


DENTAL CARE FOR DEAF PATIENTS: SEARCH FOR A HUMANIZED LOOK

 <https://doi.org/10.22533/at.ed.623112526023>

Data de aceite: 25/02/2025

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encounter numerous challenges in their daily life yet should not be seen yet as a negative condition, as many deaf individuals understand deafness as an integral part of their identity and culture, with their own language, history, and traditions (DOS SANTOS, 2022). Regarding dental care for the deaf, many professionals may not feel adequately prepared to provide care due to difficulties in understanding and communication, despite numerous laws advocating for the social inclusion of this community, often causing anxiety in deaf patients, and making them feel excluded from the society they live in (ROCHA et al., 2021). This study aims to understand the communication-related challenges faced by the deaf community during dental care through a cross-sectional, exploratory, descriptive, qualitative approach in an association of the deaf in the city of Lages, Santa Catarina. Through this study, we aim to gain a better understanding of the experiences of this patient segment when receiving dental treatment and identify ways to optimize this aspect of care for both the patient and the dentist.

KEYWORDS: Communication. Deafness. Dental Care. Sign Language. Social Inclusion.

ABSTRACT: Since ancient civilizations, deafness has been a documented condition (ROCHA et al., 2021), primarily accompanied by difficulties in communication across various contexts. A deaf person may

ATENDIMENTO ODONTOLÓGICO PARA PACIENTES SURDOS: BUSCA POR UM OLHAR HUMANIZADO

RESUMO: Desde as antigas civilizações, a surdez é uma condição relatada, acompanhada principalmente da dificuldade de comunicação em diversos contextos. Uma pessoa surda pode enfrentar diversos desafios em sua vida diária, porém não deve ser vista como uma condição negativa, pois muitos surdos compreendem a surdez como uma parte integral de sua identidade e cultura, apresentando sua própria linguagem, história e tradições. A respeito do atendimento odontológico para pacientes surdos, observa-se que muitos profissionais não se mostram capacitados para executar o atendimento, pela dificuldade de compreensão e comunicação, mesmo com tantas Leis a favor da inclusão social dessa comunidade, assim ocasionando muitas vezes ansiedade nos pacientes surdos e fazendo-os sentirem-se excluídos da sociedade em que vivem. Esse estudo tem como objetivo geral, conhecer as dificuldades enfrentadas durante o atendimento odontológico, em relação ao aspecto da comunicação e compreensão, pela comunidade surda, por meio de um estudo transversal, exploratório, descritivo, de abordagem qualitativa em uma associação de surdos na cidade de Lages, Santa Catarina. Através desse estudo, estima-se compreender melhor quais são as sensações desse segmento de pacientes, quando são atendidos pelo cirurgião dentista e maneiras de otimizar a forma de atendimento.

PALAVRAS-CHAVE: Atendimento Odontológico. Comunicação. Inclusão Social. Língua de Sinais. Surdez.

1 | INTRODUCTION

A deaf person may face various challenges in daily life, but deafness should not be seen as a negative condition, as many view it as an integral part of their identity and culture, with their own language, history, and traditions. (SANTOS *et al.*, 2022). In Brazil, the Brazilian Institute of Geography and Statistics (IBGE) has already provided an accurate count of the deaf population, only reporting on people with hearing disabilities. According to the latest census (2010), there are 9,171,318 people with hearing disabilities in Brazil, with 305,833 in the state of Santa Catarina.

The decree No. 5.626 of December 22, 2005, regulates the law No. 10.436 of April 24, 2002, which establishes the use of Brazilian Sign Language (LIBRAS) and mandates that public health institutions and public health service providers ensure proper care and treatment for individuals with hearing disabilities. Additionally, it supports the training and education of professionals in the public health system about the use of LIBRAS or interpreters. (SANTOS *et al.* 2022).

LIBRAS, the second official language of Brazil, is the primary form of communication for the deaf community. (QUADROS *et al.* 2008). The grammar of LIBRAS differs from Portuguese, making it challenging for deaf individuals to read in Portuguese. Furthermore, sign language varies from country to country, with 121 languages cataloged globally, the

unique visual-gestural nature of sign language uses a combination of hand movements, body points, or space to convey meaning. (AMORIM et. al. 2020).

Regarding dental care, many professionals lack the necessary skills to communicate with deaf patients effectively, even though laws mandate inclusion. This gap often causes anxiety and makes patients feel excluded. The direct relationship between dentist and patient is crucial for understanding individual needs and ensuring proper care. (ROCHA et al., 2021; SOUZA et al., 2020).

LIBRAS perform a crucial role in the dental environment. The barriers faced by deaf individuals can be reduced when they are properly informed about their health-disease process, prognosis, treatment, and given appropriate guidance (PEREIRA et al., 2017; OLIVEIRA, 2021).

Given the biases found in reports and literature reviews related to the deaf population in dental consultations, it is essential to research the real communication difficulties between patients from this community and the dentist, aiming for more humanized care.

2 | LITERATURE REVIEW

2.1 Deaf and Their Perceptions

There are two terms used when referring to deaf individuals: the term “Deaf” (with a capital “D”) refers to the minority group, those who are hearing impaired, users of the same sign language and culture, for whom Brazilian Sign Language (LIBRAS) was created to facilitate communication within this community. On the other hand, the use of the term “deaf” (with a lowercase “d”) refers solely to the auditory condition of the individual (FRIZANCO & HONORA, 2011)

According to the World Health Organization (WHO), hearing loss or deafness is characterized when an individual is unable to hear at thresholds of 25 decibels. Globally, around 466 million people experience hearing loss (World Health Organization, 2019).

Deafness has been documented since ancient civilizations. In antiquity, it was believed that deafness was a result of divine punishment or blessings. However, over time, perceptions and understanding of deafness have evolved (ROCHA et al., 2021).

In a study conducted by Farias (2019), one participant expressed dissatisfaction with dental care when communication was attempted through writing or lip reading. This feeling is reflected in the following statement:

“I want, I need dental care, but there is no accessibility for deaf individuals.”

