DOI 10.18471/rbe.v32.25978 Original Article

HOW DO I TALK TO YOU? THE COMMUNICATION OF THE NURSE WITH THE DEAF USER

COMO EU FALO COM VOCÊ? A COMUNICAÇÃO DO ENFERMEIRO COM O USUÁRIO SURDO

¿CÓMO HABLO CON USTED? LA COMUNICACIÓN DEL ENFERMERO CON EL USUARIO SURDO

Imaculada Pereira Soares[1]
Elis Mayara Messias de Lima[2]
Ana Caroline Melo dos Santos[3]
Cíntia Bastos Ferreira[4]

How to cite this article: Soares IP, Lima EMM, Santos ACM, Ferreira CB. How do I talk to you? the communication of the nurse with the deaf user. Rev baiana enferm. 2018; 32: e25978.

Objective: to describe the knowledge and practices of primary health care nurses relating to the care of the deaf user. Methodology: descriptive exploratory study, with a qualitative approach. Data collection was performed through a semi-structured interview applied to nurses who worked in the primary health care units in the city of Arapiraca, Alagoas, Brazil. The material was submitted to the Bardin content analysis technique. Results: the thematic units emerged from the speeches of the subjects: "Unawareness of the Brazilian Sign Language" and "Practices used by nurses to enable interaction with deaf users". Conclusion: the study subjects did not know how to communicate using the Brazilian Sign Language and considered the absence of a chaperone as a barrier to attending deaf users and needed other means to communicate with these users, such as writing, with literate users, and the use of gestures or lip reading.

Descriptors: Communication. Nursing. Deafness.

Objetivo: descrever os saberes e as práticas de profissionais enfermeiros da atenção básica na assistência do usuário surdo. Metodologia: estudo exploratório descritivo, com abordagem qualitativa. A coleta de dados foi realizada por meio de entrevista semiestruturada aplicada aos enfermeiros que atuavam nas unidades básicas de saúde do município de Arapiraca, Alagoas, Brasil. O material foi submetido à técnica de análise de conteúdo de Bardin. Resultados: emergiram das falas dos sujeitos as unidades temáticas: "Desconhecimento sobre a Língua Brasileira de Sinais" e "Práticas utilizadas pelos enfermeiros para viabilizar a interação com usuários surdos". Conclusão: os sujeitos do estudo não sabiam comunicar-se por meio da Língua Brasileira de Sinais, consideravam a ausência de acompanhante como barreira para a assistência aos usuários surdos e precisavam de outros meios para se comunicar com esses usuários, a exemplo da escrita, com os usuários alfabetizados, e a utilização de gestos ou leitura labial.

Descritores: Comunicação. Enfermagem. Surdez.

Objetivo: describir saberes y prácticas de profesionales enfermeros de la atención básica en la atención al usuario sordo. Metodología: estudio exploratorio descriptivo, con abordaje cualitativo. Recolección de datos realizada por medio de entrevista semiestructurada aplicada a enfermeros que actuaban en las unidades básicas de salud del

[1] Nurse. MSc Nursing Student in the Universidade Federal de Alagoas. Maceió, Alagoas, Brazil. imaculada.enfermagem@gmail.com
[2] Nurse. Specialist in Occupational Nursing. Maceió, Alagoas, Brazil.
[3] Nurse. PhD in Health Science from the Universidade Federal de Alagoas. Maceió, Alagoas, Brazil.
[4] Nurse. PhD Student in Education in the Universidade Federal de Alagoas. Professor of the Universidade Federal de Alagoas. Arapiraca, Alagoas, Brazil.

municipio de Arapiraca, Alagoas, Brasil. Material sometido a la técnica de análisis de contenido de Bardin. Resultados: emergieron de las hablas de los sujetos las unidades temáticas: "Desconocimiento sobre la Lengua Brasileña de Señales" y "Prácticas utilizadas por enfermeros para viabilizar la interacción con usuarios sordos". Conclusión: los sujetos del estudio no sabían comunicarse por medio de la Lengua Brasileña de Señales, consideraban la ausencia de acompañante como barrera para atención a los usuarios sordos y necesitaban otros medios para comunicarse con esos, a ejemplo de la escritura, con usuarios alfabetizados, y utilización de gestos o lectura labial.

Descriptores: Comunicación. Enfermería. Sordera.

Introduction

Deafness is now understood as a person´s specificity that differentiates themselves from other beings due to their form of communication. Efforts made by deaf resistors have made it possible to strengthen a "new" social group, in which the deaf person is a being that differs from others by using a gesture-visual language and should not be classified as being disabled or seen as being sick[1].

