

Anna Hornáková*, Anna Hudáková

Effective communication with deaf patients

ABSTRACT

Effective communication in medicine should lead not only to communication of health care professionals with patients, but also to mutual understanding. Limited ability of communication with deaf patients and providing inadequate feedback negatively affect their participation and implementation of successful nursing care. It is important that patients with hearing disabilities could express their needs, desires, feelings and opinions in communication with health care professionals. The specific approach of nursing staff to effective communication with deaf patients and respecting the reality that a patient is an equal partner who has the right to decide their own fate are essential prerequisites for establishing the contact in nursing practice. In educational programme of future health care professionals we tried to find out how our students are prepared for interaction, communication and negotiation of communication barriers with deaf patients. We also recommend training programmes in practical education for developing the communication skills and to focus on requirements which would make an effective communication with deaf patients.

Key words: communication, hearing disability, deaf patient, health care professional, communication barriers.

It is very difficult not to hear and live with people who use voice communication to understand each other. It is felt as if a man lived behind the glass: he can watch what others do, but he does not know why they are doing it and what they are talking about.¹

¹ Strnadová, V. (1995). *Jaké je to neshýšet*. ČUN, Praha, p. 22 (odkaz na článok v učebných textoch).

* Correspondence address: RNDr. Anna Hornáková, PhD., University of Presov, Presov, Centre of Lifelong Learning and Competencies, Institute of Language Competencies, Slovakia, e-mail: anna.hornak@centrum.sk, anna.hornakova@unipo.sk.

Social contact is an essential part of medical profession. Ability to communicate well and effectively should be one of the most important skills of each nurse-patient communication.² It is important to understand that communication is effective when the participants understand the importance of passing the information themselves.³ The term communication has different meanings depending on the context in which it is used - in everyday life or in social communication, where this type of communication should also include therapeutic elements. Providing qualitative form of nursing care is focused on the main goals of modern nursing and secures satisfaction of needs in all types of patients.⁴ Due to technical medical advances the incidence of light hearing impairments is reducing and their implications are less severe, on the other hand, the incidence of severe hearing impairments and mixing impairments is increasing and they have adverse effects on communication, psychic, but also social. According to researches total deafness means that the deaf person with no sound amplification does not understand any sound, or just vibrations are heard (hearing loss is 100% - more than 91 dB). Practical deafness means that the deaf person equipped with handset perceives a sound colloquial speech, but it is not completely understood (hearing loss is 85-90% - 71 dB). Hearing loss means that a person with hearing impairment equipped with a headset in a quiet room where the sound level of interference does not exceed 50 dB understands at least 90% of sound.⁵ Limited ability to communicate, providing feedback, participation and implementation of nursing care are only a few problems that adversely have affected the life quality of hearing impaired patients, and therefore they should be taken into consideration and study.

Communication with deaf patients

Deaf patients are different from patients without disability in communication using hand movements and facial expressions of the muscles, position of the head and the upper part of the trunk as well. Random and disinterested observer of this communication is usually inclined to the view that deaf people use mainly gestures and facial expressions, it means nonverbal communication. Systematic observation and analysis of this specific communication showed something else: means that the deaf

² Horňáková, A. (2008). Multikulturní komunikace při ošetrování klienta jiné kultury, In *Sestra*, Mladá fronta, a.s., 18 (9): 23-24.

³ Nádaská, I., Líšková, M. (2006). Medzikultúrna komunikácia a jej bariéry, In *Sestra*, Sanoma Magazines Slovakia, s. r. o. Bratislava, XV (7-8): 20.

⁴ Sušinková, J. (2010). Miera záťaže u sestier pri uspokojovaní potrieb pacienta v paliatívnej starostlivosti. *II. Celoslovenská konferencia geriatrických sestier* dňa 15.-16. októbra 2010 [elektronický zdroj]. Košice: Slovenská komora sestier a pôrodných asistentiek, pp. 1-11.

⁵ Krahulcová, B. (2003). Komunikace sluchově postižených, Univerzita Karlova v Praze: Nakladatelství Karolinum, 303 p.

people are used to communicate with nonverbal gestures and facial expressions related to each other only at first sight, they are inherently different and to the contrary they are comparable to the means those people without disability use. This viewing of deaf communication is relatively modern view of linguists. Deaf people usually use a different communication system because their communication with others is difficult. Deaf people often used the dual language system.