Oliveira (2021) reported the difficulties and concerns of patients who expressed their feelings about their experiences in health services, including:

- “It was bad, I couldn’t communicate with the dentist [...] he tried to write some things down on paper in Portuguese, but I didn’t understand it well. I just sat down, he pulled my tooth, and I left.”

- “I feel bad when I go to these health spaces because my care is poor, with many mistakes and a lack of communication.”
- “Regarding the medications I had to take afterward, he couldn’t explain it to me, I found it confusing. I had to figure it out at home to see how to take them.”
- “I went to the dentist a while ago, he looked at me, saw that I was deaf, and said no, that he didn’t know how to communicate, so I had to leave.”
- “Yes, I have felt prejudice, I feel ignored.”

Considering that deafness should not be viewed as something negative, many deaf individuals see it as an essential part of their identity and culture, embracing their own language, history, and traditions. Deaf individuals often feel like strangers in their own country, making it increasingly difficult to feel part of a nation that is so exclusionary. They frequently face repeated, frustrating communication attempts when being attended to by healthcare professionals or in other areas (SANTOS, 2020).

2.2 Data Collection

This study was conducted to observe the perception of deaf individuals regarding dental care through interviews, revealing the following: 69% of respondents reported that they had never been informed or educated about periodontal disease. 10% believed that sugar does not cause cavities. 30% thought that plaque buildup in the oral cavity does not harm health. 66% had never received oral hygiene instructions from a dentist. Only 36% of respondents used a complete oral hygiene routine (toothbrush, toothpaste, mouthwash, and dental floss). 66% brushed their teeth three times a day. 56% stated that not all their questions were answered by the dentist. Regarding communication and understanding, only 30% fully understood the information provided by the dentist, while 56% partially understood and 16% did not understand the dentist’s instructions at all. 30% of respondents were dissatisfied with their dental care. When asked about communication strategies used during dental visits: 34% relied on the assistance of a family member, 31% used gestures, 18% relied on lip reading, 5% used writing, 7% had interpreters and only 7% of professionals could communicate directly with sign language (LIBRAS). The related reasons to not seeking dental care: 70% of respondents attributed it to communication difficulties with the professional, 15% felt the treatment was too expensive, 5% believed there was no need to visit the dentist, and 10% cited other reasons. Only 10% of respondents reported being able to fully understand and be understood during dental consultations (PEREIRA et al., 2017).

Deaf individuals have a high prevalence of active dental caries, ranging from 46% to 95%, indicating poor oral health for these patients. This is often due to a lack of knowledge regarding proper oral hygiene techniques (AL-QAHTANI et al., 2004; TEFERA et al., 2022)

2.3 Legislation

According to the Brazilian Federal Constitution of 1988, health is a right for all population and the National Humanization Policy (PNH) includes welcoming as part of healthcare assistance, ensuring that the approach to deafness is handled differently. In accordance with Law number 13,146/15, paragraph 1:5, people with disabilities are guaranteed equal conditions and the exercise of rights and fundamental freedoms, aiming at their social inclusion and citizenship (BRASIL, 2002; ROCHA et al., 2021). Law No. 10,436, of April 24, 2002, regulates the use of Libras and establishes that public institutions and companies that grant public health care services must ensure adequate care and treatment for people with hearing impairment. Decree No. 5,626, which regulates Libras Law No. 10,436 and Law No. 10,096, in its chapter VII, guarantees deaf people care in the service network of the Unified Health System (SUS) by professionals trained in the use of Libras for language translation and interpretation, in addition it is important the support to training the professionals in the SUS service network for the use of Libras and its translation and interpretation. According to the Dental Code of Ethics, provided for in the resolution approved by the Federal Council of Dentistry (CFO) 118/2012, Chapter III Art. 9, VII, the dental professional must take care of the health and dignity of his patient, therefore, all care must extend to all individuals (SANTOS et al., 2022).

2.4 Libras and their meaning

The Brazilian Sign Language, known as LIBRAS, makes sign communication official in Brazil, being considered the second official language of the country. It is the main means of communication and expression used by deaf and hearing-impaired people. Unlike Portuguese, LIBRAS has its own grammatical structure, in which the order of the elements does not follow the pattern subject, verb and object. This characteristic makes it difficult for deaf people to understand texts written in Portuguese, as the structure used by the deaf community follows the logic of object, subject and verb (OSV), known as gloss. An example of this is the phrase "TOMATO GIRL EAT". (QUADROS et al., 2008).

Eduard Ernest Huet was the individual responsible for introducing Brazilian sign language in Brazil, which was developed based on French sign language. The Frenchman Huet came to Brazil and asked Emperor Dom Pedro II for a place for the education of the Brazilian Deaf, resulting in the creation of the National Institute for the Education of the Deaf (INES), formerly known as the Institute for the Deaf and Dumb of Rio de Janeiro, in 1857. INES has gone through different management and teaching methods, starting with the manual alphabet, then adopting an oralist approach, followed by total communication and, finally, bilingualism, which is the method currently used. This bilingualism proposal recognizes the Deaf and their language, Sign Language. (PLINSKI et al., 2018).

Brazilian Sign Language differs from oral language on the way of the use a visual-spatial channel to communicate, through gestures that combine shapes and movements of the hands, points of the body or space. A single gesture in sign language can convey much more meaning than a single word, because in certain contexts, it can represent an entire sentence. It is important to note that sign language is unique in each country, since the linguistic expressions are different. There are approximately one hundred and twenty-one (121) languages cataloged, LIBRAS being one of them (AMORIM et al., 2020).

LIBRAS was recognized as a means of communication and expression by Law number 10.436, of April 24, 2002, which guarantees the use and teaching of LIBRAS as a mandatory curricular subject in training courses for teachers of regular education, speech therapy and education of the deaf. Normally, the learning of LIBRAS begins in childhood, making communication easier for children in the deaf community, in addition to ensuring access to adequate care and treatment for patients with hearing impairment (SANTOS, 2020).