In a society in which oral language is prevalent and therefore individuals should adapt to integrate into the social environment, the population is not prepared to welcome the deaf person. The same happens in the meeting between a deaf person and the health professional. In most cases, this dialogue takes place through verbal language, either in its oral form (trying to make the deaf user lip read or depending on the presence of a translator), or in its written form, which creates obstacles for communication. Communication can also be attempted using gestures. The Brazilian Sign Language (Libras), the official language of the deaf community in Brazil, is not widely used by health professionals[2].

In view of this reality and considering that the pillar for health care (from anamnesis to the moment of giving medical orientation) is good communication between the professional and the user, it is to be expected that, when this becomes flawed, there are great possibilities for misunderstandings diagnoses and, consequently, problems in their care. The lack of qualification of health professionals can create problems during care, resulting in embarrassment, misdiagnosis, difficulty in correctly filling out the medical chart and inadequate treatment for the possible pathology[3]. In addition, acceptance in the health services is necessary so that the right to health is guaranteed. For the deaf user, the communication barrier is a difficulty that consequently results in disrespecting their rights[4].

In the case of disparity, the prevalence of depression among users with hearing problems was higher in a study conducted in the United States[5]. This inequality also implies knowledge about health, as deaf adolescents demonstrated a lower level of health knowledge when compared to hearing adolescents[6].

Nursing professionals have a legal and ethical responsibility to provide health care to deaf users who use sign language, just as they provide them to other users with effective communication, autonomy, and confidentiality. However, this has not been the reality[7].

Considering that communication is a key factor in user interaction with the health system, this interaction with deaf users is initially compromised by the communication barrier. Therefore, in a society that is primarily hearing, it is expected that there will be a negative impact on the health and commitment of some individual and collective rights[8]. To contribute to the scientific knowledge in the nursing area, as well as filling existing gaps regarding the proposed theme, the guiding question of this study asks: What knowledge, and practices, do primary health care nurses have in relation to the care of the deaf user?

The objective of this study was to describe the knowledge and practices of primary care nurses in the care of the deaf user.

Method

This is an exploratory descriptive study with a qualitative approach. The study scenario was the Primary Healthcare Units belonging to the Family Health Strategy of the city of Arapiraca, Alagoas, Brazil.

Brazil has 23.91% users with some form of disability, 26.6% are located in the Northeast part of the country. In the state of Alagoas, the percentage of users with some form of disability is higher than the Brazilian percentage, reaching 27.5%. Approximately 6% of the population of Alagoas has some hearing impairment. Second to the capital city of Maceió, Arapiraca is the second largest city in the state in terms of population as well as in relation to social and economic importance. The municipality under study has 234,185 inhabitants [9], with 67 Family Health Strategy teams and 219 nurses.

20 nurses working in the Primary Healthcare Units in the scenario of this research were interviewed. The number of interview participants followed the criterion of data saturation, understood as the moment in which the data begins to repeat in a determined number of interviews.

The inclusion criterion was to be a nurse who worked in the Family Health Strategy. The only exclusion criterion was to be away from work for any reason at the time of data collection.

A questionnaire was chosen as a data collection instrument to characterize the social profile of nurses, and the interview was performed using a script containing open questions. The interviews were conducted individually, from May to July 2015. The interviews were recorded using a cellular device and then transcribed for subsequent analysis. The professionals invited to participate were oriented about the research objectives and those who accepted to participate signed the Informed Consent Form (TCLE). To guarantee the anonymity of the participants, the initial letter of the word nurse (E) followed by sequential numbers (E1, E2, E3...) was used.

The content analysis technique proposed by Bardin[10] was used for data analysis. In the pre-analysis phase, the transcribed texts from the interviews were organized to enable the systematization of ideas. This phase consisted of floating reading, to provide knowledge of the text, and demarcation of what would be analysed. In the second phase, the material was explored to define the categories of analysis. Finally, the results were treated to allow inferences and interpretations made by the researchers.

The research project obeyed the norms that govern research with human beings – Declaration of Helsinki (1964) and Resolution n. 466/12 of the Ministry of Health – and was sent to the Research Ethics Committee of the Universidade Federal de Alagoas (UFAL) and was approved under protocol number 1,026,849.

