Patients who are deaf or hard of hearing

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Patients with Impaired Hearing

Hearing impairment is a broad label that covers many different situations and severities. Patients may be impaired through:

1) Accidents/Trauma
2) Birth defects/malformations
3) Aging/Genetics
4) Disease/Tumors
5) Infections

Because of the large variety of causes, the ways in which we interact with the hard of hearing must take into account the unique situation of the patient, as each of these patients will require different modes of communication.

From the Hearing Loss Association of America
Additional Background Info

- Approximately 5% of the world’s population lives with a hearing disability
  - These people live in a hearing world, and therefore encounter various problems in their daily lives

There are three degrees of deafness documented in the literature:

1. Persons with sudden onset deafness (postlingual)
2. Persons who have lost their hearing after speech has been acquired (perilingual)
3. Persons who were born deaf (prelingual)

Can you think of a cause for each?
Consider this...

- Imagine how hard it is to discuss mental health problems with a healthcare professional.
- Now imagine you cannot hear, or maybe even speak. Therapists generally focus on discussion in order to work with patients on mental health problems.
- Matters of the mind are difficult to navigate through verbal communication, just imagine the barrier many people experience when they have hearing problems.
- The mental health of the hard of hearing should always be discussed due to the isolation that these patients can experience due to their communication barriers.
- However, there is often delay in diagnosis.
- Sign language, written communication, behavioral observation
- Post, pre, peri

From Saha’s case series
Traditionally Used Communicative Strategies

1. Sign language
   - The natural mode of expression for a deaf person
   - Expresses the perception familiarities of the world inherent in their deaf culture
   - Self-contained
   - There are also more than 100 types of LS

2. Oralism
   - Schools focus on lip-reading and improvement of speaking ability
   - Want to develop written and spoken language

3. Bimodal
   - SL and Oralism can be used together to communicate in the same language in the same deaf culture
Things to keep in mind:

- Level of hearing impairment needs to be understood
  - Is the patient fully deaf? In this case, the patient is hard of hearing but not fully unable to hear.

- Length of time patient has had hearing impairment
  - Has the patient been living with this impairment their entire life, or were they originally born with no hearing impairment?
  - If the person was born with no hearing impairment, at what point in his/her life did they acquire the impairment?

- Patient’s ability to communicate around hearing impairment
  - Can the patient understand sign language? Can they read and write, and if so, what range of vocabulary do they know? (This can vary especially with age or education.) Can the person read lips? Does the person have a cochlear implant or hearing aide?
  - Does the patient speak? Some people in the deaf community choose to not speak and only sign.

Does the patient understand us? Do we understand the patient?
Challenges and Problems to Communication

RED ALERT! RED ALERT!

I DON'T UNDERSTAND
Deaf people do not always receive the sensitivity and attention they require

- There are many stereotypes about the “world of deafness” from the fragmented knowledge of the “hearing world”
- “Deafness” is a generic concept, and does not allow for differences between the degrees of deafness
- Understanding and perceiving “deafness” can be difficult for a hearing person, and tension may arise from this lack of understanding
Healthcare professionals are not always equipped to approach deaf patients carefully

- This may affect health outcomes and the quality of service that is provided
- For nurses, the lack of knowledge may prevent the caring, holistic approach that is widely considered the core mission of nurses
- For example, if the patient cannot hear at all, cannot read lips, and there is no sign language interpreter on hand, this poses a big communication barrier between the patient and the health care providers, and the quality of care might be affected
1. Experiencing a common vulnerability: the need of reciprocal understanding and sensitivity

- Hospitalization increases vulnerability in deaf people
  - Increases weaknesses and insecurities
  - The relationship may not be effective, and care inconsistent with needs

- Healthcare workers are also vulnerable: they do not know the deaf community
  - Communication is a fundamental part of caring
  - A gap between the desire to communicate and the actual possibility of communicating
2. To be outside of the comfort zone: feeling discriminated against once again

- Inside their community, deaf people are comfortable and feel protected
  - Inside the hospital, the majority of their environment are not accustomed to deaf people
  - The rush of healthcare workers
- Overly simplistic manners can be seen as a source of discrimination
3. The perception of a lack of agreement between needs and care of the patient

- Healthcare patients may also not easily recognize the needs of deaf patients
  - Example: switching on the light in a room at night-time
- Increasing use of tools also present difficulty
  - In translation process, there can be frustration and although patients may be cared for, it is for needs the nurse deems important, while other needs of the patient are not recognised.
4. Development of a sense of progressive disempowerment

- The process of reduced participation may be voluntary or involuntary
- Fear may risk patient voluntarily postponing their expression of needs, as well as discussion or requests for treatment and advice.
- On the other hand, even if a patient wants to be involved, healthcare workers tend to involve caregivers more than the patient
  - Families unfortunately also may interfere with treatment
5. Effects of unusual issues on the hearing impairment

- The patient’s other senses, such as sight, could be impaired by his/her medical condition, in this post-operation the patient may be on heavy medication and his senses are altered. This makes communication even more difficult, as the patient may not be able to read lips or see the interpreter’s signing depending on how his sight is affected by his ailment.

- Or if a patient with a hearing impairment can normally sign but came into the hospital with injured hands, or is too traumatized to sign, this can greatly affect communication.
Evidence Based Strategies
“Hearing impairment has a profound effect on nursing facility residents’ communication abilities. Nursing staff can contribute to the physical and emotional well-being of residents with hearing impairments by becoming sensitive to their needs” (Adams-Wendling 2008).
Establish a Policy

- Having a plan in place before it is needed is crucial to provide timely and effective patient care
- At the clinical level, educational strategies should be offered at the UG level and above
- In daily clinical care, specific strategies and instruments should be utilized
- Training materials for patients should be provided
  - Intensity of work may make it difficult in hospital setting, but they can be prepared in advance
Provide an Interpreter

- A qualified interpreter should be provided in a timely manner when the patient requests one, or when the visit is long, complex, or there is a risk of misunderstanding

- Avoid “poker face”
- Talk to them face-to-face
- Always maintain eye contact
Determine Preferred Communication Method

- If patients prefer Sign Language, leave as much freedom for their dominant hand
- If patients practice lip-reading,
  - Do not talk from behind them or away from a light source
  - lower/remove any obstructions (masks)
  - Maintain eye contact
  - Do not yell
  - Exaggerate pronunciation
  - Maintain rhythm and natural tone
  - Speak to the patient one on one
- If patients prefer written form, write short sentences that are simple but complete, and avoid technical terms, highlighting the important ones.
  - Written is not always the best
  - Make sure that text is visible and upright to patient
Try to Reduce Anxiety

- Healthcare staff should try to understand the deaf culture
  - Linguistic and sociocultural characteristics to provide appropriate service
- Learning the basics of sign language and use it correctly
  - Patients will feel respected and become much more self-confident
- Simulation-based educational programs for communication
  - Gives healthcare providers an opportunity to learn in a safe environment to be prepared for these situations
  - Most people have difficulty communicating because of inexperience
What We’ve Learned

- Hearing impairment, a broad label that covers a lot
- Challenges:
  - Vulnerability, Discrimination, Misunderstanding in Care,
  - Progressive Disempowerment, Effects of Dishealth on communication
- Evidence based strategies: Policy, Interpreter, Preferences, Anxiety Reduction

and...
Nonverbal Communication!