Although the legislation includes LIBRAS in the professional training of some courses, many professionals from different areas have not yet adapted to the inclusion of these patients, making it difficult to communicate with this community. However, the use of LIBRAS is important not only to ensure inclusion, but for the accessibility of deaf people in different areas of society, such as health, education, work, among other factors. Communication is essential for the deaf community to be able to express itself and have the same rights and opportunities as hearing people (SANTOS *et al.*, 2022).

2.5 Pounds in dentistry

Article 25, in DECREE No. 5,626, OF DECEMBER 22, 2005, provides that the health care of the Deaf must be performed by professionals trained to translate and interpret the signs to be performed by the Deaf patient throughout care.

IX – Assistance to deaf or hearing-impaired people in the service network of the SUS and of companies that hold concessions or permission for public health care services, by professionals trained in the use of Libras or for its translation and interpretation; and X - support for the training and training of professionals in the SUS service network for the use of Libras and its translation and interpretation. (BRAZIL, 2005).

Communication with the Deaf occurs through their own signs, in addition to the predominant use of facial expression. The Deaf use specific signs to call someone, like nicknames, which can also be used by listeners. However, this sign must have been created by a person in the deaf community. Therefore, during the service, the dentist can ask what the sign of the Deaf person's name is to use during treatment, making the dental environment more welcoming for that patient. (FRIZANDO and HONORA, 2011).

During the service, it is worth noting that all the guidance given to the patient must be carried out in advance, emphasizing the facial expression, since throughout the service the dental surgeon will be wearing a mask, impairing communication with the patient. (FALCÃO, 2012).

The dialogue between dentist and patient is essential, mainly because it is necessary to understand information about the patient's health, pain, discomfort to offer them quality care. However, with the lack of knowledge and experience of most professionals about Libras, direct communication with people in the deaf community becomes difficult (MACHADO; SILVA, 2019).

LIBRAS, the main form of communication for the deaf community, is of crucial importance in dentistry, because through it is possible to establish a dialogue between dental surgeon and Deaf patient, enabling more humanized, efficient and private care. The dentist's lack of knowledge of this resource leads to the loss of the patient's autonomy, as it is necessary to use professional interpreters or family members present during the service, affecting the patient's privacy, which may generate embarrassment, in addition to inaccuracies in the professional's notes, increasing the risk of diagnostic error (SILVA *et al.*, 2020).

It is noteworthy that when the dental surgeon can communicate with the Deaf patient, there may be a dissipation of his anxiety. This sensation can occur in the face of the procedure to be performed in the office, due to the fear that many patients feel because they do not understand what is happening in the dental environment, due to the lack of knowledge of sign language on the part of professionals. (ROCHA *et al.* 2021).

Many barriers that the Deaf face can be reduced with the training of dental surgeons and dental students in LIBRAS courses, either through related courses or subjects offered by the college. With knowledge about the health-disease process, Deaf patients can thus be correctly informed about how to proceed in each situation of their health condition, such as prognosis, treatment and appropriate hygiene guidelines. It is worth noting that the use of sign language in dentistry goes beyond patient care and is also applied to lectures courses and other health education activities aimed at the deaf community (PEREIRA *et al.*, 2017; OLIVEIRA, 2021).

3 | MATERIALS AND METHODS

This work is a cross-sectional, exploratory, descriptive study with a qualitative approach. The study was carried out in Santa Catarina associations for deaf people in the city of Lages in the first half of 2024. The entity of this municipality was chosen because it is a reference center for the deaf in the region, covering Deaf people of different age groups, social aspects and of interest for the research.

For this study, intentional sampling was used, composed of a universe of deaf people

from the associations informed here, who attend the meetings promoted in the places, who were invited to participate in the research. This population included deaf people aged 18 years or older, they can be able to report their experiences in the dental office, who were able to answer a previously established questionnaire consisting of six questions, of which two are multiple choice and four descriptive questions. The approach of the participants in all stages was mediated by a Libras interpreter – Portuguese, followed by the application of a questionnaire. Prior to the application of the questions, the research proposal was clarified, through the translation of the Informed Consent Form (ICF) to the participants in language appropriate to their understanding, through the interpreter, who also received the informed consent directed to his role, under the commitment to maintain an ethical and confidential posture in the face of the information collected. The interpreter who assisted in the process was a person from the association involved, accustomed to performing this type of intervention and knowledgeable about the participants.

The questions immerse themselves in topics such as: The difficulty of communication between dental surgeon and Deaf patient and how these patients would like this “dentist-patient” moment to improve; evaluation of the care received and reliability in the professional; and evaluation of communication between Deaf and dentist. In total, the questionnaire was applied to thirty people with deafness, of whom two did not answer, who had access to this instrument in person. This stage was carried out through a physical questionnaire. Through the performance of an interpreter, the Deaf involved had the possibility to read the printed questions with language already adequate to their understanding and receive help when they deem necessary. The average time to answer the questionnaire did not exceed fifteen minutes. Their answers were recorded below each question and, when necessary, transcribed by the interpreter from Libras to colloquial Portuguese. After transcription, the participants were identified by a number corresponding to the chronology of the interviews, starting with number one, this was done to ensure anonymity. For the analysis of the interviews, the qualitative method of Content Analysis was used, it was an analysis of technique that through systematic and objective procedures and it was based on the analysis of the content of the messages, aims to obtain indicators (quantitative or qualitative) that help in the perception of the content of the answers without interference from knowledge related to the conditions of production or reception of the messages.

Subsequently, the material was read and interpreted to identify its characteristics and possibilities of systematizing its content. The results were systematized in self-perception in relation to deafness, access to dental care and communication with the dentist.

Some variables can be quantified in tables, but most will be represented in the form of speeches or excerpts of speeches. The aim of this research was to analyze the collected material, and it was interpreted and discussed, confronting the available literature related. This research was submitted to the Ethics Committee for Research on Human Beings of UNIVALI and began after the approval of the current project, with opinion No. 6,790,298.

All participants were necessarily volunteers which consented to their participation by signing the ICF in Libras and signing it in two copies and one of them being delivered to the interviewee.

