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RESEARCH

SIGN LANGUAGE: HOW THE NURSING STAFF INTERACTS TO TAKE CARE OF DEAF PATIENTS?

LÍNGUA DE SINAIS: COMO A EQUIPE DE ENFERMAGEM INTERAGE PARA CUIDAR DE CLIENTES SURDOS?

LA LENGUA DE SIGNOS: ¿CÓMO INTERACTÚA EL PERSONAL DE ENFERMERÍA PARA ATENDER A LOS CLIENTES SORDOS?

Wiliam César Alves Machado¹, Daniel Aragão Machado², Nébia Maria Almeida de Figueiredo³, Teresa Tonini⁴, Rodrigo Sousa de Miranda⁵, Gabriela Moraes Bueno de Oliveira⁶

ABSTRACT

Objective: To identify how the professional nursing staff of a university hospital interacts to care for their deaf patients. **Method:** A descriptive, exploratory, and quanti-qualitative study performed in the second semester of 2012. **Results:** Twenty-one nurses (57%) reported never having provided care for deaf patients. Sixteen nurses (43%) have provided care for deaf patients and reported the following means of communication: 12 (46.15%) referred using mime; 4 (15.38%) mentioned using lip reading; 8 (30.77%) used writing; 1 (3.85%) used drawing and; 1 (3.85%) used an interpreter. **Conclusion:** It is necessary to take effective measures for nursing professionals to communicate appropriately with deaf patients starting with the offering of specific disciplines in all courses and education programs. **Descriptors:** Nursing care, Deafness, Accessibility, Sign language, Disabled persons.

RESUMO

Objetivo: Identificar como profissionais da equipe de enfermagem de um hospital universitário interagem para cuidar de seus clientes surdos. **Método:** Pesquisa descritiva, exploratória, quanti-qualitativa, realizada no segundo semestre de 2012. **Resultados:** 21 (57%) informaram nunca ter prestado cuidados a clientes surdos. 16 (43%) profissionais de enfermagem que já prestaram cuidados aos clientes surdos. 12 (46,15%) referências ao uso da mímica; 4 (15,38%) menções ao uso da leitura labial; 8 (30,77%) referências ao uso da escrita; 1 (3,85%) referência ao uso do desenho; e 1 (3,85%) menção à ajuda de intérprete para se comunicar com clientes surdos. **Conclusão:** Conclui-se que é preciso a tomada de providências efetivas para que profissionais de enfermagem se comuniquem adequadamente com os clientes surdos, a começar pela oferta regular de disciplinas específicas em todos os cursos e programas de ensino. **Descritores:** Cuidado de enfermagem, Surdez, Acessibilidade, Língua de sinais, Pessoas com deficiência.

RESUMEN

Objetivo: Identificar cómo el personal profesional de enfermería de un hospital universitario interactúa para atender a sus clientes sordos. **Método:** Estudio descriptivo, exploratorio, cuanti-cualitativo, celebrado en el segundo semestre de 2012. **Resultados:** 21 (57%) indicaron que nunca habían prestado atención a clientes sordos. 16 (43%) de los profesionales de enfermería que habían atendido a los pacientes sordos. 12 (46,15%) hicieron referencias a la utilización de la mímica; 4 (15,38%) mencionaron el uso de la lectura de labios; 8 (30,77%) dijeron respecto a la utilización de la escritura; 1 (3,85%) dijera respecto a la utilización del diseño y 1 (3,85%) mencionara un intérprete para comunicarse con clientes sordos. **Conclusión:** Se concluye que es necesario tomar medidas efectivas para los profesionales de enfermería comunicarse adecuadamente con los pacientes sordos, comenzando con el suministro regular de disciplinas específicas en todos los cursos y programas de educación. **Descriptor:** Cuidados de enfermería, La sordera, La accesibilidad, La lengua de signos, Personas con discapacidades.

