

Enfermagem e os cuidados com pacientes surdos no âmbito hospitalar

Nursing and care with patients who are deaf in the hospital

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RESUMO

Objetivo: descrever as dificuldades enfrentadas por profissionais da enfermagem na assistência e comunicação com pacientes surdos em unidade hospitalar e mostrar estratégias de melhorias para comunicação. **Método:** Trata-se de um estudo de revisão de literatura, onde foi realizado um levantamento de dados eletrônicos na Biblioteca Virtual em Saúde (BVS) - BIREME e no Scientific Electronic Library Online - Scielo. Realizou-se a pesquisa a partir das palavras-chaves obtidas através dos DECs (descritores de assunto em ciências da saúde da BIREME): Surdez, Comunicação, Assistência, Enfermagem, Unidade de Saúde, entre o período de 2013 a 2018. **Resultados:** Diante dos artigos encontrados, pôde-se analisar que a maioria dos profissionais de enfermagem não possuem capacidade para oferecer assistência de qualidade aos pacientes surdos devido ao baixo nível de conhecimento a respeito da Libras. Notou-se que grande parte do estímulo para o aprendizado pode vir das escolas de formação acadêmica, porém, muitos dos profissionais buscam se capacitarem por meios próprios com o intuito de oferecerem melhor assistência a seus pacientes surdos. **Conclusão:** Os serviços de saúde ainda são deficitários devido baixo conhecimento dos profissionais de enfermagem sobre Língua Brasileira de Sinais - Libras, baixo estímulo durante a formação acadêmica e falta de qualificações, poucos dos profissionais se encontram capacitados para atender os pacientes surdos de forma integral e de qualidade.

Descritores: Surdez; Comunicação; Assistência; Enfermagem; Unidade de saúde.

ABSTRACT

Objective: to describe the difficulties faced by nurses in assisting and communicating with deaf patients at hospitals and to show improvement strategies for communication. **Method:** A survey of electronic data was performed on the Virtual Health Library (BVS) - BIREME and on the Scientific Electronic Library Online - Scielo. The research was carried out from the keywords obtained through DECs (subject descriptors in BIREME health sciences): Deafness, Communication, Assistance, Nursing, Health Unit, from 2013 to 2018. **Results:** With the articles found, it was possible to analyze that the majority of nurses do not have the capacity to offer quality assistance to deaf patients due to the low level of knowledge of Brazilian Sign Language - Libras. It was noticed that a great part of the learning stimulus may come from college, but many of the professionals seek to train themselves in order to offer better assistance to their deaf patients. **Conclusion:** Health services are still deficient due to the lack of knowledge of nurses about the Brazilian Sign Language - Libras, low stimulus during college and lack of qualifications. Only a few professionals are able to provide an integral and high-quality service to deaf patients.

Descriptors: Deafness; Communication; Assistance; Nursing; Health Unit.

Introduction

The person who is deaf is characterized as one who even though having lost his/her hearing is still able to understand and interact with the rest of the world through visual experiences. Officially manifesting his/her culture through the use of sign language; in Brazil's case, the use of Brazilian Sign Language - Libras, admitting to being deaf and accepting their culture, in accordance to the law and in accordance to the sole paragraph of Article 2 in Decree No.5,626 of December 2005.¹

The process of communication between nursing care and deaf individuals is essential; it helps in maintaining a good social life, aiding in the sharing experience of moments and ideas with others, and developing people skills such as meeting and greeting people, influencing exchange of information and understanding for both parties. This may come about through speech, gestures or facial expressions. When good communication is not established, the customer care service doesn't contribute to any improvements in the assistance therefore impeding the humanization of everyone involved.²⁻³

Being better understood by people who are able to hear and detect sounds becomes a challenge for those that are deaf because of the fact that most of those who do hear and detect sounds don't know how to communicate in Libras. The understanding of the hearing impaired patients can be limited due to the community's lack of skill in Brazilian Sign Language (Libras). A Successful communication process between the patient and the healthcare professional is essential in fostering efficient and humanized care.⁴⁻⁵

Nurses should have knowledge about Libras in order to provide better health care. Consequently, this leads to the deaf not needing an interpreter resulting in more humanized care, what therefore characterizes the importance of this study.