The counterpart of the involvement of Deaf patients in this research is supported by the strengthening of the visibility of this population segment in relation to their access and contact with the dental surgeon. All Deaf participants will have access to the results of the survey after the results are completed and their discussion.

4 | RESULTS

An easy-to-understand questionnaire was developed for people with hearing impairment. This questionnaire consists of six questions, two of which are multiple choice and four essay, with the purpose of collecting information on the following questions:

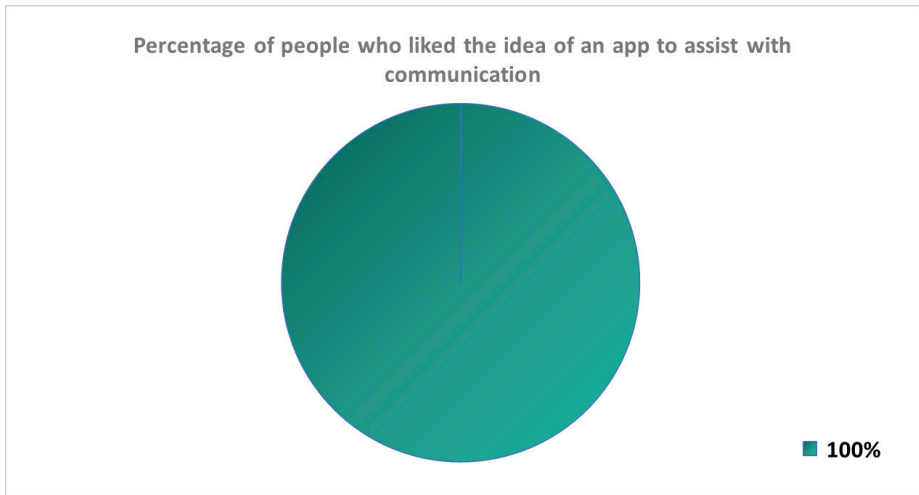
1. Do you think it is cool to make an app for dentists, to help care? (Answer: YES or NO)
2. During dental care, what difficulty do you feel?
3. Do you have an idea to improve dental care?
4. Do you like lip reading services?
5. What signs do you think dentist needs to know?
6. Do you think it is ok to warn dentist WhatsApp to be deaf? (Answer: YES or NO)

After preparing the questionnaire, we established contact with the Association of Parents and Friends of the Deaf (APAS) in Lages, Santa Catarina, held an online meeting with the director of APAS to explain the purpose of the research and invited the members of the association to participate voluntarily, ensuring the confidentiality of the information, with the help of an interpreter.

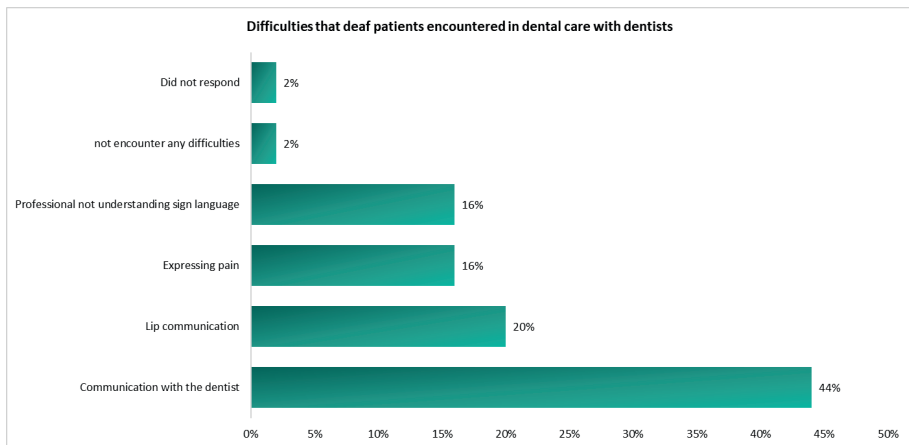
After the approval of the APAS board, we went to Lages to start the research. Before starting the interviews, the researchers arranged for the questionnaires to be printed, and the consent forms were provided to the interpreter and to all interviewees.

Interviews were conducted with a total of 25 participants, who were able to answer all the questions with the help of the interpreter. The results were as follows:

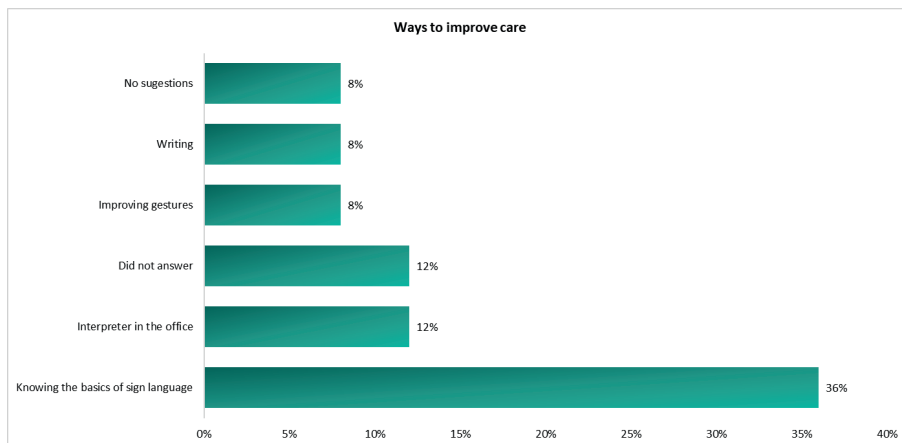
100% of respondents answered YES to the first question, showing interest in an application that facilitates communication between professionals and patients.