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INTRODUCTION

The planning of nursing assistance to people with hearing disabilities and specific care to this clientele represents an element of the frequent exposure of health care teams in their various contexts of practice. In this study, the unpreparedness of the members in the nursing team to interact with deaf people, in particular the lack of control of circumstances or knowledge in Brazilian Sign Language (Libras), leads to a substantially compromised image and social commitment of these professionals and reflect negatively on the results achieved by the nursing care provided to this segment of society.

It is obvious that, in addition to communication barriers, the deaf still face difficulties that are inherent to the organization of the health care system, especially in the public services.¹

The difficulties of effective communication with deaf people in the institutional environments of health care services, in this case, between members of the nursing staff in an university hospital, reiterates the dissonance between higher education institutional programs and legal precepts, which provide people with disabilities a complete social inclusion such as defined by the UN Convention on the Rights of persons with disabilities² ratified by Decree No. 6.949³ from August 25, 2009.

Unfortunately, contrary to the great legal achievements that make Brazil a reference on the international scene, our deaf individuals have been narrated and defined exclusively from their physical reality of lack of hearing and, therefore, seen exclusively from that point of view in the eyes of the majority in the society without this disability. The effect of this is that deaf people and the languages that they use (LIBRAS and

written/oral Portuguese) become canvases with blank spaces for the projection of cultural prejudice and discourses of standardisation.⁴

It is a fact that the sign language represents the first language for the deaf, which makes them recognized as social subjects, and therefore, the Portuguese language (in the case of Brazil) can turn the deaf into the enunciator of his own speech in a second language (in writing) and thus, become inserted as a subject in the Brazilian society.⁵

Although it is usual to find the use of the expression Brazilian Sign Language in the literature to designate 'Libras', it is worth mentioning that this is a language and not an alternative communication method. Thus, it is preferable to use the terminology 'Brazilian Sign Language' instead of 'Brazilian language of signs' for many reasons. One of the most important reasons is that the Sign Language is a unity that refers to a visual manual-articulatory linguistic modality and not a oroarticulatory-auditive modality. Thus, the Brazilian Sign Language was established because it is the sign language developed and used by the Brazilian deaf community. Therefore, it is clear that there is no Brazilian Language spoken or through signs.⁶

The interaction between the nursing professional and the deaf patient demonstrates the difficulty that the latter has to come across a language that is not his own⁷ and that is imposed as if it was his first language. Even if the professional try some forms of sign communication imagining to being equivalent to Libras, the difficulty for the deaf in understanding what is being requested is clear.

The knowledge of the world refers to the conventional knowledge that people have about the things of the world; this knowledge is brought to the learning process and stored in the memory as blocks of information.⁸ That knowledge of the

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world refers to experiments built throughout life⁹ for both the deaf or non-deaf person. Contents stored in the memory in the form of manual signs are learned through Libras or other manual sign codes taught by family members as informal alternatives to establish non-verbal communication with the family member that is different.

In this regard, it is appropriate to emphasize that because the Brazilian Sign Language is still not broadly known by the society, the interactive possibilities for the deaf are still quite restricted. This is aggravated by the fact that most of the deaf have parents who are not deaf and know little or nothing about the sign language.¹⁰ Hence, the deaf is the most harmed in our social system since tender age when they learn to communicate with their loved relatives through informal codes for sign language, and thereafter during school years, have to unlearn everything because there are few qualified teachers to communicate, teach deaf students, and facilitate their integration with other classmates.

Similarly, health care professionals that are trained to communicate with deaf patients are rare and usually not even prepared for basic communication on key signs and symptoms that are common to the most frequent acute clinical cases in the service. The nursing staff interacts the most with patients, which is an essential condition to achieve appropriate assistance and perform nursing care, however, the common scenario is that there are no professional who proposes to meet the needs of effective and consistent communication with deaf patients.