In this sense, this paper describes the difficulties faced by nursing professionals in assisting and communicating with deaf patients in any healthcare facility such as a Clinic or Hospital.

Method

This work consists of both an exploratory and descriptive study conducted through an integrated review of the literature.

As for the bibliographical study, it is a review of the principal theories that guide the scientific work where research found in periodicals and scientific articles was done. Thus, the process of selecting articles was developed based on the guiding question of: What are the difficulties faced by nursing professionals when providing assistance in care and communicating with deaf patients?

The data was collected through different searches in virtual health databases, specifically in The Virtual Health Library - BIREME and The Scientific Electronic Library Online - Scielo. The research was conducted based on the keywords obtained through The Health Science Descriptors DECS (BIREME health science subject descriptors): Deafness, Communication, Assistance, Nursing, Health Unit.

The criteria for the established inclusion were: original articles that were made available both in physical and online forms, dissertations and monographs published in the Portuguese language between the years of 2013 to 2018 that were related to the topic in question. As for the criteria of exclusion, they were articles that didn't correspond with the objectives of the work being done, publications that didn't relate to the topic in question and articles that weren't available to be downloaded in full or in a foreign language which were published prior to 2013. For the development of this work, thirteen articles that were published between the years of 2013 - 2018 were used.

Using the criteria from the inclusion and exclusion material, when searching on the Virtual Health Library - BVS, and using the descriptor Deafness; 137 publications appear. When crossing with the search descriptor Communication, there were only 15; Nursing shows 90 publications; Assistance shows 199; and finally when cross searching with Health Unit, 17 publications come up, with a total of 458 articles. The search on the Online Scientific Electronic Library's - (SciELO) data base came up with: using the search descriptor Deafness, 118 publications came up; crossing with the search descriptor Communication 50 came up; Assistance 100 publications; Nursing came up with 99 publications; Health Unit showed 97 publications, totaling 464 articles. That would give us a total of 922 articles that were found on the databases that were used. There were 910 articles that were excluded for either not being related to the theme of this work, the publication years were prior to 2013 or for not being available on PDF for a complete download.

Results and Discussion

On the following pages, the articles that were used as the basis of this study will be presented as a table of information for better understanding. It was elaborated in accordance to the articles selected to discuss the theme by putting forth the following data: Article Title, Author, Objectives, Methodology, Conclusion, and Publication Date. The results were interpreted and synthesized through a comparison of the data evidenced in the analysis of the articles.

Chart 1 - Distribution of the articles in accordance to the Title, Authors, Objective, Method, Conclusion and Publication Date.

	Title	Author	Objectives	Methodology	Conclusion	Year
Article	Communication of Deaf Patient to Health Professional in Search of Integrality(6)	Lopes RM, Viana NG, Silva EM.	Problematize and identify the deaf individuals conception regarding communication with health professionals	Qualitative Research.	It was concluded that deaf individuals have barriers due to difficulty in communicating with health professionals and the learning of Libras by the healthcare staff favors the relationship between professional and patient.	2017

Article	How do I Talk to You? The Communication Between Nurse and Deaf User (7).	Soares IP, Lima EM, Santos ACM, Ferreira CB.	Describe the knowledge and practices of basic attention giving that professional nurses need when caring for deaf users.	Descriptive and Qualitative Exploratory study.	The participants in the study were unaware of Brazilian Sign Language, they reaffirmed that the absence of a partner as the catalyst to not being able to help deaf individuals and that they needed different ways to communicate with deaf patients. Writing for example, with those who are literate and also the use of gestures or lip reading.	2018
Article	Attention to Healthcare and Deafness: Challenges in Setting up A Healthcare Network for Disabled Patients (8).	Nóbrega JD, Munguba MC, Pontes RJS.	To analyze the care provided by the nursing field to deaf patients who use Libras. Based on the conceptions with intention to consider the inclusion of assistance into the healthcare system for disabled individuals.	Qualitative Study.	Being able to analyze the specificities of the care given to deaf patients who use Libras, the challenges faced during assistance because of the limited communication. Therefore the use of Libras may very well be one of the most effective ways of communicating with these individuals at healthcare facilities.	2017
Article	Communication as An Essential Tool for The Care of the Deaf Individuals' Health (9).	Oliveira YCA, Celino SDM, Costa GM C.	Demonstrate how deaf individuals communicate with nursing professionals and know the significance of having an interpreter during treatment or care at a public healthcare facility.	Qualitative Study.	The participants of the study emphasized the appreciation of having been taken in by professionals who had already known Libras, in a way establishing a direct line of communication and in turn maintaining their privacy and autonomy.	2015
Article	How does The Nursing Staff Interact with Deaf Patients in Order to Care for Them? (10)	Machado WC A, Machado DA, Figueiredo NMA.	Identify how a team of nursing professionals at a University Hospital interact to care for their deaf patients?	Descriptive, Exploratory, Quantitative, and Qualitative Research	It is concluded, how essential that effective measures be taken for nursing professionals to adequately communicate with their deaf clients. Starting with provisions to offer specific disciplines and subjects in all courses and educational institutions.	2013

