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CHALLENGES FOR THE NURSE IN COMMUNICATION WITH PERSONS WITH HEARING IMPAIRMENTS

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ABSTRACT

Objective: Identify challenges for the nurse practice in the process of communication with persons with hearing impairments in Family Health Strategies.
Method: a qualitative, descriptive and exploratory study, carried out through interviews with the twelve Nurses who work in an administrative district of Belém, State of Pará, Brazil, from April to May 2016, being used as data collection technique the interview and for the analysis of the data derived from the speeches, the technique of content analysis proposed by Bardin.
Results: we point to weaknesses in communication with deaf patient, such as poor knowledge about Sign Language. We have shown little ability of nurses to establish effective communication with the hearing impaired.
Conclusion: this lack of knowledge has proved to be a determining factor and an important communication barrier that compromises the quality of nursing care.
Descriptors: Family Nurse Practitioners. Persons With Hearing Impairments. Communication. Sign Language.

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INTRODUCTION

The communicative process has been understood throughout history as one of the structuring bases of society, ranging from the private sphere, in micro-relations, to the public sphere, in social, cultural, political and economic coexistence.

It is closely related to the processes of struggle for the survival of the human being, through the search for knowledge in order to expand and dominate the world (Oliveira *et al*., 2013). Deafness is characterized by a reduction of hearing in any degree, which prevents the reception, perception and recognition of normal sounds in different degrees, which may

interfere in the development of language and speech, which leads to learning difficulties and deleterious effects on the social, emotional, cognitive and academic evolution (Scarpitta *et al*., 2011). It is estimated that in the world, there are 360 million people with incapacitating hearing loss. These people may have mild / moderate hearing loss (hearing loss up to 70 decibels) or severe / profound deafness (hearing loss above 70 decibels). Individuals with severe / profound deafness find it difficult to understand, with or without a hearing aid, the human voice and of course to acquire the code of the oral language. According to the Brazilian Institute of Geography and Statistics, the number of deaf people in Brazil reaches 344,206 cases. Around 1,798,867 people report having a great difficulty in listening permanently, which corresponds to a significant population of people with hearing loss, who therefore need special attention (Silva, 2014).

We understand communication as an indispensable tool in the context of human relations, and that it only happens in a satisfactory way when the message is received with the same sense with which it was transmitted, and can be done in several ways, through verbal language or not verbal, provided it is a complete and coherent process. In the area of health, it is a fundamental process for the provision of a qualitative assistance, since it involves, besides its intrinsic aspects, listening in a welcoming way, not only with the objective of transmitting information to a conceptual understanding, but attaining subjectivity of individuals (Oliveira *et al*., 2015). The socio-historical process of people with disabilities in society is characterized by different moments of exclusion, segregation, integration and inclusion. The latter, in turn, only began in the 1980s and is still under intense discussion and construction. In this understanding, the idea arises that the family and society must adapt to the needs of all people, whether they have a disability or not, since the disabled person can develop and exercise its citizenship with autonomy and freedom in a society of rights and duties (Oliveira *et al*., 2016). In Brazil, there are great legal advances in this field of knowledge. Laws known as the Accessibility Law 10,098 / 00 and Pounds Law 10.436 / 02 are important achievements for the rights of persons with disabilities. The United Nations Convention on the Rights of Persons with Disabilities, adopted in 2006, states that it is up to States to ensure "an inclusive education system at all levels of education in environments that maximize academic and social development compatible with the goal of full participation and inclusion"(Silva, 2014).

In this context, nursing has different work processes, namely: assisting, managing, teaching, researching and participating politically, which may or may not be carried out concomitantly. Based on the various activities of these different nursing work processes, the professional practice law nº 7.498 / 86 and the decree nº 94.406 / 87, stand out as important legislative apparatuses, insofar as they define the competences, the duties and the obligations of nursing professionals, specifying each level of responsibility. The nurse in the context of Primary Health Care should act based on the structuring pillars, such as: integrality, longitudinality, family and community orientation, accessibility and coordination of care. Including actions in the individual and collective scope, which covers the promotion and protection of health, prevention of diseases, diagnosis, treatment, rehabilitation, harm reduction and health maintenance (Costa, 2015).