Results

The age of the nurses participating in this study ranged from 26 to 65 years of age, with only two subjects being older than 40 years of age. As for sex, 17 were women and 3 were men. The duration of professional experience varied between 1 and 30 years, with 50% of the participants having 5 years or more of professional experience. The duration of professional experience in the Family Health Strategy ranged between 1 to 18 years, with the majority having less than 5 years of experience in this particular area.

Two Thematic Units emerged from the statements and are presented as follows: "Unawareness of the Brazilian Sign Language" and "Practices used by nurses to enable interaction with deaf users".

Unawareness of the Brazilian Sign Language

Based on the testimony of the research subjects, it is worth noting that all 20 interviewed professionals report not knowing the Brazilian Sign Language (Libras). Some said they had had superficial contact, but none had mastered it.

I do not know Libras. (E1)

No, I do not know [Libras]. *I was never prepared, I never did any training for that purpose.* (E8).

Not doing the training for Libras, and not knowing the sign language, it affects the understanding and it is left up to guessing, isn't it? (E11).

It is important to mention that all 20 interviewees stated that they provided care to hearing impaired users during their professional lives, and, because they did not know Libras, they demonstrated, in their discourses, difficulty in communicating with the deaf user. One of the interviewees said that he does not even attend the user if they come alone.

I remember one consultation, she came alone, but the communication was very complicated. (E6).

If she had come alone, the service would not be satisfactory. (E18).

I don´t attend them [...] *if they don´t come with a chaperone.* (E7).

It is seen in this Thematic Unit that the fact of not knowing Libras is highlighted as a problem in the relationship between the health professional and the deaf person.

Practices used by nurses to enable interaction with deaf users

Nurses need to develop ways of interacting with users in order to give complete health care. The deponents reported the following practices used to make communication possible: presence of a chaperone during the consultations; use of writing; use of body language.

Almost all the nurses reported that the user who comes to the care unit with a relative or chaperone, usually understands Libras and knows the user´s needs and doubts, there is a possibility for the successful transmission of information.

I think it makes it easier, for us to be attended by the health professionals if the chaperone knows how to speak. (E7).

I had a prenatal consultation with a person who had a hearing problem, she was deaf and mute, and her sister or her mother, or the husband always came to the consultation and we were able communicate through the chaperone. (E6).

A problem that can be highlighted in these situations and which the subjects of the study did not consider in their discourse, is that the presence of a third person in the care may break the trust between professional and user and, of course, is an impediment to privacy and even secrecy.

The use of writing was reported by many interviewees as a factor that helped a lot in the communication with deaf users, but for that, it was necessary to ensure that the user could read and write.

And sometimes, I asked her to write. (E5).

And the writing. When neither I nor she understood, writing was used. (E6).

Writing, when they can read. (E10).

Body language and the use of other senses, such as gestures and lip reading, were also considered as facilitating communication.

It was a mixture of gestures, lip reading. (E20).

I consider lip-reading to be the best strategy used for with this type of user. I began to realize from subsequent consultations that when I spoke slowly and looked into her eye, she appeared to be more content and to understand. (E15).

Thus, it is evident in this Thematic Unit that the health care professionals, subjects of this research, had to use several forms of communication to enable some type of interaction, since none of them knew Libras and all of them had already cared for some user with a hearing problem during their professional life.

Discussion

The unawareness of the Brazilian Sign Language is reported in this research as the main difficulty that the professional nurse faces when caring for a deaf user. A study carried out in Porto Alegre (RS) had a similar conclusion, stating that the main challenge for health professionals who care for deaf users is to establish interaction by replacing verbal language, which they are used to, with sign language[4].

Another study, which discussed the importance and effectiveness of nursing consultations for deaf

users, says that the lack of awareness of Libras by health professionals leaves them unsatisfied and causes anguish. They usually cannot make themselves understood, nor can they understand the directions they have received. In the same study, when health professionals know Libras and can communicate effectively with their users, care is more respectful and humanized, allowing inclusive behaviour[11].

In the present research, as the interviewed professionals did not know Libras, the absence of a chaperone at the time of the consultation was highlighted as a communication barrier. The same was found in a study conducted in the United States of America, in which nurses preferred when there was an accompanying person acting as an interpreter to facilitate communication[7].

Thus, teaching courses for the Brazilian Sign Language for health professionals appear as the best option for effective communication with deaf users and their relatives. An alternative, for example, is distance learning[12]. The more professionals are able to learn Libras, the greater the possibility of respecting social inclusion and deaf culture[7].