1) **Verbal communication:** articulation, oral speech and hearing using residues mimic. Mastering the ability to communicate and preserve the oral speaking is very difficult for deaf people because it lacks the most important condition - the perception of ease of verbal expressions, respectively own expression controls. For deaf people (possibly people suffering with hearing loss) an oral speech in principle is the inconvenient means of communication, which is taught so that they have not been very isolated in the majority of society. The rate of the motivation to pursue somebody may vary, depending on skills and experience of the individual. Greater efforts on understanding and richer vocabulary have been seen in children who have had good intelligence and stimulating family environment and attended a normal primary school. The impulse to improve an oral language may be a transition in an environment of people without hearing disability, although this situation can be perceived as an unpleasant and stressful.

2) **Nonverbal communication:** facial expressions and movements - an important way to communicate with deaf people.

A sign language is based on the visual-motion code with a codified system of characters given by basic positions, hand movements with facial expressions, postures and movements in addition to all hands to apply various changes especially finger positions. The acquisition of sign language is very difficult and it is not possible to teach it at home. This system of characters has some limitations - the characters are often ambiguous and sign language has a different grammar.⁶ For the severely hearing impaired people the sign language has been the preferred means of communication, because it can be used without much effort (of course only if they can see their partner). The disadvantage is a limited number of people who know this way of communication. A person, who would be unable to communicate otherwise, would be largely insulated from communication and information. Very young deaf children can easily begin spontaneously to use gestures of communication. The sign language can be compared with spoken language; it can simplify communication considerably and power system too. The sign languages in various countries of the world are different similarly as spoken languages; it means that the sign language in

⁶ Vágnerová, M. (2008). *Psychopatologie pro pomáhající profese*. Praha Portál, 872 p.

the USA is different from the sign language in Great Britain, Australia or in Slovakia.⁷

Principles of specific approach to deaf patients:

- talk naturally to the deaf patients looking straight in their eyes,
- do not eat and drink, smoke or necessary open the mouth,
- support the chin and do not give a hand in front of the mouth when speaking maintain a slower rhythm of speech, be tactful,
- use facial expressions and facial gestures with your hands,
- if we do not understand the patient with hearing disabilities, ask him/her to slow down speech and repeat phrases
- try to avoid annoying sounds in communication
- Check if the patient really understands the information and do not forget the need to respect the patient's individual traits.⁸

In our paper we tried to find out whether the future health care professionals successfully handle the difficulties of professional communication with deaf patients. The focus has been placed on a **successful** and **effective communication** with such patients in hospital wards, where future health care professionals performed just their professional practice. We wanted to see the use of mastering the verbal communication skills, but also whether the respondents also use other forms of communication and whether they are sufficiently prepared to provide quality care to patients with disabilities.

Methodology of problem solving

In problem solving we used the questionnaire method. The **research group** consisted of 80 respondents of the Faculty of Health Care, University of Presov who were full-time students' courses in nursing, midwifery and emergency health care. They have carried out the professional training at the Faculty Hospital of J. A. Reiman in Presov in the maternity unit, medical ward and the department of trauma surgery. The study comprised 54 women and 26 men. The average age of participants was 25. The survey was conducted in the months January - February 2012.

⁷ Beňo, P. et al. (2012). Komunikácia so sluchovo postihnutými v zdravotníctve a sociálnej práci, Trnavská univerzita v Trnave, Fakulta zdravotníctva a sociálnej práce, Trnava, 182 p.

⁸ Tutková, J. (2007). *Komunikace sestry-pacient*, In *Sestra*, Mladá fronta, a. s., 17(1): 22-23.

Results and discussion

Results of analysis of respondents' answers are presented in tables.

Table 1 Answers of respondents to the question about the use of a slower rhythm of language when communicating with deaf patients.

Do you use the slower rhythm of speech when communicating with deaf patients during your professional experience?	The number of respondents	Percentage (%)
yes	60	80
no	20	20
Total	80	100

Majority of respondents (80%) responded positively the first question. Respondents are aware of the importance of using a slower rhythm of speech in providing quality nursing care to deaf patients and try to apply it in communication and only 20% of respondents have not used the slower rhythm of speech in communication. They do not realize that it could be one of a communication barrier or misunderstanding in communication.

