

Exploring Attitudes of Indian Classical Singers Toward Seeking Vocal Health Care

*Dhanshree R. Gunjawate, *Venkataraja U. Aithal, †Vasudeva Guddattu, *Amrutha Kishore, and *Rajashekhar Bellur, *, †Manipal, Karnataka, India

Summary: Objective. The attitude of Indian classical singers toward seeking vocal health care is a dimension yet to be explored. The current study was aimed to determine the attitudes of these singers toward seeking vocal health care and further understand the influence of age and gender.

Study design. Cross-sectional.

Method. A 10-item self-report questionnaire adapted from a study on contemporary commercial music singers was used. An additional question was added to ask if the singer was aware about the profession and role of speech-language pathologists (SLPs). The questionnaire was administered on 55 randomly selected self-identified trained Indian classical singers who rated the items using a five-point Likert scale. Demographic variables were summarized using descriptive statistics and *t* test was used to compare the mean scores between genders and age groups.

Results. Of the singers, 78.2% were likely to see a doctor for health-related problems, whereas 81.8% were unlikely to seek medical care for voice-related problems; the difference was statistically significant ($P < 0.001$). Responses for the questions assessing the attitudes toward findings from medical examination by a specialist revealed a statistically significant difference ($P = 0.02$) between the genders. Age did not have a significant influence on the responses. Only 23.6% of the respondents were aware about the profession and the role of SLPs.

Conclusion. The findings are in tune with western literature reporting hesitation of singers toward seeking vocal health care and draws attention of SLPs to promote their role in vocal health awareness and management.

Key Words: Indian classical singers—attitudes—vocal health care—healthcare-seeking behaviors—singing voice.

INTRODUCTION

Professional voice users such as teachers, singers, actors etc use their voice for their daily living and as a source of livelihood. Singers often indulge in vocally abusive behaviors which lead to vocal attrition and then they seek medical attention for their voice problems.¹⁻⁵ Phyland et al⁶ compared vocal problems reported by singers and nonsingers; it was noted that a higher number of singers (44%) reported one or more occurrence of being diagnosed with a vocal condition. Also, almost 69% of the singers compared with nonsingers experienced vocal disability.

Gilman et al⁷ and Petty⁸, in their studies on Western singers, have reported that singers hesitate to seek health care despite having vocal problems. Studies have reported that the attitude of professional voice users makes them less likely to seek appropriate health care and this has been attributed to several reasons, such as less awareness, inappropriate information, financial barriers, anxiety and apprehension over medical procedures, and fear about the findings.^{7,8} As per a survey in contemporary commercial music performers,⁷ 41% reported that they were likely to seek medical attention for their voice problem, whereas surprising 19% were reluctant to seek medical help for general health problems. Providing voice care for singers that is effective and sensitive to their needs has been challenging for healthcare providers.⁹

Azjen and Fishbein¹⁰ have postulated a model that treatment-seeking behaviors are based on a person's attitude toward treatment, gender, as well as social norms that are related to the treatment. Additionally, culture plays an important influential factor that impacts the attitudes and expectations of individuals toward seeking health care. There is a need to investigate the attitudes of Indian classical singers toward seeking health care especially in relation to voice. This is relevant in the Indian context as there are differences in factors, such as awareness about health care, vocal care, culture, clinically facility, and financial support, available to the singers compared with their western counterparts.

The aim of the study is to explore the attitudes of Indian classical singers toward seeking vocal health care and to further understand the influence of age and gender on their attitude. The objectives of the study are to investigate the attitudes of Indian classical singers toward seeking health care in relation to their voice and to further understand the influence of age and gender on their attitude.

METHOD

Participants

The participants in the study were 55 self-identified Indian classical singers, trained for a minimum of 5 years. The participation to the study was voluntary and the responses were kept anonymous and confidential.

Material/questionnaire

A cross-sectional study was carried out using a self-report questionnaire that was adapted from a previous study carried out in contemporary commercial music singers.⁷ The questionnaire consisted of ten questions, each to be rated on a five-point Likert scale (1—strongly disagree to 5—strongly agree). The

Accepted for publication October 2, 2015.

From the *Department of Speech and Hearing, School of Allied Health Sciences; and the †Department of Statistics, Manipal University, Manipal, Karnataka, India.

Address correspondence and reprint requests to Venkataraja U. Aithal, Department of Speech and Hearing, School of Allied Health Science, Manipal University, Manipal, Karnataka 576104, India. E-mail address: vrajaital@manipal.edu

Journal of Voice, Vol. ■■■, No. ■■■, pp. ■■■-■■■

0892-1997

© 2015 The Voice Foundation. Published by Elsevier Inc. All rights reserved.

