

NURSING CARE FOR PEOPLE WITH HEARING LOSS: AN INTEGRATIVE REVIEW

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Abstract: Goal: Review the scientific productions describing nursing care for people with hearing impairment. **Methods:** Integrative review in PubMed, Lilacs, BDENF and IBECs databases. Articles in English, Portuguese and Spanish were included, without restriction as to the year of publication, which answered the guiding question created through the PICo strategy: “How is nursing care being conducted for people with hearing impairment?” **Results:** Ten articles constituted the final sample, emerging two categories: “Barriers in communication between professionals and deaf patients during care” and “Strategies used by professionals to improve communication in care.” Lack of knowledge in Brazilian Sign Language was the main barrier in communication, and the most used strategies were body language and lip reading. **Conclusion:** The nursing professional must be able to communicate effectively with deaf patients in order to promote comprehensive and quality care. **Keywords:** Nursing, Hearing deficiency, Communication.

INTRODUCTION

It is essential that the hearing-impaired individual, when seeking health care, be treated with quality. However, some limitations, blocks or even the professionals' lack of knowledge of the peculiarities of this audience can make it impossible to provide quality and excellent service¹. People with disabilities are those who have some physical, intellectual or sensory impairment, which in interaction with various barriers, can hinder their full and effective participation in society and in the interpersonal relationship².

Hearing loss is characterized as a decrease in the level of hearing below normal, a relatively common disorder that can start at any time in life. The term deafness refers to the complete loss of hearing in one or both

ears. As for hearing impairments, hearing loss can be partial or total³.

According to 2010 data from the Brazilian Institute of Geography and Statistics (IBGE), there are approximately 10 million deaf people in Brazil, equivalent to 5% of the population, 3 million of which in the Northeast alone. Of the total number of deaf people in the country, 2.1 million are severely deaf. It is estimated that a quarter of the world population, or the equivalent of about 2.5 billion people, will have some degree of hearing loss by 2050. Thus, the need for an adaptation to this context and, therefore, familiarization emerges. with the Brazilian Sign Language, is becoming something fundamental, nowadays⁴.

In a society where the oral language is prevalent, individuals need to adapt to it for social integration. However, the population is not prepared to receive the deaf and the same happens in the interaction between a deaf individual and the health professional⁵. Communication is essential to promote quality of life, as it generates autonomy, socialization and contributes to an efficient service. The nursing professional needs to be qualified for this communication.

The Brazilian Sign Language (Brazilian Sign Language) was duly recognized as the official language of the deaf here in Brazil, through Law nº 10.436/02. The lack of knowledge of the language by health professionals makes it difficult for individuals with deafness to access health services, since lack of knowledge of the language is not conducive to effective communication⁶. Nursing professionals have a legal and ethical responsibility to provide health care for deaf users who use sign language, just as they provide it to other users, with effective communication, autonomy and confidentiality⁵.

There are obstacles that hinder the execution of rights and benefits, even if guaranteed by legislation, for people with

hearing impairment in health care and accessibility. This leads to negative results, which end up reflecting on the health care of this population, in addition to discouraging the search for services, leaving these individuals more vulnerable⁷.

In health care, it is necessary to relate and communicate in a careful and responsible way, seeking to translate, understand, understand and perceive the meaning of the message that the patient sends, consequently identifying their needs⁸. By exchanging information satisfactorily, it is possible to provide a correct diagnosis and provide guidance so that the patient understands and performs them as directed.⁹.

The deaf patient has the same care needs as any other citizen, and there must be no distinction in health care. In this case, communication between professional and patient is extremely important so that health care is offered in an integral way, covering all the needs of this public⁹. Thus, this study aimed to review the scientific productions describing nursing care for people with hearing impairment.

METHODOLOGY

KIND OF STUDY

It is an integrative literature review, which has the characteristic of grouping, analyzing and synthesizing the results of primary research on a given topic, in a systematic and orderly manner, in order to present, discuss and deepen knowledge about a given topic¹⁰.

In order to ensure the methodological accuracy of the study, six steps were followed: Identification of the topic and selection of the research question for the elaboration of the integrative review; Sampling or literature search; Evaluation and categorization of selected studies; Analysis of studies and Synthesis of knowledge presented in the articles analyzed or presentation of the

integrative review¹¹.