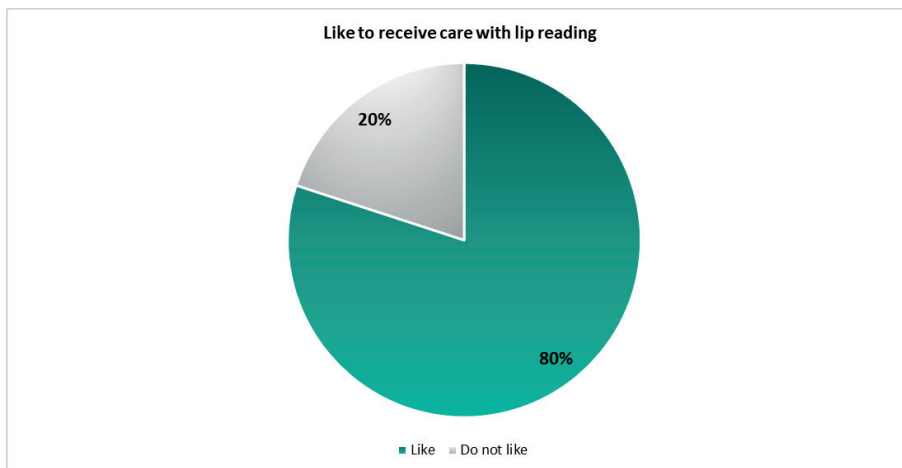
Regarding communication difficulties during dental care, the results were as follows: 44% mentioned difficulty in communicating with the dentist, 16% indicated difficulties in expressing the location of pain, 20% mentioned problems in lip communication, 16% highlighted the lack of understanding of sign language by the professional, 2% stated that they did not face difficulties and 2% did not answer.



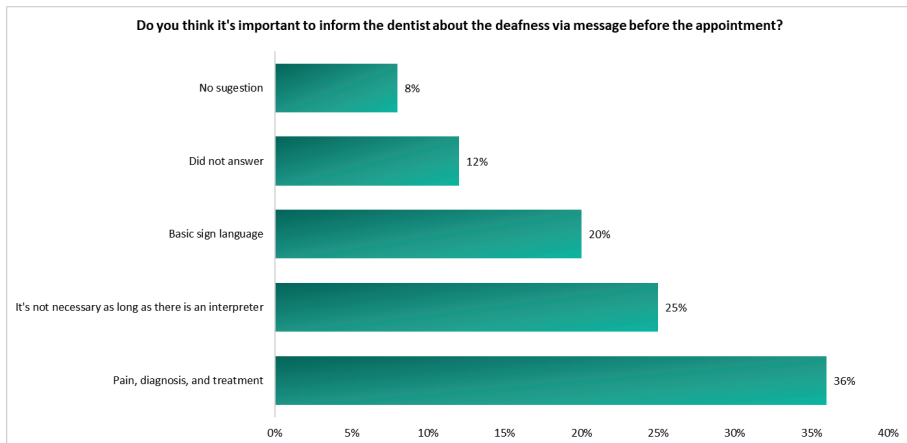
Regarding ideas to improve dental care, the answers were as follows: 36% suggested that dentists learn the basics of sign language, 12% proposed the presence of an interpreter in the office, 8% mentioned the need to improve the dentist's gestural communication, 8% considered writing important as a form of communication, 8% stated they had no suggestions and 12% did not answer.



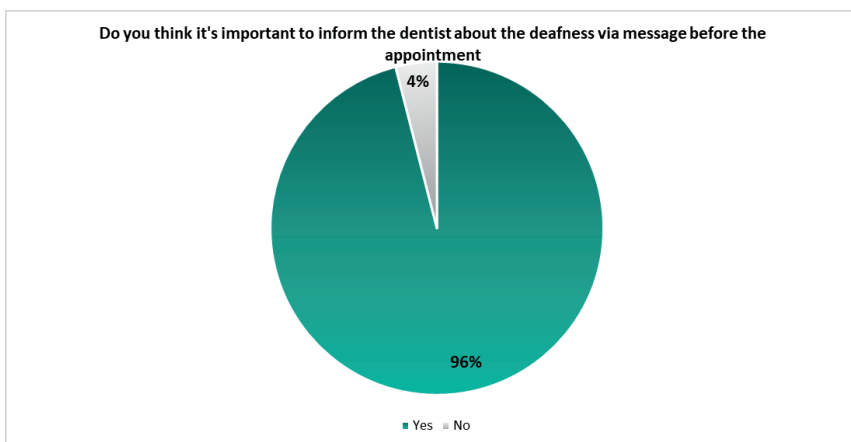
When asked about lip reading preference, 80% of participants reported not liking it, while 20% expressed a preference for this method.



As for the signs that dentists should know, 36% mentioned the need to understand pain in Libras, diagnosis and treatment, 20% considered it important that the professional has basic knowledge of sign language, 25% stated that it is not essential for the dentist to know Libras, as long as there is an interpreter available, 8% did not present suggestions and 12% did not answer.



In the last question, 96% of the participants agreed that it is important to inform the dentist, through WhatsApp, about the hearing impairment before the appointment, while 4% did not consider it necessary.



5 | DISCUSSIONS

The deaf community is often discriminated against by most of the population, making it difficult for them to access and communicate in most situations and health services are no different. In the field of dentistry, in many cases deaf people suffer when it comes to communication with the dental surgeon, making the moment of care unpleasant and triggering various feelings in these patients. In the literature, we found several studies related to deaf people and their sensations in these consultations. The deaf community mostly feels the need to adopt simple resources and measures that can minimize the problem of communication. This study aims to seek solutions to improve the care of deaf patients and for the dental surgeon to be safer and be able to serve this community.

The results obtained provide a clear view of the demands of the participants. Initially, the significant interest of the interviewees in the creation of an application that facilitates the communication of dental professionals is highlighted with 100% of the answers affirmative. This result suggests that it would be important and well received by the deaf community to adopt technologies that promote accessibility and inclusion.

Pereira *et al.* (2017) had already conducted a survey with deaf patients that reported that 30% of respondents completely understood the information provided by the dentist, while 56% partially understood and 16% did not understand the information provided by the professional. Of all the interviewees, 30% were dissatisfied with dental care. And this was reaffirmed when analyzing the communication difficulties faced during dental care, a variety of challenges reported by the interviewees are observed. From problems in communication with the dentist to difficulties in expressing the location of pain, to issues related to the understanding of sign language by professionals, these results highlight the complexity of interactions within the dental context for people with hearing impairment.