<http://dx.doi.org/10.1016/j.jvoice.2015.10.002>

questionnaire aimed to assess some of the barriers in seeking help for vocal health and was based on the attitudes on the likelihood of seeking consultation for general and vocal health issues. Some questions were about seeking information regarding the anxiety/fear on taking advice from singing teacher/voice coach/therapist for voice-related problems. Also, questions targeting the uncertainty to undergo transoral or transnasal laryngeal examination were present. The singers were asked to rate the importance of voice in their profession. An additional yes or no question was added in which the singers had to mark whether they were aware about the profession of speech-language pathology (SLP).

The 10 questions were further grouped into three categories according to the content of the questions. The first category comprised question numbers 1 and 2 and dealt with questions on attitudes toward seeking a doctor for medical and voice problems, respectively. Questions 3, 4, and 5 dealt with questions in anxiety/fear toward seeking professional help for voice problems and were categorized under category 2. The third category comprised questions 7, 8, and 9 and dealt with questions on attitudes toward the findings from medical examination.

Analysis

Descriptive statistics were used to summarize the demographic variables. Chi-square analysis was used to compare the responses for seeking health care for medical reasons and voice problems. The *t* test was used to compare the mean scores between the two genders and the age groups. A *P* value of less than 0.05 was considered to be statistically significant. All statistical analysis was carried out using *SPSS Statistics 15.0* (SPSS Inc., South East Asia, Bangalore, India).

RESULTS

Fifty-five singers volunteered to participate in the present study, of which 16 were males (29.1%) and 39 were females (70.9%).

The age range of the participants was 18–40 years (mean age = 28.44 years, SD = 6.12). The five-point rating scale was converted to a three-point scale because of small sample size. The responses have been summarized in the [Table 1](#).

It can be noted from [Table 1](#) that when asked whether they were likely to see a doctor for health-related problems, about 78.2% of the singers answered “Agree.” However, it was surprising to note that when asked whether they were likely to see a doctor for voice-related problems, most respondents answered “Disagree” (81.9%), whereas 14.5% remained neutral. There is a statistically significant difference ($\chi^2 = 37.82, P < 0.001$) in the distribution of responses for the question on seeing a doctor for health-related and voice-related problems. Out of the 43 people who reported to have consulted a doctor for health problems, 34 (79.1%) disagreed to see a doctor for voice problems. The corresponding number and percentage of respondents who answered “Neutral” and “Disagree” to consult a doctor for voice problem are six (100%) and five (83.3%).

For the question assessing the anxiety or fear while approaching a singing teacher for a voice problem, 81.9% answered “Disagree.” When asked whether they faced anxiety or fear to approach a speech therapist, the responses were scattered, whereas 47.3% replied as neutral. For the question on seeing a specialist for a voice problem, the responses were scattered across all the options. For question 7, “I do not see a specialist when I have voice problems because I’m afraid of what may be found,” majority responded that they had greater fear for the outcome of findings. For questions 8 and 9, regarding the use of scope through the nose and the mouth, majority (49.1% in both) responded as neutral. The 10th question asked the singers to rate the importance of voice for their profession, 74.5% responded positively. The final question was included as a yes/no question to seek information on whether the singers were aware about the role of an SLP; only 23.6% responded in affirmative.

[Table 2](#) presents the mean scores of attitudes toward seeing a doctor, seeking professional help, and findings from medical

TABLE 1.
Summary of Responses

		Disagree n (%)	Neutral n (%)	Agree n (%)
Q1	I am likely to see a doctor for general medical checkups and/or minor illness.	6 (10.9)	6 (10.9)	43 (78.2)
Q2	I am likely to see a doctor when I am having problems with my voice.	45 (81.9)	8 (14.5)	2 (3.6)
Q3	I have anxiety/fear about going to a voice coach/singing teacher for problems with my voice.	45 (81.9)	10 (18.2)	0 (0)
Q4	I have anxiety/fear about going to a voice therapist/speech therapist for problems with my voice.	27 (49.1)	26 (47.3)	2 (3.6)
Q5	I have anxiety/fear about going to a specialist for problems with my voice.	27 (45.5)	9 (16.4)	21 (38.1)
Q6	I may not seek health care for my voice problem because of medical coverage.	19 (34.6)	36 (65.5)	0 (0)
Q7	I do not see a specialist when I have voice problems because I’m afraid of what may be found.	2 (3.6)	13 (23.6)	40 (72.7)
Q8	I do not see a specialist when I have voice problems because I don’t want to get a scope through the nose.	3 (5.5)	27 (49.1)	25 (45.5)
Q9	I do not see a specialist when I have voice problems because I don’t want to get a scope through the mouth.	0 (0)	27 (49.1)	28 (50.9)
Q10	My voice is an important part of my profession.	1 (1.8)	13 (23.6)	41 (74.6)

Download English Version:

<https://daneshyari.com/en/article/7533624>

Download Persian Version:

<https://daneshyari.com/article/7533624>

[Daneshyari.com](https://daneshyari.com)