The research question was formulated from the adaptation of the PICO strategy (acronym for Patient, Intervention, Comparison, Outcomes), since the choice of the review question does not apply to all elements of the PICO strategy¹². For this research, the third and fourth elements were replaced by the context, using the PICo strategy (Problem/ Population, Interest and Context).

Thus, the guiding question of the review was structured according to: the first element of the strategy (P) - people with hearing impairment; the second (I) - nursing care; and the third element (Co) - scientific evidence that supports nursing care for people with hearing impairment. Finally, the following guiding question was defined: "How is nursing care being conducted for people with hearing impairment?"

The search for primary studies was performed in the PubMed, Lilacs, BDNF and IBICS databases, in the period of March 2021, without restriction as to the year of publication, in order to cover a greater number of studies and using the language filters: Portuguese, English and Spanish; full text available.

The indexed descriptors were used: Nursing/ Nursing; Hearing Impairment/Hearing Loss; Communication/Communication; all using the Boolean AND operator with the same search strategy for all bases.

INCLUSION AND EXCLUSION CRITERIA

The inclusion criteria were: original articles, in Portuguese, English and Spanish, which showed the nursing care provided to people with hearing impairment, according to the study's guiding question. Regarding the exclusion criteria, the following were adopted: thesis, dissertation, book or book chapter, editorial, newspaper article, integrative

or systematic literature review, case study, experience reports, reflective studies. Duplicate studies were considered only once and computed in the database that included the largest number of articles.

SURVEY IN DATABASES

In Figure 1, the searches for articles in the databases are found in detail.

PRESENTATION AND INTERPRETATION OF RESULTS

For data collection and organization, an instrument validated by Ursi¹⁴ to analyze the following variables: author, year of publication, database, country, target population, objectives, design, level of evidence, instrument used and results. The information obtained was distributed in Table 1.

To determine the level of evidence for each article, the following classification was adopted: Level 1: evidence arising from the meta-analysis of multiple randomized controlled clinical studies; Level 2: evidence from individual studies with an experimental design; Level 3: evidence from quasi-experimental studies; Level 4: evidence from descriptive studies (non-experimental) or with a qualitative approach; Level 5: evidence originating from case or experience reports; Level 6: evidence based on expert opinions¹⁵.

The analysis of the results found was performed descriptively, by reading each article included in the integrative review and interpreted based on the scientific literature.

RESULTS AND DISCUSSION

From the searches in the databases, 10 articles were selected. The surveys shown in Table 1 present a time delineation between 2007 and 2021, demonstrating how communication between nursing and health professionals is carried out, in general, with

deaf patients. The country with the highest number of studies was Brazil with six^(16, 18, 20, 23-25), followed by the US with two^(21, 22), Colombia¹⁷ and Iran¹⁹, with an article. The predominant language is Portuguese, with six in this language^(16, 18, 20, 23-25), three in english^(19, 21, 22), and one in spanish¹⁷. About the methodological characteristics of the analyzed studies, eight presented a qualitative approach^(16-20, 22, 24, 25) and two a quantitative approach^(21, 23).

The ten articles included in this review were produced by nursing professionals, seven of which were taken from Lilacs^(16-18, 20, 23-25) and three from Pubmed^(19, 21, 22). Of the target population, seven were carried out with nurses and professionals who make up the nursing team, community health workers and higher-level health professionals^(16-18, 20, 21, 23, 24), two with graduate students in the health field^(19, 25) and one with elderly patients with hearing impairment²².

After careful reading of the studies selected for this review, the relevant data found were grouped into two thematic categories for a better synthesis and articulation of the knowledge obtained, namely: "Barriers in communication between professionals and deaf patients during care" and "Strategies used by professionals to improve communication in care".