On the other hand, given that the US is a developed country, this situation suggests that the lack of knowledge about sign language is a difficulty that requires more than better economic conditions in the country. The development of effective and accessible training programs for professionals working with deaf and hard of hearing users, for example, requires a collaborative effort between emergency response agencies, public health organizations and affected community members[13]. It should be considered that, to the detriment of the way deafness was associated with the pathological sphere, a stigma was created that sometimes placed individuals with this condition, in a place of subalternity marked by prejudice and social exclusion[14].

Another research with similar results reports that in addition to the fact that they do not know Libras, there are problems that nurses can highlight as elements that hinder communication, and that may be linked, for example, to the lack of a chaperone that acts as interpreter and even to the lack of formal education of the deaf user or the companion. However, according to the cited research, even if these problems are solved, there is no guarantee of effective communication between the professional and the user, since such communication only happens when the culture and the meanings of the interaction are incorporated[11]. In addition, the use of a family member as a translator may restrict health actions, since the relative may not understand the orientations or not interpret them clearly to the user[15].

In this research, as the nurses did not know Libras, they highlighted strategies that they chose to use to achieve some type of interaction with deaf users, such as: presence of a chaperone in the consultations and the use of writing and body language.

The actions and strategies for health care assistance to deaf users should be in a general scope, guided by public policies and planned by management together with health care services. However, the tools used to make communication feasible are usually part of individual initiatives. Each one is strategizing as the needs arise. Therefore, there is a fragmentation in the actions that does not allow the acquisition of new solid practices to improve accessibility for the deaf person[16].

In a study aimed to at health professionals and teachers, respondents argued that, even if the health professional does not master the Brazilian Sign Language, it is possible to establish some communication with the deaf users using other means, such as gestures, writing and articulated speech, for lip reading[12].

The professional nurse is subject to many difficulties in understanding the message conveyed by the hearing-impaired user, as well as in passing on information and guidance to them. Therefore, they use various forms of communication, such as mime or written language, which, however, are not efficient and do not guarantee the correct treatment. Communication needs to go beyond the interpretation of gestures and notes and to

think that it suffices to demonstrate a lack of awareness regarding real communication needs [7]. Therefore, nurses must master the Brazilian Sign Language[11].

Regarding the limitations of the study, there are some issues that need to be considered. Firstly, the subjects of the study were professionals who only worked in Primary Health Care, and the problem regarding the difficulty of caring for the deaf user should also extend to secondary and tertiary care. In addition, only nursing professionals with 3rd level education were selected, when all the nursing staff or, better still, the whole health team could have been considered.

Conclusion

It was concluded that the study subjects did not know how to communicate using the Brazilian Sign Language, they considered the absence of a chaperone as a barrier in the care of the deaf users and needed other means to communicate with these users, such as writing, with literate users, and the use of gestures or lip reading. However, these alternative means are not always viable as there are still numerous barriers that hinder the entire process of communication between the two parties.

The nurses recognized the need to effectively communicate with deaf users and understood that the interaction between professional and user was fundamental to guarantee successful health care. There is a portion of the deaf population that needs to have their health rights assured, just like any other user. Therefore, professionals in this area need to be able to accommodate their users. However, to achieve quality care, they need to understand that communicational effectiveness is a priority.

In this research, all nurses who were interviewed had the experience of caring for at least one deaf user, a situation that is repeated several times, in any location. Therefore, the health service and the professional must be prepared to receive these users.

One issue that arises from the need for professional training is to reflect on the curricula of health care training courses and the possibility of including Libras as a mandatory component and thus, guarantee the quality of communication. This study also highlights the idea that health managers should understand this demand and provide training for workers who are already in the service and can have direct contact with the specified public.

In this research, it was possible to outline the nurses' knowledge about Libras and to recognize the practices they adopt in order to communicate with deaf users. Realizing that there is a lack of knowledge about the Brazilian Sign Language is useful as it allows us to think about continuing education activities, so that health care assumes a position of respect and inclusion. It is also important to plan actions that enable communication, but also establish a relationship of trust and guarantee precepts, such as confidentiality and privacy.

New studies on the subject must be carried out with other professionals of the health team, besides the nurses, as well as the incorporation of the other levels of health care.

Collaborations:

1. conception, design, analysis and interpretation of data: Imaculada Pereira Soares, Elis Mayara Messias de Lima, Ana Caroline Melo dos Santos and Cintia Bastos Ferreira;

2. writing of the article and relevant critical review of the intellectual content: Imaculada Pereira Soares, Elis Mayara Messias de Lima, Ana Caroline Melo dos Santos and Cíntia Bastos Ferreira;

3. final approval of the version to be published: Imaculada Pereira Soares, Elis Mayara Messias de Lima, Ana Caroline Melo dos Santos and Cíntia Bastos Ferreira.