According to the code of ethics of the professional nurse, in the second article, it is the right of nurses to "improve their technical, scientific and cultural knowledge that supports their professional practice". And article 15 emphasizes that the Nurse has the duty to offer a care free of prejudice of any nature. Therefore, supported by the code of ethics and Federal Law 10.436, the nursing professional has the right and implies the obligation to conduct a training course in Pounds in order to provide quality assistance to the hearing disability (Silva, 2014). In deaf people, many times there are barriers in communication that can compromise the interaction in the occasion of the encounter between the protagonists (patient and professional), since the lack of oral communication makes the deaf person disintegrated from the listening society. The person has difficulty accessing basic services, such as access to health services, as the listeners also have difficulty understanding sign language. In a society in which oral language is predominant, and therefore people need to adapt to it to integrate into the social environment in which they are inserted, the population is not at all prepared to welcome deaf individuals. In this sense, the meetings between hearing impaired people and a health professional are permeated by difficulties and challenges with regard to communication. Most of the time, this communication occurs through verbal language, or even through the writing and use of gestures, and not through Sign Language. These tools do not allow a qualified listening of the health needs of this patient, nor even an adequate understanding of the health care offered by the service, causing anxiety both in professionals and in the deaf person (Oliveira *et al*., 2016).

The nursing consultation is a private activity of the Nurses, because through this is a plan of care to meet the needs presented by the users, clarifying doubts and meeting their demands. In this context, the consultation of deaf people faces limitations caused by the difficulty in communication, directly impacting the quality of care (Araújo *et al*., 2015). In order for the process of communication and interaction between users and professionals to occur in a qualitative way, it is necessary that this interaction occurs in a dimension where situations are considered and valued as something contextualized and multifaceted, taking into account the sociocultural aspects in which individuals are immersed. With regard to the process of communication between the hearing impaired and health professionals, we understand that there is a need for efficiency to enable humanization and personalized and individualized care according to the demands of the person receiving the assistance. From this perspective, communication barriers can put patients at risk in different situations and make it difficult to provide adequate care, which is essential for the quality of health services. In view of the above, the following research questions emerged: what are the challenges and difficulties of Nursing practice in communication with the deaf in Family Health Strategies? What strategies do nurses use in the care of the hearing impaired?. The study is relevant because it focuses on the communication between the deaf and the health professionals, a phenomenon that persists as one of the difficulties in the process of caring for this social segment. In addition, it provides contributions to generate information that can guide professionals in their health care praxis in the care of deaf people, thus contributing to the local planning of services.

Objective

Identify challenges for the nurse practice in the process of communication with persons with hearing impairments in Family Health Strategies**.**

METHODS

Ethical aspects

The project was approved by the Research Ethics Committee of the Faculdade Metropolitana da Amazônia (FAMAZ), through the Certificate of Presentation for Ethical Appreciation nº 55403616.5.0000.5701, in compliance with the legal provisions contained in Resolution 466/2012 of the National Research Ethics Council.

Type of study

A descriptive, exploratory study from the perspective of qualitative research.

Methodological procedures

Scenario of the study

The scenario for data production was the Family Health Strategies of an Administrative District of Belém, State of Pará, Brazil.

Data source

Interviews were conducted with the Nurses of the Family Health Strategies of the District, from April to May 2016. The criteria for inclusion were: professionals of both genders, working for more than six months and being prepared to respond to interview questions. There were no exclusion criteria. The interviewees were 12 Nurses who comprised the Family Health teams of the administrative district.

Collection and organization of data

Data collection was performed through a semi structured interview script, where the professionals had the opportunity to discuss the topic. The interviews were carried out by three of the researchers, recorded, transcribed and reviewed by another researcher of the group. Those who agreed to participate in the research were asked to sign the Informed Consent Form. The interviews were carried out with 12 professionals considering the criterion of saturation of ideas (Fontanella *et al*., 2012); and occurred at the work place, on a day and time previously scheduled with the participants.

Analysis of interview data

The content of the interviews was recorded, transcribed in its entirety and analyzed following the stages of thematic content analysis, allowing the objective and systematic description of the content of the communication (Bardin, 2011; Câmara, 2013; Cavalcante *et al*., 2016). In this process, three categories were identified, which reveal aspects of nurses' daily work in the Family Health Strategy. In order to safeguard the integrity of the participants and to maintain the confidentiality of the information, alphanumeric codes with the letter "E" were used, followed by a number corresponding to the order of participation in the study (E1, E2...successively).

