

COMMUNICATION WITH HEARING IMPAIRED PEOPLE FROM THE PERSPECTIVE OF HEALTH PROFESSIONALS

COMUNICAÇÃO COM DEFICIENTES AUDITIVOS NA ÓTICA DE PROFISSIONAIS DE SAÚDE

COMUNICACIÓN CON PERSONAS CON DEFICIENCIA AUDITIVA EN LA ÓPTICA DE PROFESIONALES DE SALUD

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Objective: to describe health professionals' knowledge and training for communication with hearing impaired people. **Method:** quantitative and descriptive research developed in 2017, involving 198 professionals working on the nursing team in a city in the Northwest of the state of Paraná, Brazil. The data were processed in statistical software and described using descriptive statistics. **Results:** it was verified that 92.4% of the professionals believed they were unprepared to attend to the hearing impaired, 83.8% did not know how to communicate with them and 96.5% were unable to communicate in Libras. Many used strategies to break the communication barrier, such as: gestures and writing (18.7%), speech and gestures (11.6%), among others. **Conclusion:** according to the health professionals, the communication barrier with the hearing impaired occurred because they did not know how to communicate in Libras; therefore, they used mechanisms such as gestures and mimics to try to communicate.

Descriptors: Communication. Hearing loss. Health personnel.

Objetivo: descrever o conhecimento e a capacitação dos profissionais de saúde quanto à comunicação com os deficientes auditivos. Método: investigação quantitativa, de caráter descritivo, realizada no ano de 2017, com 198 profissionais que compõem a equipe de enfermagem de um município da região Noroeste do estado do Paraná, Brasil. Os dados foram processados em um programa estatístico e descritos por estatística descritiva. Resultados: verificou-se que 92,4% dos profissionais acreditavam estar despreparados para atender o deficiente auditivo, 83,8% não sabiam comunicar-se com esses e 96,5% não sabiam se comunicar em Libras. Muitos utilizavam estratégias visando quebrar a barreira de comunicação, tais como: gestos e escritas (18,7%), fala e gestos (11,6%), entre outros. Conclusão: na percepção dos profissionais de saúde, a barreira de comunicação com os deficientes auditivos ocorria por não saberem comunicar-se em Libras; por isso, utilizavam mecanismos como gestos e mímicas para tentar a comunicação.

Descritores: Comunicação. Perda auditiva. Pessoal de saúde.

Objetivo: describir el conocimiento y la capacitación de los profesionales de la salud acerca la comunicación con personas con deficiencia auditiva. Método: investigación cuantitativa, de carácter descriptivo, en 2017, con 198

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profesionales que componen el equipo de enfermería de un municipio de la región Noroeste del estado de Paraná, Brasil. Datos procesados en un programa estadístico y descritos por estadística descriptiva. Resultados: se verificó que 92,4% de los profesionales creían quedarse discapacitados para atender personas con deficiencia auditiva, 83,8% no sabían comunicarse con ellos y 96,5% no sabían comunicarse en Libras. Muchos utilizaban estrategias para romper la barrera de comunicación, como gestos y escrituras (18,7%), habla y gestos (11,6%), entre otros. Conclusión: en la percepción de los profesionales de salud, la barrera de comunicación con personas con deficiencia auditiva ocurría por no saber comunicarse en Libras; por eso, utilizaban mecanismos como gestos y mímicas para intentar la comunicación.

Descriptor: Comunicación. Pérdida auditiva. Personal de salud.

Introduction

Communication is a fundamental condition in the life of human beings, because it allows them to live in society. In nursing, it is a basic tool for providing care, as it permits the interpersonal relationship between the patient and the health team⁽¹⁻²⁾.

In Brazil, there are 344,206 cases of hearing impaired people; only in the state of Paraná, there are 100,206. It is verified that 61.1% of the people with some kind of disability have not finished elementary education, 27.4% are self-employed and 22.5% work without a formal contract⁽³⁾.

Considering the large number of hearing impaired people, the importance of offering quality health care that meets the specificities of these individuals is highlighted⁽⁴⁾. In this sense, to guarantee the rights of this population group to a specialized service, laws were created⁽⁵⁾. Among these, Law 10.436 of 2002 stands out, which states, in art. 3: "Public institutions and concessionaires of public health care services have to guarantee adequate care and treatment for the hearing impaired, in accordance with the legal regulations in force."^(6:1). In addition, Law 12.319 of 2010, which regulates the profession of Translator and Interpreter of Brazilian Sign Language (LIBRAS) and delimits, in art. 6, paragraph II, the attributions of this professional: "interpret, in Brazilian Sign Language - Portuguese Language, the didactic-pedagogical and cultural activities developed in the educational institutions at the fundamental, middle and higher levels, in order to permit access to the curriculum contents"^(7:1). Nevertheless, there is nothing official about the

presence of interpreters in health services, to facilitate communication between the hearing impaired and the attending professionals⁽⁸⁾.