References

1. Lins HAM, Nascimento LCR. Algumas tendências e perspectivas em artigos publicados de 2009 a 2014

sobre surdez e educação de surdos. Pro-posições. 2015;26(3):27-40.

2. Oliveira YCA, Celino SDM, Costa GMC. Comunicação como ferramenta essencial para assistência à saúde dos surdos. Physis (Rio J). 2015;25(1):307-20.

3. Gomes LF, Machado FC, Lopes MM, Oliveira RS, Holanda BM, Silva LB, et al. Conhecimento de Libras pelos médicos do Distrito Federal e atendimento ao paciente surdo. Rev bras educ méd. 2017;41(4):551-6.

4. Tedesco JR, Junges JR. Desafios da prática do acolhimento de surdos na atenção primária. Cad Saúde Pública. 2013;29(8):1685-9.

5. Li CM, Zhang X, Hoffman HJ, Cotch MF, Themann CL, Wilson MR, et al. Hearing impairment associated with depression in US adults, National Health and Nutrition Examination Survey 2005-2010. JAMA Otolaryngol Head Neck Surg [Internet]. 2015 [cited 2018 Jun 10];140(4):293-302. Available from: http://www.ncbi.nlm.nih.gov/pubmed/24604103

6. Smitha SR, Samar VJ. Dimensions of Deaf/Hard-of-Hearing and Hearing Adolescents' Health Literacy and Health Knowledge. J Health Commun. 2016;21(sup2):141-54.

7. Pendergrass KM, Nemeth L, Newman SD, Jenkins CM, Jones EG. Nurse practitioner perceptions of barriers and facilitators in providing health care for deaf American Sign Language users: a qualitative socio-ecological approach. J Am Assoc Nurse Pract. 2017 Jun;29(6):316-23.

8. Rodríguez-Martín D, Rodríguez-García C, Falcó-Pequeroles A. Ethnographic analysis of communication and the deaf community's rights in the clinical context. Contemp Nurse [Internet]. 2018 Mar [cited 2018 Jun 10];6178(1):144-73. Available from: DOI: 10.1080/10376178.2018.1441731

9. Instituto Brasileiro de Geografia e Estatística. Censo demográfico: resultados preliminares da amostra. Rio de Janeiro; 2017 [Internet]. [cited 2018 Jun 10]. Available from: https://ww2.ibge.gov.br/home/estatistica/populacao/censo2010/default.shtm

10. Bastos MHR, Oliveira UR. Análise de Discurso e Análise de Conteúdo: um breve levantamento bibliométrico de suas aplicações nas ciências sociais aplicadas da Administração. Trabalho apresentado no 12º Simpósio de Excelência em Educação e Tecnologia; 2015 out 28-30. Resende; 2015 [cited 2018 Jun 11]. Available from: https://www.aedb.br/seget/arquivos/artigos15/26322295.pdf

11. Trecossi MO, Ortigara EPF. Importância e eficácia das consultas de enfermagem ao paciente surdo. Rev enferm. 2013;9(9):60-9.

12. García ER, García GR, Oliva MA, Duquesnes MQ, Francia YH. Curso virtual sobre la lengua de señas cubana para los estudiantes de Medicina. Edumecentro. 2017;9(2):93-109.

13. Kamau PW, Ivey SL, Griese SE, Qari SH. Preparedness training programs for working with deaf and hard of hearing communities and older adults: lessons learned from key informants and literature assessments. Disaster Med Public Heal Prep. 2017 Oct;11:1-9.

14. Abreu FSD, Silva DNH, Zuchiwschi J. Surdos e homossexuais: a (des)coberta de trajetórias silenciadas. Temas psicol (Internet). 2015 [cited 2018 Jun 10];23(3):607-20. Available from: DOI: 10.9788/TP2015.3-07

15. Miranda RS, Shubert CO, Machado WCA. A comunicação com pessoas com deficiência auditiva: uma revisão integrativa. J Res Fundam Care. 2014;6(4):1695-1706.

16. Sales AS, Oliveira RF, Araújo EM. Inclusão da pessoa com deficiência em um Centro de Referência em DST/AIDS de um município baiano. Rev bras enferm. 2013;66(2):208-14

Received: March 20, 2018

Approved: June 26, 2018

Published: August 24, 2018