RESULTS AND DISCUSSION

The collected data were submitted to the thematic content analysis technique, in which the theme is the unit of signification that is naturally freed from an analyzed text and in this phase of data interpretation the researcher needs to return to the theoretical reference in the search of the basis of the analyzes providing meaning to interpretation (Cavalcante, 2016). The corpus of the study allowed the organization of the content in three empirical categories, grouped according to the theme extracted from the answers presented below.

Practices of Nurses in the process of communication with people with hearing disability

Nursing has been increasing, every day, its space in the health area, both in the national context and in the international scenario. The nurse assumes an increasingly decisive and proactive role in identifying the care needs of the population, as well as in the promotion and protection of the health of individuals and communities in their different dimensions. Nursing care is therefore a key component of the health system, which reflects local, regional and national levels, and is therefore also a reason for increasing debate and re-signification (Backes *et al*., 2012). The present study demonstrated several weaknesses in the care of hearing impaired patients. Regarding nurses' knowledge about sign languages, all reported knowing the course, however only two had this training, and they found difficulties in attending these patients because they did not have practical experiences with this public. In this sense, the interaction between the health professional and the hearing impaired user demonstrates the difficulty that this has when encountering a language that is not its, being imposed as if it were its first language. We emphasize that even if the professional tries some forms of gestural communication, imagining that it is equivalent to the Sign Language, the difficulty of understanding the deaf person is evident (Castro *et al*., 2016). In the context of care for the hearing impaired, two professionals reported not being able to perform the service to the user, the other nine use writing, mimics, lip reading and gestures as frequent practices in communication with people with hearing impairment. Surprisingly a Nurse reported that she would use "the scream" as an alternative to try to communicate with the patient. In the latter case we can observe the lack of preparation and insecurity of the professional in the management of these patients, being evident the lack of training of the Nurses, as we can observe in the registration units:

[...] If the patient reports his disability is less complicated, otherwise it is quite complicated, because I do not know how to speak, I will scream? I do not know mime or gestures. Because here in Strategy I never had this practice in meeting a deaf person (E1).

[...] Communication? It's very difficult! Even because some can not speak a word, and I do not know Sign Language (E3).
I can not have this practice, because here in the Strategy never came a patient with this deficiency [...] (E6).

Faced with this reality, we consider that it is essential for Nurses to seek new knowledge to meet the needs that emerge from their clientele, facilitating interaction and, thus, promoting more humanized care (Silva, 2014).

In a society in which oral language is predominant and therefore people need to adapt to it to integrate into their social environment, the population is not prepared to accommodate the hearing impaired. In this sense, the encounter between a hearing impaired person and the health professional seems to be permeated by communication difficulties. We reiterate that most of the time, this communication occurs through verbal language, or even through writing and using gestures, not through Sign Language. These tools do not allow qualified care of this user's health needs, nor even an adequate understanding of the health care offered by the service, which causes anxiety in professionals and in the hearing impaired person (Oliveira *et al*., 2015). In the case of the hearing impaired, health information is often limited by the difficulty of communicating professionals with these users. This is due to the fact that people with hearing impairment have linguistic deprivations, which also leads to difficulties in learning Portuguese written language, which can lead to cognitive, social, educational and cultural limitations (Oliveira *et al*., 2015).

Interviewees do not feel able to perform this service, partly because they do not know the Sign Language or because they have never met this user profile. Consequently, this generates insecurity and anguish in professionals, impacting on the establishment of the professional-patient bond. We also emphasize the lack of interest on the part of the professionals in carrying out the active search of this public in the area of action of the Family Health Strategies, in this way, we have been able to visualize a fragility of the practice of the Nurses in the care of the deaf user. Consequently, this user ends up finding multiple barriers to accessing basic health services. The Family Health Strategies of the present study, in addition to not fully attending to the individual, are in disagreement with some principles of the Unified Health System. These findings give rise to some reflections, the qualitative practice only materializes when the professional seeks to transcend their limitations and seeks to be able to meet the demands that emerge from the society in which it is inserted. Communication is an instrument used by the Nurse and a basic human need. Successful communication requires effective and competent interaction between participants in this process. The precariousness in the structure of health systems can contribute to the existence of failures that are potentialized as the language barriers become present, compromising the quality of care (Castro *et al*., 2016). The support based on the multi professional team becomes an element of great value, since the interdisciplinary idea incorporated by the multi professional team allows the provision of integral care, making these practices meaningful in the affective relations between the actors involved (professionals and users) (Garuzi *et al*., 2014). Given the lack of qualified nursing professionals to meet the needs of hearing impaired people in our country, it is necessary to search for improvements in order to create quality health care for these users. It is described that the learning of the Sign Language is fundamental importance for the practice of the Nurse, so that it can establish an adequate and effective communication with its client and not only understand its illness (15). In this sense the study brought some reflections, the nurses interviewed are not qualified to provide quality care, and those who were trained do not feel safe in meeting this demand as can be observed in the registry units:

[...] I already did the Sign Language course, but it was a very fast course, and since we do not practice daily, in the sense of putting the course in practice it loses its ability (E5).

[...] Although I have a Sign Language course, it is very complicated because I am not practicing, and when you are not practicing it gets very complicated, I feel very difficult to maintain conversation because of lack of practice (E8).

The difficulties arise from the academic formation of the professionals, in personal, social and material questions (Trecossi, 2016). It is a set of situations that agglomerate and prevent the hearing impaired user from being qualitatively assisted by health professionals. We verified in the present study that nurses presented great difficulty in attending to the hearing impaired, and although there is no frequency of hearing impaired users in Family Health Strategies, so little happens to the identification and active search in the attached territory of the Strategies. This may indicate a gap in care and more importantly, the guarantee of rights protected by the 1988 Constitution and the principles and guidelines of the Single Health System.

Strategies and challenges in communication between nurses and deaf patients

Communicating implies a search for understanding and contact. It is a connection, transmission of feelings and ideas. The communication is used daily by the nursing professionals, being fundamental in the aid relations, functioning as an indicator in the evaluation of the care provided (Andrade *et al*., 2015). Communication is a basic tool of nursing care. It is present in all actions taken with the patient, be it to guide, inform, support, comfort or meet their basic needs. As an instrument, communication is one of the tools that the Nurse uses to develop and improve professional knowledge and doing (Pontes *et al*., 2016). About the communication in Nurses' practices, some contributions emerged. All the participants reported that this one is impaired, but it would be facilitated with the presence of a companion or interpreter as can be observed in the following units of record:

[...] I would communicate with the deaf patient through gestures, writing, if he can read (E4).

[...] If he (patient) can make gestures through mimics I could communicate, because I do not understand him, then it would be easier to understand him through gestures (E2).

[...] In addition to lip reading, you always have to have someone to help you, as a companion*, being a relative or close person* (E9).

[...] If I have an interpreter I can answer and attend to this better patient, but if I do not I will tell you the truth; I'll be completely lost! (E12).

Among the strategies reported, we verified the importance attributed to the presence of a companion, which facilitates the communication process and becomes a point of support, since in this way the professional feels more secure, knowing that the companion will be able to interpret what the user with hearing impairment wants to inform at the time of care. On the other hand, the presence of the companion interferes in the privacy of this patient, since in some cases it will not feel comfortable to report any particularity, constituting a barrier in the care and certain discomfort for the user. In some cases, it is believed that the presence of the interpreter would be the viable solution for the problems of communication between professional and user with hearing impairment (Oliveira, 2015).

However, we verified that their performance does not contribute totally to the inclusion of the user. First, because its availability becomes a sinequa non-condition for user service, and in addition, its presence may make it difficult to establish a qualitative relationship between the health professional and the patient, reducing the autonomy of the patient as described previously, besides keeping the professional in the their comfort zone without adapting the needs and reality of the hearing impaired. We understand that the nurses who composed the sample of this study need the presence of a companion at the time of care, and that without the companion it would be impracticable to communicate between the professional and the user with hearing impairment. We reiterate that the presence of an accompanying person may deprive the hearing impaired of their autonomy and privacy. It is described that this model of assistance to the hearing impaired person is a limiting factor of their expressiveness and inhibits them in exposing their doubts in the consultation, with the responsibility of explaining the health problems presented by the person accompanying him or her, being also the person receiving the guidelines, thus removing from the patient the right to individuality and autonomy (Pires *et al*., 2016). The success in communication with people with hearing impairment depends on the individual characteristics and their communicative needs, however, it is emphasized that non-verbal language is a means of communication that needs to be valued by health professionals through the interpretation of gestures, facial expressions and bodily. Strategies such as these could reduce barriers and barriers in the process, contributing to quality assistance (Silva, 2014).