When analyzing the communication difficulties faced during dental care, we were faced with a diversity of challenges mentioned by the interviewees, as Oliveira (2021) reported in his study. In both surveys, patients expressed their sensations in the service, and a generous portion of them were dissatisfied with the service. It is noteworthy that, by establishing effective communication with the deaf patient, the dentist can contribute to reducing the anxiety associated with the procedure to be performed. These patients are often uncomfortable in the dental office, often due to a lack of understanding about the type of procedure to be performed due to the inability of professionals to use sign language (ROCHA *et al.*, 2021).

Participants' suggestions for improving dental care reflect the diversity of individual needs and preferences. While some suggest the inclusion of interpreters in the office, others emphasize the importance of basic knowledge of sign language by dentists. These answers indicate the importance of personalized and flexible approaches to meet the different demands of the deaf community, emphasizing article 25 of DECREE No. 5,626 of December 22, 2005, which provides that health care for the Deaf must be performed by professionals trained to translate and interpret the signs to be performed by the Deaf patient throughout the service.

Lip reading was expressed by the minority of respondents at the time of care, Farias (2019) in his study noticed that there was also dissatisfaction about dental care when using communication through lip reading. Thus, highlighting the importance of developing accessible and personalized communication strategies with the unique preferences of everyone.

It was also observed that the participants unanimously agreed on the importance of informing the dentist about hearing impairment before the consultation, through WhatsApp. It emphasizes the importance of prior communication to ensure a service that meets the needs of each deaf person.

Therefore, the results of this research offer some solutions for the accessibility and inclusion of Deaf patients in the dental context. According to Farias (2019), this niche of patients is mostly dissatisfied, thus highlighting the importance of personalized approaches and innovative technologies to meet the needs of the deaf community.

6 | CONCLUSIONS

This study aimed to know the difficulties faced in relation to communication by Deaf people during dental care and the necessity to know the real needs of patients, to analyze ways to facilitate dialogue during the consultation and to understand how the professional can make the service more humanized.

Based on the results and discussion presented in the research, we can highlight the importance of promoting accessibility, inclusion, flexible and personalized approaches in the dental context for Deaf people.

Among the various suggestions presented by the participants, with the purpose of improving dental care, from the inclusion of interpreters to the basic knowledge of sign language by dentists, he also highlights the importance of an inclusive approach in the planning of services related to Dentistry.

This research contributes to raising awareness about issues of accessibility and inclusion of Deaf patients in the dental field, highlighting the importance of using technology to assist professionals and ensure qualified care. It is hoped that the results of this work will encourage a change in dental care for the Deaf community, making the experience more pleasant for the patient.

ACKNOWLEDGEMENTS

We thank all those who contributed to the development of this research, including:

Our advisor, Carolina Malburg, for her support and assistance whenever needed and for believing in our initial idea.

Our committee members, Betsy Kilian and Vanessa Sandini, participated in our project.

Our teachers of UNIVALI Dentistry course, whose teachings have enriched our formation as dental surgeons.

Our parents and siblings, who were our greatest source of support and strength throughout our journey.

Anderson and Katia (deaf individuals), for being the inspiration for this project and for the help they provided.

God, for granting us the gift of life and such special opportunities. APAS (Association of Parents and Friends of the Deaf of Lages) for their support in applying the questionnaire.

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ATTACHMENTS

ANNEX A – Term of Acceptance of Orientation.



TERMO DE ACEITE DE ORIENTAÇÃO

Eu, Carolina Covolan Malburg na condição de Professor Orientador declaro aceitar o(s) discente(s) Isabella Miranda da Silva e Lilliam Schmitz, regularmente matriculados no curso de graduação em Odontologia para orientá-lo(s) na pesquisa **"ATENDIMENTO ODONTOLÓGICO A PACIENTES SURDOS: busca por um olhar humanizado"**, cujo objetivo é conhecer as dificuldades enfrentadas em relação à comunicação pelas pessoas surdas durante o atendimento odontológico, estando ciente de que o desenvolvimento da pesquisa deverá estar em concordância com as diretrizes e resoluções emitidas pelo sistema CEP-CONEP, observando ainda as determinações da Lei 13.709/18 (LGPD).

Itajaí, 03/10/2023

Prof. Carolina Covolan Malburg

ANNEX B – Term of Conformity between the Documents.



PARECER CONSUBSTANCIADO DO CEP

DADOS DO PROJETO DE PESQUISA

Título da Pesquisa: ATENDIMENTO ODONTOLÓGICO A PACIENTES SURDOS: busca por um olhar humanizado.

Pesquisador: CAROLINA COVOLAN MALBURG

Área Temática:

Versão: 2

CAAE: 78165324.8.0000.0120

Instituição Proponente: Universidade do Vale do Itajaí

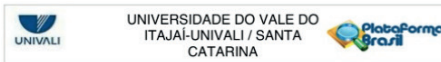
Patrocinador Principal: Financiamento Próprio

DADOS DO PARECER

Número do Parecer: 6.790.298

Apresentação do Projeto:

A pesquisa será realizada através da aplicação de questionários de forma presencial em uma Associação de Surdos na cidade de Lages, Santa Catarina. O instrumento de pesquisa será composto de perguntas optativas e também dissertativas direcionadas aos participantes, para que possam responder presencialmente na associação de forma voluntária, após assentimento através de leitura e assinatura de Termo de Consentimento Livre e Esclarecido, com dia e hora informados antecipadamente. Após a coleta dos dados, proceder-se-á a sua análise com base nas respostas mais semelhantes entre si, fazendo um agrupamento dessas informações e análise dos dados de maneira qualitativa. Os envolvidos serão instruídos sobre comunicação facilitada em consulta odontológica e poderão trazer à tona os vieses por eles encontrados nesse contexto, com vistas a minimizar as dificuldades encontradas.