On the other hand, professional training to attend to deaf people is compulsory, with Libras as a compulsory curricular component in the teacher training courses at the intermediate and higher level, and in speech and language pathology courses. For other higher education courses, it is an elective curricular component⁽⁹⁾.

It should be noted that the nursing team still encounters difficulties in the communication process, as some higher education courses have only introduced the discipline of Libras in their curricula in 2010, according to legal requirements, which is a negative factor for the access of these individuals to health services⁽¹⁰⁻¹¹⁾. In addition, usually, the hearing impaired also have limited knowledge on the health-disease process, due to the information barriers that cause difficulties to obtain knowledge, leading to their submission and, sometimes, dependence on family members, Libras interpreters, friends and hearing people⁽¹²⁻¹³⁾.

The nursing professional has the right and duty to carry out Libras communication and expression courses in order to provide a better service to the hearing impaired⁽¹⁴⁾. The nursing team is still mostly unprepared to attend to the population with special needs, which interferes directly in the quality of care provided and contributes to the resistance these individuals present regarding the demand for health services and compliance with the correct treatment⁽¹²⁾.

Given this context, we ask: How do health professionals perceive the communication process with the hearing impaired? To answer this question, we intend to describe the knowledge and qualification of health professionals in a Brazilian city for communication with the hearing impaired.

Method

This descriptive research was carried out with nursing team professionals (nurses, nursing technicians, nursing assistants) and community health agents working in a city in Northwest Paraná, Brazil.

The city surveyed has 81,590 inhabitants, with 100% coverage of the family health strategy and 24 complete teams⁽³⁾. According to data from the national registry of health facilities in 2016, 249 professionals work in the services surveyed in the city. The participants were 198 professionals, as six did not accept to answer the questionnaire and 45 were on vacation and/or medical leave or bonus/maternity leave. These were invited to participate in the research through direct contact during the researcher's visit to the health service. The inclusion criterion was to be a member of the nursing team and to be a community agent in the family health strategy teams, and to accept to participate in the research. The following exclusion criterion was established: leave of the health professional during the data collection period due to maternity/bonus leave, vacations and/or medical leave.

Data were collected in February and March 2017, after contact and authorization of the

institutions and approval by the Ethics Committee, through a questionnaire⁽¹⁴⁾ adapted by the researcher, composed of sociodemographic characterization questions and related to communication between health professionals and hearing impaired.

The data were entered in an excel spreadsheet and analyzed using descriptive statistics using the Statistical Package for Social Sciences 20 (SPSS) program. The research was submitted to the Ethics Committee for Research Involving Human Beings and approved by Opinion 1.878.606, in accordance with National Health Council Resolution 466/12.

Results

Regarding the knowledge of health professionals about Libras, 57.1% answered that it is sign language, a strategy used for communication; for 13.8%, it was a language of the deaf; for 10.1%, it was the Brazilian sign language; 4.2% answered not knowing what Libras is; 3.7% reported that it is a sign of language; 1.10% signs with fingers that symbolized letters; 0.50% each: letters with dots to read, a qualification to deal with deaf people and gestures or mimics; and 8.5% did not describe it. In relation to the means of communication used, 39.4% used gestures; 18.7% gestures and writing; 11.6% speech and gestures; 9.6% did not attend; 8.6% writing only; 5.1% speech, gestures and writing; 3%, speech; 2% speech and writing; 0.5% gestures and did not attend; 0.5% speech and Libras; 0.5% speech, gestures and Libras; and 0.5% speech, gestures, writing and Libras (Table 1).

Table 1 – Communication process of health professional with deaf people. Paranavaí, Paraná, Brazil – 2017. (N=198)

Variables	n	%
(to be continued)		
Place of work attends to deaf people		
Yes	147	74.2
No	49	24.7
Not Answered	2	1.0
Deaf person visits service		
Alone	62	31.3
With parents	38	19.2
With friends	8	4
With parents; with friends	7	3.5

Table 1 – Communication process of health professional with deaf people. Paranavaí, Paraná, Brazil – 2017. (N=198)

Variables	n	%
Alone; with parents	5	2.5
Others (relatives, partner and not observed)	45	22.7
With friends; others (relatives, partner and not observed)	6	3
Alone; others (relatives, partner and not observed)	4	2
Does not visit service	2	1
Alone; with parents; with friends	2	1
With parents; with friends; others (relatives, partner and not observed)	2	1
Alone; with parents; others (relatives, partner and not observed)	1	0.5
Not Answered	16	8.0
Professional considers (s)he is prepared to attend to deaf person		
Yes	13	6.6
No	183	92.4
Not Answered	2	1
Knows how to communicate with deaf person		
Yes	31	15.7
No	166	83.8
Not Answered	1	0.5
Knows how to communicate in Libras		
Yes	4	2
No	191	96.5
Not Answered	3	1.5
Felt the need to use Libras		
Yes	138	69.7
No	53	26.8
Not Answered	7	3.5

Source: Created by the authors.