CATEGORY I: BARRIERS IN COMMUNICATION BETWEEN PROFESSIONALS AND DEAF PATIENTS DURING CARE

After analyzing the ten selected articles, this study showed that the main barrier identified in communication between professionals and deaf patients was the lack of knowledge of BRAZILIAN SIGNALS LANGUAGE; by health professionals, leaving them dissatisfied and distressed about the quality of care provided⁽¹⁶⁻²⁵⁾. A study carried out in a

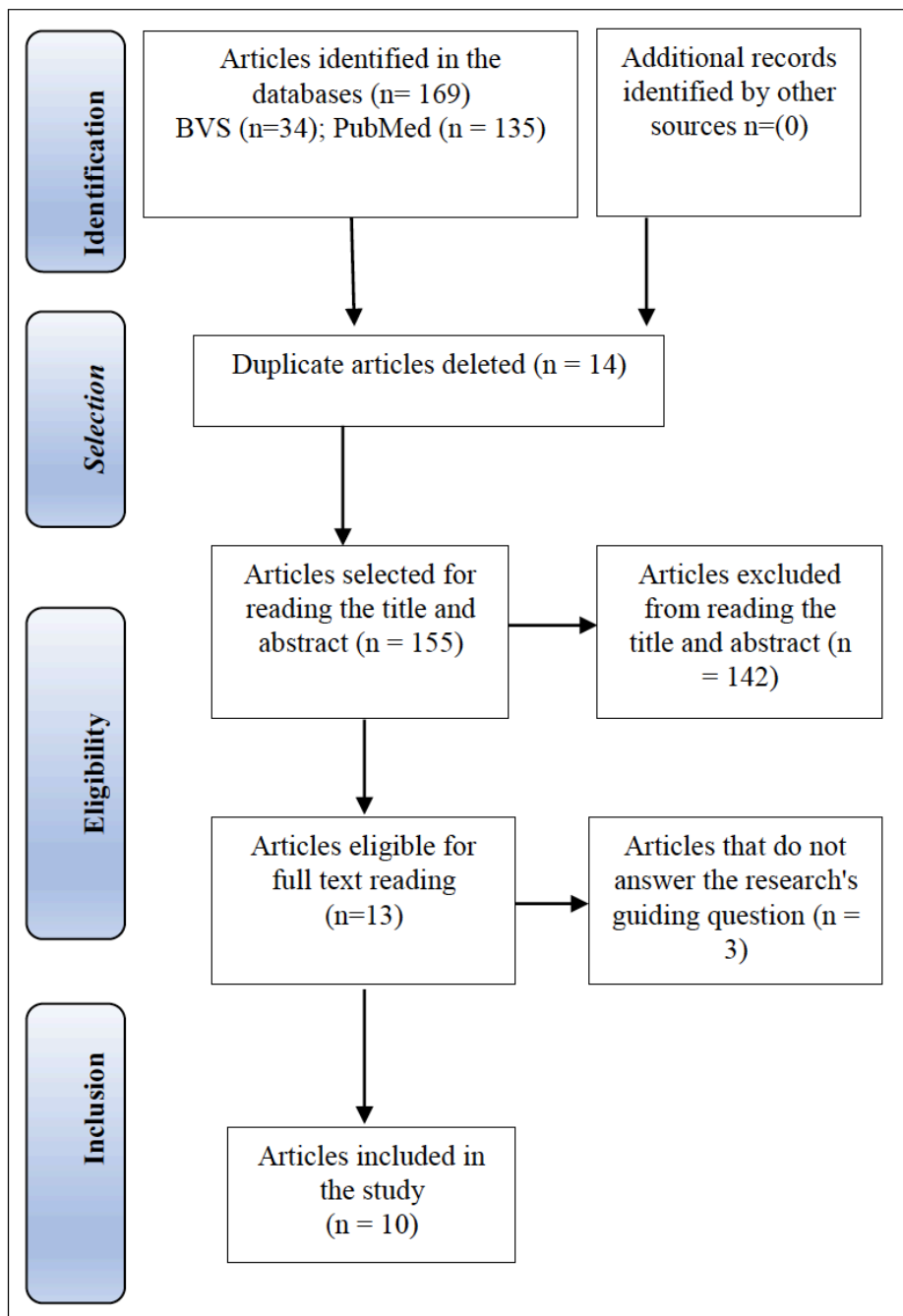


Figure 1 – Flowchart of the process of identification, selection and inclusion of studies, prepared as per PRISMA recommendation ¹³