Article	Challenges Faced in the Practice of Caring for Deaf Individuals at Healthcare Facilities. (11)	Tedesco JR, Junges JR.	Identify the challenges when taking in deaf individuals into healthcare facilities.	Qualitative Research	Professionals are looking for different methods of removing roadblocks involving communication with deaf individuals. Showing that most health professionals manifest feelings of uneasiness and unpreparedness when fulfilling the medical needs of these deaf individuals.	2013
Article	Difficulties Health Professionals Face When Caring for Someone with Severe Deafness.(12)	França EG, Pontes MA, Costa GM C, França ISX.	Investigate the needs health professionals have when consulting a patient with severe deafness	Cross-sectional, Descriptive, and Qualitative Research.	Bad Communication constitutes for the reason why it is difficult to offer good healthcare. Health professionals along with healthcare facilities are not prepared to take in and meet the needs individuals with severe deafness require.	2016
Article	Care for Deaf Individuals: Connections to the right to good health. (13)	Carvalho Filha FSS, Silva SR, Lando GA.	Evaluate the care that someone who is deaf receives at a healthcare facility through the perception of the deaf patient themselves while analyzing the interconnections with the right to good health.	Evaluative, Descriptive Research with a Qualitative approach	The right to good health is fundamental and protected by the state, guaranteed to all individuals, even the deaf. The violation of this right not only gives legitimacy to the public prosecutor's office to demand that the assistance be provided where needed but also punishes the state when there is negligence or lack of competency which may cause harm to the health of the individual.	2015
Article	The Importance of Teaching Libras: Its Relevance to Nursing Care.	Ramos TS, Almeida MA	Analyze the importance of the study of Libras to better professional healthcare training and to work better	Exploratory Qualitative Research.	Guarantees and Rights for deaf patients should exist as a form of social inclusion and integration.	2017

	(14)	PTA.	together with the deaf community.			
Article	The Nursing Professional's Perception of The Communication When Caring for Deaf Individuals.(15)	França NG, GM, Silva RG.	Research the perception the healthcare professionals from Sete Lagoas/Minas Gerais/Brazil have about assisting and caring for deaf patients.	Qualitative and Descriptive Research.	The utmost need to include the Libras course into undergraduate studies, as well as the qualification of nursing professionals in the labor force today.	2017
Article	Feelings The Nursing Staff Have When Treating Deaf Patients: Challenges.(16)	Franco V, Teston EF, Costa MA R, Souza VS.	Analyze the perceptions and feelings that nursing professionals have about the difficulties of the process of communicating with deaf patients.	Qualitative Descriptive Research.	They report negative feelings such as helplessness, insecurity, incapability, embarrassment, compromising and being unable of providing proper health care to patients. It is suggested that a permanent process of qualification be implemented so that deaf patients may receive quality healthcare at healthcare facilities.	2017
Article	The Deaf Patient's Understanding about The Care Given at Healthcare Facilities.(17)	Pires HF, Almeida MA PT.	Identify the ways of communication used to treat the deaf at healthcare facilities. Investigate how the relationship between the deaf patient and healthcare professional is established and verify the deaf patients' perceptions in regards to the treatment at the moment they are being treated.	Descriptive-Exploratory Research with a Qualitative Approach.	There is a great need to implement Libras as a mandatory curricular subject and to be obligated to be part of every undergraduate health course. Reports found that healthcare professionals are unprepared in the treatment of deaf patients.	2016

To better understand the articles chosen and analyzed for the construction of this work and to better facilitate understanding, the articles were classified thematically into two categories: Challenges faced by nursing professionals when communicating with deaf individuals; Strategy to enable communication between healthcare professional and deaf patient.