Among the health professionals interviewed, 3.50% described the reason to take a Libras course as their own initiative: interest in understanding their world; work and having a special daughter; by necessity, curiosity, postgraduate course; leaflets and having carried out a course conclusion monograph on the theme Libras. With regard to not taking the Libras course, 33.70% explained the reasons: 8.50% due to lack of time, 6.90%

had no opportunity, 4.20% lack of knowledge, 3.70% did not feel it was necessary, 2.60% had no interest, 2.10% had little demand, 1.60% had never thought about it, 1.10% lack of flexible investments and 0.50% each because of difficulty to find the course, distance, attending another course, less accessibility, lack of initiative and carelessness (Table 2).

Table 2 – Participation of health professional in Brazilian Sign Language Course. Paranavaí, Paraná, Brazil – 2017. (N=198)

Variables	n	%
Institution has already offered Libras course		
No	198	100
Has taken course upon own initiative		
Yes	14	7.1
No	183	92.4
Not Answered	1	0.5

Table 2 – Participation of health professional in Brazilian Sign Language Course. Paranavaí, Paraná, Brazil – 2017. (N=198) (conclusion)

Variables	n	%
Would like the service to offer the course		
Yes	183	92.4
No	15	7.6
Would take the course		
Yes	183	92.4
No	10	5.1
Not Answered	5	2.5
Period		
Evening	86	43.4
Afternoon	59	29.8
Morning	24	12.1
None	8	4
Afternoon or evening	4	2
Morning or afternoon	2	1
Morning or evening	1	0.5
Morning, afternoon or evening	1	0.5

Source: Created by the authors.

Discussion

Most health professionals know that Libras is a tool used to communicate with deaf individuals. Although different concepts appear, the majority defines that this is the possible form of communication with these users⁽¹⁴⁾. In this research, however, the number of health professionals who do not know how to communicate in Libras is predominant, which corroborates the findings of a study carried out in the municipal hospital of Barra do Garças (MT), where 80.85% of professionals did not have knowledge about Libras and 95.2% did not carry out any type of specialization or training as a translator and interpreter of Libras⁽⁸⁾. This situation becomes worrying, as the professionals can provide ineffective care, due to the absence of communication, a fundamental tool in all health care.

It is worth mentioning that, in this study, 69.7% of health professionals felt the need to use Libras during health care. They recognized that Libras is an inclusive form of communication during care for the deaf user, and it is through this communication that bonding between the

parties becomes possible, providing humanized care.

The lack of mastery of this language causes a communication barrier, due to the absence of verbal communication, making it difficult to understand information, guidelines, diagnosis and treatment^(8,14-15). Thus, Libras is fundamental during the consultations with these users, as it is these individuals' language, enabling healthcare professionals to execute care with equity, equality and inclusion. Like the entire society, this population needs quality health care; needs to be guided and understood. Only the exchange of information, knowledge and experiences provides self-care, promotion, prevention, recovery and rehabilitation of health.

Most of the professionals surveyed feel unprepared to attend to the deaf user adequately. A study carried out with 40 employees of a specialized health referral unit in the city of Belém (PA), pointed out that 97.5% of them also declared themselves unable to take care of deaf patients⁽¹⁴⁾. The perception of health professionals about the lack of preparation to serve these users causes the emergence of negative feelings regarding the whole process of health care, as they try to offer quality care but do not do so due

to the communication barrier. This impossibility entails professional dissatisfaction⁽¹⁶⁾. It is fundamental that health institutions offer training in Libras for nursing team professionals for the purpose of interpretation and communication with the hearing impaired, aiming to improve this whole context and the adequate inclusion of this population into health services.

Although most health professionals are not aware of Libras, care for the hearing impaired is carried out, as they circumvent the communication barrier through different strategies, such as gestures, so that the demand is met. In a study⁽¹⁵⁾, it was identified that more than half (65.0%) of the professionals used gestures to communicate with deaf patients. Despite this, it is pointed out that the improvisation performed during the care of these users may put up a barrier that negatively affects the quality of care provided⁽¹⁷⁾. The methods used for communication to take place do not permit comprehensive and qualified care for the hearing impaired in health establishments. In addition, the frequent use of these alternative communication methods may lead to the accommodation of health professionals, causing them not to seek training upon their own initiative with a view to adequate and effective communication.