N	Author/year of publication	Database/ Country	Target/Objective Population	Outline/Level of evidence	Instrument	Resultas
1	PAGLIUCA, et al., 2007 ⁽¹⁶⁾	LILACS Brazil	nurses Explore aspects of the nurse's communication with the hearing impaired.	qualitative study Level 4	Open interviews through a questionnaire	Communication difficulty; use non-verbal, verbal and written communication.
2	VANEGAS, et al., 2007 ⁽¹⁷⁾	LILACS Colombia	nursing professionals To determine how the nursing professional communicates with patients who have difficulty in verbal expression due to deafness.	qualitative study Level 4	Semi structured interview	They don't have tools for communication; seek strategies to establish some type of communication.
E3	DANTAS, et al., 2014 ⁽¹⁸⁾	LILACS Brazil	Nursing team Analyze communication between the nursing staff and people with hearing impairments	qualitative study Level 4	semi-structured questionnaire	Communication difficulties due to not knowing the BRAZILIAN SIGNALS LANGUAGE; Lip reading, miming and writing strategies.
4	HAJBAGHERY, et al., 2014 ⁽¹⁹⁾	PubMed Irā	nursing students Investigate the skills of Iranian nursing and midwifery students in communicating with patients with severe communication problems.	qualitative study Level 4	semi-structured questionnaire	Students lacked the knowledge and skills needed to communicate effectively with deaf or speech-impaired patients. This problem may be related to the content of nursing and midwifery curricula
5	FRANÇA, et al., 2016 ⁽²⁰⁾	LILACS Brazil	Health professionals Investigate the difficulties of health professionals to carry out the consultation of people with severe deafness	qualitative study Level 4	structured questionnaire	Lack of knowledge in BRAZILIAN SIGNALS LANGUAGE; Uncertainty about the health care provided to the patient; Need for third parties to communicate during the consultation.
6	SMITH, et al., 2016 ⁽²¹⁾	PubMed EUA	Health professionals Determining whether palliative care providers screen or receive training in hearing loss	quantitative study Level 4	semi-structured questionnaire	Palliative care providers believe that age-related hearing loss affects all aspects of care and communication.

7	FUNK, et al., 2018 ⁽²²⁾	PubMed EUA	Seniors Evaluate the hospital experience of elderly people with hearing impairment and use the findings to formulate suggestions for improving nursing care	qualitative study Level 4	open interviews	Through data analysis, three emerged common themes: communication difficulties in health, passivity and vulnerability and frustration with the family
8	MARQUETE, et al., 2018 ⁽²³⁾	LILACS Brazil	Nursing team and community health agents Describe the knowledge and training of health professionals regarding communication with the hearing impaired	quantitative study Level 4	adapted questionnaire	Most professionals felt unprepared and did not know how to communicate with deaf patients using strategies such as gestures and writing
9	SOARES, et al., 2018 ⁽²⁴⁾	LILACS Brazil	nurses Describe the knowledge and practices of professional primary care nurses in the care of deaf users	qualitative study Level 4	semi-structured questionnaire	Nurses reported great difficulty in communicating because they did not know the BRAZILIAN SIGNALS LANGUAGE.
10	BERNARDO, et al., 2021 ⁽²⁵⁾	LILACS Brazil	Undergraduate students of health courses Understand the strengths and limits in the daily training of undergraduate students in health care of the deaf person.	qualitative study Level 4	semi-structured script	PPowers: instituting communication, technosociality in care and speaking BRAZILIAN SIGNALS LANGUAGE; to integrate with the deaf community. Limits: impersonality, interpretation and lack of technical specificity in the BRAZILIAN SIGNALS LANGUAGE; discipline.

Table 1 - Characteristics of the studies included in the integrative review - Recife-PE, Brazil, 2021

Specialized Health Reference Unit that has an orthosis and prosthesis program with hearing aids, found that most of the interviewed employees experienced feelings of incapacity, powerlessness and difficulty in understanding during the care provided to deaf patients²⁶.