Challenges faced by nursing professionals to communicate with deaf patients and the strategy to enable communication between the health professional and deaf patient.

Knowing that good communication is a strong link between nursing professional and patient, this process should be emphasized as a conduct of monumental importance that forms and maintains a connection stemming from the very first consultation that would be needed at times when future procedures were to be conducted.⁶

It was evident from studies⁷⁻⁹ that due to the lack of training and involvement of most professionals when it came to Brazilian Sign Language – Libras, the measures taken for the deaf client do not effectively have results due to the lack of preparation of the health professionals, the shortage of trained nursing staff who have the capacity to facilitate communication for those deaf patients that are without a friend or loved one or those that don't have the conditions to hire a private interpreter to accompany them or even those whose jobs don't offer quality assistance to them.

The nursing professionals' low level of knowledge in regards to Libras generates communicational limitations between it and the Portuguese language which in turn makes treatment that may involve specific skill aimed specifically for deaf patients difficult. Thus, the difficulties between deaf individuals and individuals who are able to hear could interfere with the qualified care and may even cause risks involving the care like: misinterpretation with hand signals and gestures coming from both parties, making it hard for the deaf patient to correctly implement the treatment given by the health professional, dissatisfaction with the treat offered by the health professional and possible mistakes with diagnosis.⁸

There are many obstacles when it comes to good treatment and good care, for example, poor communication skills coming from the health professional to the deaf patient, lack of assistance in hospitals for deaf patients, difficulty in maintaining the deaf patient's privacy - most of the time a health professional has to call in a third party to help with the interpretation - and the putting of minimal effort and emphasis on academic training courses to require the obligatory teaching of Libras in its curriculum, even if it is by encouraging future professionals to learn Libras since it is indeed a national language that many natives don't utilize nor know how to interpret.

Based on the assumption, the purpose of improving communication becomes a fundamental key to increasing professional autonomy and good care. In order to meet the deaf patients' desires, which often, due to both professional and material unpreparedness, the treatment ends up being carried out in an improvised manner. This makes it difficult for the deaf patient to express the reason to why he/she is seeking treatment to begin with. With obstacles involving the treatment and care and the inability to communicate in Libras, the professional tends to feel triggered which can cause feelings of apprehension and affliction. This results in an unsatisfied health professional and dissatisfaction to the deaf patient.⁹⁻¹¹

According to the analysis of articles 12-13, the importance of the undergraduate education system to make it obligatory to learn Libras was

observed and important in order to provide nursing students with the necessary knowledge about the language of Libras and therefore, arousing interest in learning the language. Thus, in the future, a small team could be able to establish the inclusion of deaf patients into the health system, promoting better social lives and better ways of inclusion.

Therefore, challenges related to treatment will be minimized making it possible to better help the deaf patients' health by establishing specific models of consultation whereas today the deaf patients are consulted by the use of gestures, written notes, or accompanied by a family member. In a way, this takes away the deaf patients' independence and the health professional's autonomy.¹⁴

Among the information published¹¹⁻¹² that was analyzed, it was found that the nursing professionals know of the importance of the communication process and that they are aware of the proper conduct that should be used but they still have difficulty in maintaining sufficient communication with their deaf patients due to their low knowledge and skills involving Libras.¹¹

It was cited in articles¹²⁻¹³, the possible ways that can contribute to better communication with the deaf public. This is where the majority of the health professionals that don't have an interpreter or a third party present, have to resort to written communication but further information is needed in order to know about the deaf patients' levels of literacy in order for this method to be successful.¹³