With regard to the strategies adopted by nurses in order to reduce obstacles and barriers, we strive to maintain adequate communication, even if the communication process occurs with the help of the companion or interpreter. We believe that nonverbal communication is a powerful ally in the care of the hearing impaired. Gesturing, drawing, mimicking, using facial expressions and speaking slowly to help lip reading, help considerably to promote quality care for the hearing impaired, in the event that the professional does not have knowledge and control of Pounds, and does not replace no such training.

Training and the use of Sign Language

Sign languages are visual-spatial in nature, since the hearing impaired person receives the information through the eyes (observing gestures, body expression of the individual transmitting the message) and transmits the information through the hands. It is observed that health professionals who provide care to a hearing impaired patient are often unaware of Sign Language. In this way, care ends up not satisfactorily meeting the needs of the hearing impaired in receiving individualized and comprehensive health care (Silva *et al*., 2014). The lack of knowledge about Sign Language was evident in the present study, where all the interviewees reported having information about this mode of communication, however only two Nurses took the course, and even those who did the training reported not feeling confident in meeting this user profile as evidenced in the speech:

[...] I did in college. The college offered the course with a five-month workload, a fast course, as an elective course. I think there was a lot to learn (E10).
[...] I wish that at the time of my training I had this opportunity to take the course. If I had now I would surely do it (E5).

We understand that this lack of knowledge about Sign Language is an important barrier that distances the professional from the patient and interferes with the quality of care. In this understanding, we infer that such fragility is related to deficiencies in the pedagogical projects of Higher Education Institutions, due to the fact that the training in Sign Language, when it exists, is an optional discipline, forming a gap in the training of these professionals. In this understanding, we believe that professionals should not only learn Sign Language but also be continuously trained and monitored regarding the performance in the exchange of information with people with hearing impairment through Pounds. Teaching Institutions should give future professionals the opportunity to learn this language by attending to the needs of the user, where this discipline is not superficial and fully contemplates the cultural aspects of individuals (Oliveira, 2015).

Conclusion

The results evidenced insufficient knowledge of the Nurses about the Sign Language. This lack of knowledge has proved to be a determining factor and an important communication barrier that compromises the quality of nursing care in the care of the hearing impaired. Communication is a basic nursing tool, and an important element in care. We have identified that even nurses with sign language training encounter difficulties in the process of communication with people with hearing impairment, justified by the lack of practice, so we reiterate the importance of including the curricular component in the design of the nursing undergraduate course from the initial years as a transversal curricular component, where the student can consolidate such knowledge in subsequent years.

The speeches point out the need for training and qualification of professionals. We show little ability of the Nurses to establish effective communication with people with hearing impairment, a situation attributed here to weaknesses in training, where the contents on the subject, when they exist, are given superficially and decontextualized from the epidemiological reality. In addition, there are no hearing impaired users in the Family Health Strategies researched, and there seems to be no initiatives on the part of the Nurses in order to carry out an active search of these users in the territory of the present study. We understand that in order to be successful in any field of knowledge it is imperative that there be a professional interest in the subject. We believe that changes in this field are timid, but it is undeniable that they exist. In this sense, some proposals can be put into practice in the short and medium term, such as taking the discussion about communication with hearing impaired people to the spaces of health practices, Higher Education Institutions and society in general, in order to generate discussions about of the theme in a more incisive way. The study pointed out as main communication strategies used by nurses: gestures, mimics, lip reading, interpreter and writing. Even with the use of strategies to establish effective communication with hearing impaired patients, nurses face great difficulties in this context. In spite of the relevance of this theme, we emphasize that the present study was developed in only one administrative district composed of sixteen Family Health Strategies in the city of Belém, State of Pará, Brazil, which may represent a limitation for inferences from these perspectives in other levels of attention the health. However, this research can contribute with information relevant to the knowledge and analysis of Nursing

practices in the care of the hearing impaired. Finally, we understand that there are great challenges and difficulties in Nursing practice in the care of hearing impaired users. However, there are great advances in the integration of Sign Language in curricular content of undergraduate health courses as an optional discipline and to improve the delivery of care directed to this public. The importance of this curricular component in the training of health professionals is undeniable, considering the importance of the knowledge and command of Sign Language in Nursing training, enabling a safe and humane treatment.

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