The recognition of the importance of knowledge in BRAZILIAN SIGNALS LANGUAGE; was identified in the analyzed studies⁽¹⁶⁻²⁵⁾, however, the lack of training emerged as a common complaint among professionals^(16-21, 23-25). Other obstacles were mentioned, such as: difficulty in guiding, understanding and making oneself understood by patients, which can lead to incorrect diagnoses and impaired decision-making, reverberating in the quality of care^(16, 17, 19-24).

Since BRAZILIAN SIGNALS LANGUAGE; is duly recognized as the legal means of communication and expression for deaf people by Law 10,436/02, decree 5626, language is considered as a form of expression of deaf culture. This decree establishes that at least 5% of employees, servants and employees of public service units are trained in the use and interpretation of BRAZILIAN SIGNALS LANGUAGE;²⁶. Although there are public policies aimed at ensuring the rights of deaf clients, the lack of knowledge about BRAZILIAN SIGNALS LANGUAGE; is evident, reinforcing an already existing barrier in health units in Brazil, which makes the search for care for these individuals in health services more delicate²⁴.

Hearing impairment makes it difficult for the individual to communicate with the listeners due to the different communication channel, this difficulty interferes with the care provided by health professionals²⁶. The barrier in communication starts during academic training, in which the encouragement and offer of elective courses in BRAZILIAN SIGNALS LANGUAGE; is scarce, thus

making talking about BRAZILIAN SIGNALS LANGUAGE; necessary when still students and future health professionals come across deaf people during care^(19, 20, 25).

Results of a survey conducted with 15 deaf high school students at the National Institute of Education for the Deaf (INES), located in Rio de Janeiro, corroborate data from this review highlighting the lack of knowledge of professionals and the need for training for effective communication with the deaf, as well as the patients' lack of trust in the hearing professional, as the fact of not communicating by verbal language is often associated with mental disorders²⁷.

Due to the lack of knowledge in Brazilian Sign Language, the absence of a companion during consultations is also pointed out as a barrier in communication⁵, considering that in most health services there are no interpreters to assist in the communication process, making the patients' families assume this role. However, it is noteworthy that the presence of a companion during consultations can cause restrictions to interventions, considering that the interpreter may not understand or pass on the guidelines provided clearly, in addition to limiting the individual's autonomy and disrespecting the practice of individuality and privacy that a consultation requires^(16-18, 20, 21, 23-25).

CATEGORY II: STRATEGIES USED BY PROFESSIONALS TO IMPROVE COMMUNICATION IN CARE.

It was found among the studies that the predominant strategy used by professionals is body language, such as gestures, mimes and lip reading, practices that aim to facilitate communication hampered by lack of knowledge in BRAZILIAN SIGNALS LANGUAGE;^(16-18, 20, 22, 24, 25). A fact observed in another study carried out in 2017 in which deaf people report the use of non-verbal

communication as a strategy in health care²⁸.

Eventually the communication process may not be successful, as it is not always understood by both parties, generating uncertainties in the quality of care provided¹⁶. The patient is often unable to lip-read, or the professional does not clearly understand the mimes or gestures he makes; that is, the strategies used are not always clear and are only effective when it comes to short messages¹⁸.

Thus, it is noteworthy that the use of non-verbal strategies is essential when BRAZILIAN SIGNALS LANGUAGE; cannot be used, however it loses its effectiveness when used alone due to the fact that it leaves gaps in the interpretations of both professionals and deaf patients^(20, 21). Furthermore, frequent use can lead to lack of interest on the part of health professionals in participating in training and language improvements^(18, 23, 24).

Writing is a strategy adopted as an auxiliary factor in professional and patient interaction, however, it is necessary to ensure that the patient knows how to read and write since most deaf people have BRAZILIAN SIGNALS LANGUAGE; as their mother tongue, and Portuguese as a second language^(18, 24). It must be noted that the health professional must know the patient's level of education in order to choose the best communication strategy to be used¹⁸. Writing is considered essential for accessing information and social

communication, but in most deaf people this method is poorly developed due to the low communicative experience of these individuals with others¹⁷. It is essential to carry out a specific reception and consultation for each deaf person, thus providing understanding on both sides. Through effective communication, it is possible to promote comprehensive and individualized care, thus reducing the obstacles and barriers present in this process.

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