In this context, it is up to the health professional to ask the deaf patient what the best method of communication during consultation or treatment would be. These methods would include body and facial mimicking; characterized by gestures and expressions that are improvised. Lip reading is a well accepted method among the deaf and hard-of-hearing communities and for this method, health professionals must maintain composure on a high level in order for the deaf patients to make out what is being said. In doing so, the health professional must maintain eye contact and avoid looking to his peripherals which may interfere with and distract the deaf patients. Keeping in mind that there is always the possibility that the deaf patients may not know how to lip read themselves and only know how to communicate by using Libras.¹⁴

Among other forms, there is typing, manual alphabet spelling; where if the health professional knows how to properly apply this method, he would simulate verbal spelling. The difference being that in order to form words, the spelling would be done manually and for this to happen, the health professional along with his/her team need to learn the manual alphabet. This method ends up being used a lot while communicating in Libras to spell out people's names or to spell out words that don't have any signs amongst the deaf and hard-of-hearing communities.¹⁵

Looking at the arguments presented, nursing professionals often seek out their own Libras courses to take, bringing up the indispensable need to learn the language in order to promote more awareness to the deaf patients. As much as it is possible for a professional interpreter or third party to accompany the consultation or treatment, the third party ends up inadvertently misleading the information, making it impossible to have a direct connection with the deaf patient. Keeping in mind that the deaf patients possess their own individuality

and in some cases would feel embarrassed to share certain information with the third party who is along doing the interpreting.¹⁶

Given what was mentioned above, it is led to believe that the process of inclusion must mesh with the deaf patients' integration, doing this by way of implementing educational speeches for both health professionals and the deaf or hard-of-hearing communities, giving space for shared social lives, information exchange, and an adaptive process between both health professionals and deaf patients involving health care. In the process of receiving the deaf patient, there are methods to better help the staff; this could be a type of signaling to the health professional that the deaf patient is awaiting a consultation or treatment. For this, the communication between everyone involved at the moment of receiving the patient, must be kept amongst the nursing professionals and staff only.¹⁷

It is also observed that by stimulating the training of health professionals with having to know Libras, it is contributing to the incentive to learn, by improving preparatory training with the purpose of preparing future nursing professionals whether being middle or high school students. This preparatory training should also be implemented in healthcare companies in order to continue further educating their employees - especially in emergent sectors that need support the most - with the presence of an interpreter offering the training.¹⁷⁻¹⁸

Therefore, long term prospects could be trained based on what current qualified nursing assistants from the Unified Healthcare System - SUS are required to have. This brings about treating the deaf patients in an equal matter while not only bringing benefits to the deaf patients but also to the health professionals, who didn't have to feel frustrated to begin with because of the inability to communicate and treat the deaf public. More humanized and productive care would exist in relation to the deaf patients' individualities, inclusion into health care, and a strong connection and direct care to the patients will be maintained along with their satisfaction with the nursing care.

After thoroughly analyzing the process of inclusion and integration, we have a vision that not only in health care but also in education, there are many different challenges in offering quality care and treatment to disabled individuals. This is because of the lack of investment in the training professionals should receive and a the non-existent process of integration where anyone with any level of disability today isn't completely cared for the way they should be indifferent to their specific needs. The process of inclusion does exist and in a way is in practice but the integration of individuals with disabilities is not being understood or done by the public. The same could be said about implementing care that has fewer inequalities and is more equal.¹⁸

Conclusion

We may conclude that health care services are still found to be in dire circumstances due to the nursing professionals' low knowledge of Brazilian Sign Language - Libras, low academic stimulus and lack of incentive to learn during undergraduate studies and lack of qualifications, where only a few professionals are qualified to provide full and quality care to deaf patients.

Strategies as forms of improvement do indeed exist and are connected to

better training of professionals; the permanent presence of an interpreter during the training periods nursing professionals must take at hospitals. Making the subject of Libras obligatory in the school systems, with booklets, posters, or even educational folders so that Libras becomes a language that is present in the Health eco-system, allowing more contact with the language.

. It is expected that this study will contribute to the improvements needed in health care that would offer special care for deaf patients in a complete and equalitarian way which would also fit to the needs and limitations of the deaf patient, trying to offer the same care possible that someone who is able to hear would also get. Finally, it is important to mention that the process of inclusion and integration be noted and recognized by the community and health care professionals in general.

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