It is known that it is the responsibility of health care professionals to build academic training skills to communicate effectively with all people¹, given that courses on LIBRAS are mandatory for graduates of health care and education in accordance with law n° 10.436¹¹ from J. res.: fundam. care. online 2013. jul./set. 5(3):283-292

April 24, 2002. According to this view, health care professionals, in particular the members of nursing staffs, who care for persons with disabilities daily, need to become sensitized to this issue, know the laws that support these patients, and encourage them in the fight for their rights. Thus, it is necessary to provide information that enable and support the struggle of various segments of society in the pursuit of the right to social inclusion to overcome discrimination.¹²

Through an established communication with the deaf patient, nursing professionals can understand them as holistic beings and become aware of their vision of the world and their way of thinking, feeling, and acting. Therefore, these professionals will be able to understand the needs of the deaf¹³, plan, and provide appropriate assistance minimizing their suffering. The communication takes up an irreplaceable space in this process, and if it is not effective, the assistance becomes a failure.¹⁴

It is essential that nursing professionals know the principles of Libras and develop skills for its effective use when providing care for deaf patients. A prerogative in order for these professionals is to fulfil their role in helping the deaf patient, solve their problems, and reduce conflict.¹ A wider professional training is crucial to the quality of care to the many needs of this clientele.

This study aims to identify how the professionals in the nursing staff of a university hospital interact to take care of their deaf patients considering the knowledge of the Brazilian Sign Language (LIBRAS) as a principle, which is indispensable for the planning of nursing care to this clientele.

METHODOLOGY

This is a descriptive, exploratory, transversal study with quantitative and qualitative

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approaches. The quantitative and qualitative method option is justified by the fact that there is no approach that works exclusively with statistical techniques or with testimonials. Both types of data are not exclusive.¹⁵ The complexity of life in society and the accelerated process of transformation currently require the overcoming of reductionist postures in technical and operational terms.

The combination of several research techniques enables the development of more accurate and interesting research.¹⁶ The multi-method design with the combination of qualitative and quantitative strategies appears to be more complete and effective than those performed exclusively with one of two approaches.¹⁵

Scenario

Gafree and Guinle University Hospital at the Federal University of Rio de Janeiro State.

Subjects

The study subjects were 37 members of the nursing staff at the Gafree and Guinle University Hospital working in in-patient units who agreed to voluntarily participate in the study. These subjects were represented by 11 nurses, 23 nursing technicians, and 3 nursing assistants.

Aspects and ethical implications

Based on the provisions of the 196/96 resolution of the CNS, this study was approved by the Research Ethics Committee from the Federal University of the Rio de Janeiro State (memorandum 86.353/21012); all study participants voluntarily signed an Informed Consent to participate. The data collection was conducted in the second semester of 2012.

Instrument

The instrument used for data collection was a questionnaire with open and closed questions through which, quantitative and qualitative elements emerge, complementary par excellence.

Data analysis technique

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The quantitative elements were analyzed using descriptive statistics, clarifying the socio-demographic profiles of the subjects (sex, age, age range, professional category, length of professional experience, and mastery levels in Libras). The qualitative data extracted from information regarding the interaction during care for deaf patients will be analyzed in the light of the content analysis technique.¹⁷

The authors signal that the content analysis comprise a set of techniques for the analysis of communications using systematic procedures and objectives of descriptions in the content of messages. These procedures aim to obtain indicators (quantitative or not) that allow the inference on knowledge related to messages that were produced through the questions placed during the interviews.

We decided to organize the answers from the open questions in the questionnaire, which were subsequently re-organized to be grouped in reports that presented similarities in their contents.¹⁷ Three main axes were defined to seek to unveil the level of understanding of the subjects on the study of the Brazilian Sign Language, both under the point of view of participants who provided care for deaf patients, even without mastering Libras, and those who never provided care for these patients in addition to not mastering the sign language.