Continuação do Parecer: 6.790.298

Ausência	TCA.pdf	23/11/2023 19:26:30	ISABELLA MIRANDA DA SILVA	Aceito
TCLE / Termos de Assentimento / Justificativa de Ausência	termoassentimento.pdf	23/11/2023 19:23:42	ISABELLA MIRANDA DA SILVA	Aceito
TCLE / Termos de Assentimento / Justificativa de Ausência	TermAssentimentointerprete.pdf	23/11/2023 19:23:31	ISABELLA MIRANDA DA SILVA	Aceito
TCLE / Termos de Assentimento / Justificativa de Ausência	TAO.pdf	23/11/2023 19:23:21	ISABELLA MIRANDA DA SILVA	Aceito
Folha de Rosto	FDRTIC.pdf	23/11/2023 19:19:34	ISABELLA MIRANDA DA SILVA	Aceito

Situação do Parecer:

Aprovado

Necessita Apreciação de CONEP:

Não

ITAJAÍ, 26 de Abril de 2024

Assinado por:
Polyana Bortholazzi Gouvea
(Coordenadora)

Endereço: Rua Uruguai, 458, Bloco B7, sala 114
Bairro: CENTRO CEP: 88.302-901
UF: SC Município: ITAJAÍ
Telefone: (47)3341-7738 Fax: (47)3341-7744 E-mail: etica@univali.br

Página 01 de 04

Endereço: Rua Uruguai, 458, Bloco B7, sala 114
Bairro: CENTRO CEP: 88.302-901
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Telefone: (47)3341-7738 Fax: (47)3341-7744 E-mail: etica@univali.br

Página 04 de 04

ANNEX C – Informed Consent Form (ICF).



TERMO DE ASSENTIMENTO LIVRE E ESCLARECIDO

Você está sendo convidado(a) para participar, como voluntário, em uma pesquisa. Caso você não queira, não há problema algum. Você não precisa me explicar por que, e não haverá nenhum tipo de punição por isso. Você tem todo o direito de não querer participar do estudo.

Caso você queira participar, eu irei te informar sobre todos os procedimentos da pesquisa. Depois de passar a você todas as informações e você aceitar meu convite, será necessário que você assinie todas as folhas deste documento. Eu também irei assinar todas as folhas dele, assim como você. Este documento está em três vias. Uma delas é sua, outra é dos seus pais ou responsável legal e a outra é minha. Você está sendo convidado(a) para participar, como voluntário, em uma pesquisa. Caso você não queira, não há problema algum. Você não precisa me explicar por que, e não haverá nenhum tipo de punição por isso. Você tem todo o direito de não querer participar do estudo.

Caso você queira participar, eu irei te informar sobre todos os procedimentos da pesquisa. Depois de passar a você todas as informações e você aceitar meu convite, será necessário que você assinie todas as folhas deste documento. Eu também irei assinar todas as folhas dele, assim como você. Este documento está em duas vias. Uma delas é sua, outra é minha.

Esta pesquisa é intitulada **"ATENDIMENTO ODONTOLÓGICO A PACIENTES SURDOS: busca por um olhar humanizado"** e tem como objetivo geral **"conhecer as dificuldades enfrentadas em relação à comunicação pelas pessoas surdas durante o atendimento odontológico"**.

O tempo estimado de sua participação é de 15 minutos, para que você possa responder a todas as perguntas de forma tranquila.

Você não será remunerado, visto que sua participação nesta pesquisa é de caráter voluntária. Caso decida desistir da pesquisa você poderá interromper o questionário e sair do estudo a qualquer momento, sem nenhuma restrição ou punição.

Os pesquisadores garantem e se comprometem com o sigilo e a confidencialidade de todas as informações fornecidas por você para este estudo. Da mesma forma, o tratamento dos dados coletados seguirá as determinações da Lei Geral de Proteção de Dados (LGPD - Lei 13.709/18).

É garantido a você o direito a ressarcimento em caso de despesa comprovadamente relacionadas à sua participação no estudo, bem como, ao direito a indenização em caso de danos nos termos da lei.

Nenhuma pesquisa é isenta de riscos, e, especificamente nesta pesquisa, os riscos são: quebra de sigilo, disponibilidade de tempo.

No entanto, as seguintes medidas serão tomadas para mitigar esses riscos, a saber: o intérprete assume a responsabilidade de junto aos pesquisadores ter um compromisso de ética e sigilo relacionada as informações intermediadas por ele

Como benefício desta pesquisa, auxilia no processo de busca por informação para melhorar a qualidade de vida desses pacientes.



Esta pesquisa foi aprovada pelo Comitê de Ética em Pesquisa (CEP) da Universidade do Vale do Itajaí – UNIVALI, caso persistam dúvidas, sugestões e/ou denúncias após os esclarecimentos do pesquisador o Comitê de Ética está disponível para atender.

CEP/UNIVALI - Rua Uruguai, n. 458 Centro Itajaí. Bloco B6, sala 107, andar térreo.
Horário de atendimento: Das 8:00 às 12:00 e das 13:30 às 17:30
Telefone: 47- 33417738. E-mail: etica@univali.br

ASSENTIMENTO DE PARTICIPAÇÃO

Eu, Ademur Dionizio Varela, abaixo assinado, concordo em participar do presente estudo como participante. O pesquisador me falou sobre tudo o que vai acontecer na pesquisa, o que terei que fazer, inclusive sobre os possíveis riscos e benefícios envolvidos na minha participação. O pesquisador me garantiu que eu poderei sair da pesquisa a qualquer momento, sem dar nenhuma explicação, e que esta decisão não me trará nenhum tipo de penalidade ou interrupção de meu tratamento.

Local e data: Itajaí, 08 de abril de 2024.

Nome: Ademur Dionizio Varela

Assinatura do Participante: 

Telefone para contato: (49) 3222-5411

Nome do Pesquisador Responsável: Carolina Covolan Malburg

Telefone para contato: (47) 99915-2115 / carolinamalburg@univali.br

Nome(s) do(s) pesquisador(es) assistente(s): Isabella Miranda da Silva e Lilliam Schmitz

Telefone(s) para contato: (48) 98428-5350 / isabella_silva@edu.univali.br | (49) 99951-8051 / lilliamschmitz@edu.univali.br

ANNEX D – Term of Consent of the Institution where the data will be collected.