Table 2 Responses to the question relating to problems concerning to communication with deaf patients

Have you ever had the problems with mutual communication with deaf patients?	The number of respondents	Percentage (%)
yes	28	35
more likely yes than no	28	35
more likely no than yes	14	18
no	10	12
Total	80	100

All 80 respondents answered the second question. We can see from the analysis of respondents' answers that 35% of respondents have had some problems in communication with deaf patients. 12.5% respondents have not had any problems and 17.5% have not had major problems. 35% respondents have had minor problems. We can conclude from this table that majority of future health care professionals have had problems in communication with handicapped patients. That is why it is

important to pay more attention to these problems of handicapped patients during theoretical lessons at school, but during the professional training in hospital as well.

Table 3 Answers of respondents to the question on the use of facial expressions and hand gesticulation when communicating with deaf patients

Do you think it is necessary for medical staff to use facial expressions and gestures with the hands when communicating with deaf patients?	The number of respondents	Percentage (%)
yes	53	69
no	17	21
I do not know whether it is useful	10	10
Total	80	100

More than half of the respondents have had a positive attitude to this question, 69% of respondents indicated that it is necessary to use facial expressions and gestures in communication. 21% of respondents have considered this non-verbal communication increasing professionalism as it is not necessary and 10% of respondents have not given the comments on the question. The analysis shows that if the respondents use this type of communication it allows them to meet the needs of deaf patients better and facilitate communication between future health care professionals and deaf patients much more clearly.

Table 4 Explanation of examinations and procedures for treating deaf patients

Do you think that it is necessary to explain deaf patients all examinations and procedures that we perform during a treatment?	The number of respondents	Percentage (%)
yes	27	34
partly	28	35
I cannot judge	17	21
no	8	10
Total	80	100

We obtained a surprising result in the evaluation of this issue, when 34% of respondents positively answered that a verbal accompany of all the activities for deaf patients during the treatment is necessary. The results have showed that more than

one third of respondents (35%) were unsure and 21% of respondents could not judge this situation and 10% consider it is not necessary at all that the patients should be familiar with the activities before the examination or during the treatment. But we think that the explanation of an examination or a treatment should be one of the principles of specific approach to deaf patients. Communication with deaf people which requires therapeutic effect should have professional behaviour to another person, especially to the sick, handicapped patients with kindly treatment and should respect, that the patient is an equal communication partner who has the right to decide own fate.⁹

Table 5 Respect for the individual characteristics when communicating with deaf patients

Do you respect the individual peculiarities of the communication with deaf patients?	The number of respondents	Percentage (%)
yes	48	60
yes, but not always	26	33
I do not know	1	1
no	5	6
Total	80	100

The question was aimed to determine whether future health care professionals respect the individual peculiarities in communication with deaf patients. The analysis of responses shows that 60% of respondents have considered respect of individual traits in their interaction with deaf patients. But as we can see in the tab. 5 an individual peculiarity in communicating with the patients (33%) has not always taken into account. Individual traits have not been respected by 6% of respondents, and one respondent has been unaware of the issue of comment. It is encouraging that 60% of respondents have put emphasis on interaction with deaf patients and their individual traits that may help them with verbal communication problems. A smile, kindness and caress are often more valuable than a great rush of words, especially for this group of patients.

⁹ Horňáková, A., Horváthová, K. (2011). Požiadavky kvalitnej komunikácie budúcich zdravotníckych pracovníkov so sluchovo postihnutými pacientmi. In *Zdravotníctvo a sociálna práca, SAMOSATO*, s. r. o. Bratislava, 6 (3-4): 85-86.

Table 6 Causes of communication failure between the deaf patients and respondents

What are the causes of communication failure between the deaf patients and respondents?	The number of respondents	Percentage (%)
Lack of time	21	27
Acoustically-poor areas and the environment	22	26
Lack of interest in patient communication	30	45
Failure of individual traits	3	2
Total	80	100

All 80 respondents answered this question. Almost half, 45% of respondents have supported that one reason of communication failure was disinterest in patient communication, which can be attributed to the confidence of patients to the future health care professionals. 26% of respondents have seen unsatisfactory and untreated areas of communication as a barrier to communication. Although future health care professionals have realized that each health care professional should find the time to communicate with patients, 27% of respondents have considered the lack of time for communication as a barrier to its effectiveness, and 2% have said that the cause of communication failure has been caused by failure of individual traits of the patients.