As verified in this research, the majority (74.2%) of the professionals delivered care to deaf users, in line with a study carried out in the state of Pará, where 80% of the participants attended to deaf people⁽¹⁴⁾. These facts demonstrate that the hearing impaired population visit health care establishments in search of equitable, inclusive and problem-solving care. Therefore, a holistic approach aimed at this population is extremely necessary, as well as compliance with the current legislation. It is a matter of concern that the hearing impaired go to the health services in search of care and come across a professional who does not understand their language and, despite trying to communicate by gestures and mimicry, health care does not take place properly.

There was a predominance of deaf users who went to the health services alone, a situation that is worrying because, if most professionals do not

know how to communicate in Libras, the quality of care for deaf patients may be impaired⁽¹⁸⁾. The existence of a Libras interpreter and hearing family member in health establishments would facilitate communication, as these would act as intermediaries. This would not lead to the perfect and integral inclusion of the hearing impaired, because they would not receive individual care and there would be no direct communication between health professional and user^(4,18-19). With the advancement of technology, software is available that aid in small translations in Libras, but this cannot replace a Libras interpreter, because it does not permit the effective expression of body movements and facial expressions⁽²⁰⁾.

Thus, there is a clear need for a compulsory subject Libras in undergraduate programs that provide health care to users, because communication is essential for care practice. It should also be pointed out that, as of December 2005, Decree 5.626, art. 25 dealt with the support of health services to train the civil servants for the use of or interpretation in Libras, in addition to reinforcing the need for health facilities to have at least 5% of professionals trained to provide care to the hearing impaired^(8-9,19,21). It is imperative that the current legislation be applied at health facilities, as soon as possible, as the health care for these users is deficient. Even if it is considered an advance in the creation of laws, in the case of this population, inclusion with equity is not achieved as long as these laws are not put into practice.

In view of this reality, there is a clear need to train health professionals, and these should practice their qualification in the daily life, with a view to reducing the communication barriers with the hearing impaired. Only then will there be progress in comprehensive health care for deaf patients⁽¹⁰⁾. The health institutions need to look at these users and observe that they deserve a high-quality service. Therefore, it is essential that they offer the professional training of a Libras translator and interpreter, so that professionals can communicate with these individuals, attending them with equity and inclusion.

Although more than half of the professionals participating in this study report feeling the need to know Libras to use during care for the hearing impaired, the majority did not seek courses on their own initiative. A study that also identified the same situation highlighted, as justification, lack of time, cost and lack of opportunities, among other reasons⁽¹⁴⁾. It is observed that, although health professionals express the need for qualification, they were not ready to seek this qualification, perhaps because they used other strategies to communicate, such as gestures and mimics.

Also in this context, it was verified that the institution did not offer any training courses in Libras, but most of the research participants would like the service to offer the course, corroborating the findings of another study in which almost all the participants (97.5%) had the same expectation regarding the specific course in Libras⁽¹⁴⁾. The professionals felt that it was necessary to know the language of the hearing impaired, as other communication strategies did not provide perfect inclusion and high-quality health care.

It was identified that 92.4% of the respondents reported that they would take the course if offered, although the majority stated that they would only take it if organized in the evening. The fact that most of the professionals work during the daytime and afternoon hours, and the interest in taking the course outside office hours demonstrate the need for Libras training. This result is in line with other studies that appoint these strategies as a way to break the communication barriers the professionals feel, aiming to improve care⁽¹⁷⁻¹⁸⁾. Thus, it is fundamental for the health service managers, based on the need the professionals feel, to offer them training, with a view to appropriate and inclusive care for the hearing impaired, in compliance with the current legislation.

Conclusion

According to the health professionals participating in the research, the communication

barrier with the hearing impaired occurs because they do not know how to communicate in Libras, which leads them to use other mechanisms, such as gestures and mimics, in an attempt to establish communication with the hearing impaired. It was identified that they did not get training in Libras, due to the lack of time, opportunity and financial investments, among others.

Although Brazilian legislation guarantees rights for deaf clients, health institutions do not provide continuing education processes to improve health care, especially for the hearing impaired.

Research is necessary to demonstrate the need to train health professionals in Libras and to seek strategies to accomplish this research, because, according to the legislation, support will be offered to execute the strategies. Thus, breaking the communication barrier, aiming to provide this clientele with care according to the Unified Health System principles of equity, integrity, universality, and right to information will only be possible when health institutions and their professionals comply with the legislation on care for deaf clients.

Collaborations:

1. conception, project, analysis and interpretation of the data: Veronica Francisqueti Marquete and Maria Antonia Ramos Costa;
2. writing of the article and relevant critical review of the intellectual content: Veronica Francisqueti Marquete, Maria Antonia Ramos Costa and Elen Ferraz Teston;
3. final approval of the version for publication: Veronica Francisqueti Marquete, Maria Antonia Ramos Costa and Elen Ferraz Teston.

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