Associação de Pais e Amigos de Surdos - APAS Lages
Fundada em 01 de Abril de 1976 - CNPJ 03.398.388/0001-58



Declarada de Utilidade Pública Estadual pela Lei nº 5.814, de 06 de novembro de 1979. Utilidade Pública Municipal pela Lei nº 120 de 12 de junho de 1979. Utilidade Pública Federal pelo Decreto nº 3.906/59 de março de 1959, registro no Conselho Municipal de Assistência Social, sob nº 028 de 20 de outubro de 2011.

Data: 08/04/2024

TERMO DE ANUIÊNCIA DE INSTITUIÇÃO

Declaro que esta Instituição tem conhecimento do Projeto de Pesquisa intitulado **"ATENDIMENTO ODONTOLÓGICO A PACIENTES SURDOS: busca por um olhar humanizado"**, cujo objetivo é "Conhecer as dificuldades enfrentadas em relação à comunicação pelas pessoas surdas durante o atendimento odontológico", e, portanto, autoriza a sua realização pelos pesquisadores Carolina Malburg, Isabella Miranda da Silva, Lilliam Schmitz, com base nas diretrizes e resoluções emitidas pelo sistema CEP-CONEP, bem como na Lei 13.709/18 (LGPD).

Nome da Instituição: Associação de Pais e Amigos de Surdos (APAS)

Nome completo do responsável legal pela Instituição: Ademur Dionizio Varela

Cargo: Presidente

Telefone e e-mail para contato: 49 3222-5411 apaslages@gmail.com

Assinatura do responsável da instituição:


Ademur Dionizio Varela
CPF 295.452.509-68

R. Gerson Luiz Fontana, 95 – B. Universitário / 88511-050

E-mail: apaslages@gmail.com Fone: (49) 3222-5411

ANNEX E – Term of Acknowledgment and Acquiescence.



TERMO DE CIÊNCIA E AQUIESCÊNCIA

O presente estudo, "ATENDIMENTO ODONTOLÓGICO A PACIENTES SURDOS: busca por um olhar humanizado", possui como objetivo geral conhecer as dificuldades enfrentadas em relação à comunicação pelas pessoas surdas durante o atendimento odontológico, para a qual serão convidados a participar pessoas da comunidade surda, que frequentam dentistas e como eles acham que os atendimentos podem ser realizados para melhor atender-los será como metodologia de estudo transversal, exploratório, descritivo, de abordagem qualitativa. O estudo será realizado em associações catarinenses para pessoas surdas das cidades de Florianópolis e Lages. As entidades desses municípios foram escolhidas por se tratar de centros de referência para os surdos da região, abrangendo pessoas surdas de distintas faixas etárias, aspectos sociais e de interesse.

Este TIC pertence ao Curso de Graduação em Odontologia, e não possui nenhuma fonte de financiamento.

Pelo presente instrumento os acadêmicos Isabella Miranda da Silva e Lilliam Schmitz, inscritos, respectivamente no CPF 056.807.219-70 e 049.159.209-41 sob a orientação da Professora Carolina Covolan Malburg, inscrito no CPF 004.623.399-71, manifestam formalmente que conhecem a legislação interna da Universidade do Vale do Itajaí, a Lei Geral de Proteção de Dados (Lei 13.709/16), que os documentos, dados ou informações referentes aos docentes, discente e técnico-administrativos constantes tanto dos arquivos, quanto de informações coletadas por meio de questionários (escritos, online, etc.), na UNIVALI, são resguardados de sigilo, sendo, portanto, expressamente vedada a sua divulgação ou seu uso por qualquer meio e para outros fins que não aqueles previstos para o presente estudo.

A disponibilização das informações para o desenvolvimento de pesquisas e quaisquer atividades acadêmicas está sendo autorizada para atingir o fim específico em que foi solicitada. Qualquer amplitude da divulgação e uso, implicará na responsabilidade correspondente nos termos do Regimento Geral da UNIVALI.

Observa-se que na divulgação dos resultados da pesquisa é expressamente vedada a identificação das pessoas de maneira direta (colocação do nome ou outros dados capazes de identificar o participante da pesquisa) ou indireta (identificação do curso, sala, semestre ou ano).



O pesquisador/interessado, neste ato, assume com exclusividade o polo passivo de eventual demanda, proposta contra a FUNDAÇÃO UNIVALI ou suas mantidas em razão da pesquisa efetuada, bem como assumir, também com exclusividade, os ônus de eventual condenação, sendo certo que se a Fundação UNIVALI for demandada em nome próprio em razão desta atividade, caberá o chamamento do pesquisador ao processo para que responda com exclusividade a demanda.

A coleta dos dados será feita de tal forma que não interfira nas atividades letivas, sendo sua operacionalização de total responsabilidade dos pesquisadores.

Por concordar com as condições acima expostas, assino o presente Termo em duas vias, de igual teor e forma.

Itajaí, 04 de março de 2024.


Carolina Covolan Malburg


Isabella Miranda da Silva


Lilliam Schmitz

JOSE EVERTON DA SILVA:38763460025 Assinado de forma digital por JOSE EVERTON DA SILVA:38763460025
Dados: 2024.03.06 16:29:30 -03'00'
NOME, ASSINATURA E CARIMBO DA VICE-REITORIA DE GRADUAÇÃO

APPENDIX

APPENDIX A – Interview Questions

Atendimento odontológico para Surdos

1. Você achar legal fazer aplicativo para dentista, ajudar atendimento?
a. Sim b. Não
2. Durante atendimento odontológico, qual dificuldade você sentir?

3. Você ter ideia melhor atendimento dentista?

4. Você gostar atendimento leitura labial?

5. Quais sinais você achar dentista precisa saber não ter intérprete?

6. Você achar OK avisar dentista WhatsApp ser surdo?

a. Sim b. Não

Não, porque?