Table 7 Importance to train communication with deaf patients during the theoretical lessons

Do you think that it is necessary to train communication with deaf patients during the theoretical lessons?	The number of respondents	Percentage (%)
yes	40	51
partly	30	35
I cannot judge	2	4
no	8	10
Total	80	100

A half of respondents (51%) think that it is necessary to train communication with deaf patients during the theoretical lessons, 35 % of respondents are unsure that it is so necessary, 4 % of respondents did not answer this question and 10% think that it is not necessary to train communication with deaf patients during

the theoretical lessons. We think that our respondents should be better prepared theoretically to solve communication problems before they meet deaf patients in professional practice.

Conclusion

We supposed that professional communication is an integral part of health care professional work and also affects the life quality of deaf patients. It is therefore necessary to communicate with them and try to understand them. Our results showed that most respondents have had some communication problems with deaf patients even though they are trained theoretically at school and also in professional training in hospital. The causes of these problems were various, but the lack of interest from a patient's point of view was the most common reason. More than half of our respondents (69%) used non-verbal expressions and gestures in their communication which helped them to understand patients much better and more clearly. Almost 60% of respondents respected the patient's individuality, but there were also a small number of respondents (6%) who have not still respected it.

According to these findings we can recommend the following improvements in nurse-deaf patient communication:

1. Respondents should be more trained in communication with deaf patients not only in theoretical lessons, but also practically in professional trainings.
2. Give respondents more opportunity to participate in professional conferences and seminars.
3. Train them to prepare various professional power point presentations and posters concerning nurse-deaf patient communication or role play activities.
4. Motivate them to self-study is one of burning questions how to help deaf patients in mutual understanding.

REFERENCES

1. Beňo, P. et al. (2012). *Komunikácia so sluchovo postihnutými v zdravotníctve a sociálnej práci*. Trnavská univerzita v Trnave, Fakulta zdravotníctva a sociálnej práce, Trnava. ISBN 978-80-8082- 510-2.
2. Horňáková, A. (2008). *Multikulturní komunikace při ošetrování klienta jiné kultury*. In Sestra, Mladá fronta, a.s., 18 (9), 23-24. ISSN 9771210-0404.

3. Hornáková, A., Horváthová, K. (2011). *Požiadavky kvalitnej komunikácie budúcich zdravotníckych pracovníkov so sluchovo postihnutými pacientmi*. In Zdravotníctvo a sociálna práca, SAMOSATO, s. r. o. Bratislava, 6 (3-4), 85-86. ISSN 1336-9326.
4. Krahulcová, B. (2003). *Komunikace sluchově postižených*. Univerzita Karlova v Praze: Nakladatelství Karolinum. ISBN 80-246-0329-2.
5. Nádaská, I., Lišková, M. (2006). *Medzikultúrna komunikácia a jej bariéry*. In Sestra, Sanoma Magazines Slovakia, s. r. o. Bratislava, XV (7-8), 20. ISSN 8588001 398064.
6. Strnadová, V. (1995). *Jaké je to neslyšet*. ČUN, Praha, p. 22 (*odkaz na článok v učebných textoch*).
7. Sušinková, J. (2010). *Miera záťaže u sestier pri uspokojovaní potrieb pacienta v paliatívnej starostlivosti*. II. Celoslovenská konferencia geriatrických sestier konaná dňa 15.-16. októbra 2010 [elektronický zdroj]. Košice: Slovenská komora sestier a pôrodných asistentiek, pp.1-11. ISBN 9788097048211.
8. Tutková, J. (2007). *Komunikace sestra-pacient*. In Sestra, Mladá fronta, a. s., 17(1), 22-23. ISSN 9771210-0404.
9. Vágnerová, M. (2008). *Psychopatologie pro pomáhající profese*. Praha Portál. ISBN 80-7367-414-9.