Rapee, 2014; Thomasson & Psouni, 2010). Adults who stutter may avoid speaking situations where communication is perceived as difficult, due to fear of humiliation and negative evaluation by others (Iverach, Menzies, O’Brian, Packman, & Onslow, 2011). In addition, research has demonstrated adults who stutter to be significantly less confident about engaging with, and maintaining fluency within, a range of speaking situations when compared to their fluent counterparts (Ornstein & Manning, 1985).

These findings support Bandura’s (1977) model of self-efficacy, whereby individuals with increased self-efficacy for verbal fluency engage more readily in social situations that require verbal communication, ultimately strengthening their self-efficacy beliefs. Similarly, adolescents who stutter differ from normally fluent peers with respect to self-efficacy for verbal fluency, highlighting that

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