RESULTS AND DISCUSSION

The study subjects were 37 nursing professionals, including 11 nurses (30%), 23 Nursing technicians (62%), and 3 nursing assistants (8%). The gender distribution of the participants was 32 females (86%) and 5 males (14%) confirming the historical predominance of the female gender in professional nursing teams.

Nineteen were unmarried (51%), 13 were married (35%), and 5 were divorced (14%). The

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participant's age range distribution revealed the following aspects: 8 were between 20 and 30 years old (21.62%); 9 were between 31 and 40 years old (24.32%); 13 were between 41 and 50 years old (35.14%); 3 were between 51 and 60 years old (8.11%); 1 was between 61 and 70 years old (2.70%); and 3 did not report their age (8.11%).

The time in the professional activity ranged from 4 months to 33 years, namely: 7 reported up to 2 years (18.92%); 12 from 3 to 10 years (32.43%); 11 from 11 to 20 years (29.73%); 6 from 21 to 30 years (16.22%); and 1 at 31 years or more (2.70%). The time in activity of up to 2 (two) years was assigned initially considering that this represents the probationary period at the beginning of a career as a civil servant.

1 (3.85%) referred to the use of drawing; and 1 (3.85%) mentioned the help of a Libras interpreter.

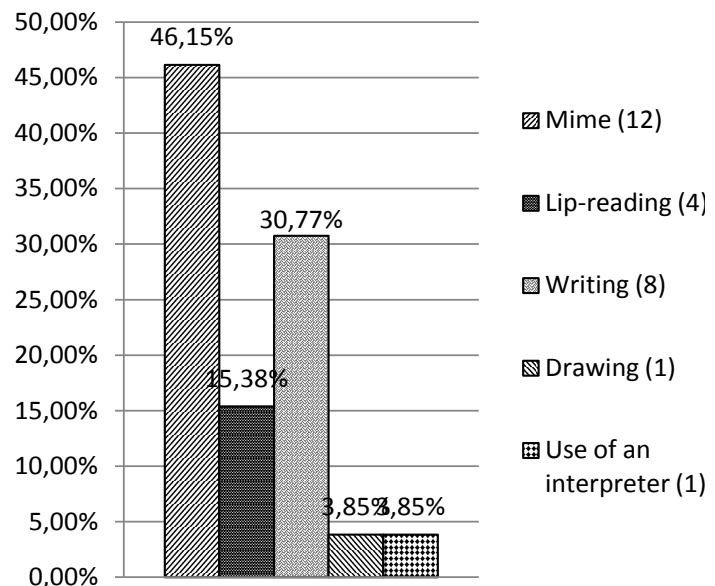


Figure 2- Communication strategies used by nursing professionals who have provided care for deaf patients.

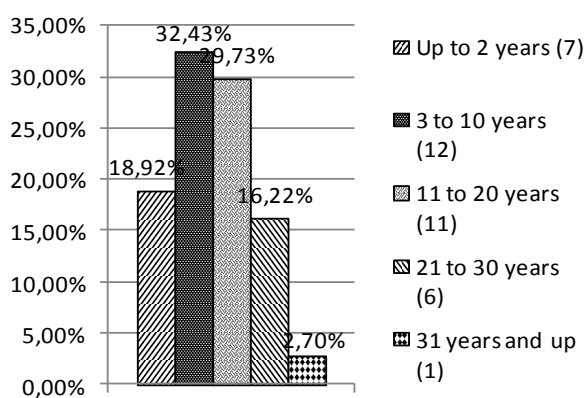


Figure 1- Time of professional experience of members in the studied nursing staff.

No participants (100%) reported mastering the Brazilian Sign Language.

Only 16 participants (43%) reported having provided care for a deaf patient, while 21 (57%) reported never having provided care to these patients.

The communication strategies used by the 16 nurses (43%) who have provided care for deaf patients were: 12 (46.15%) referred to the use of mime; 4 (15.38%) mentioned the use of lip-reading; 8 (30.77%) referred to the use of writing;

The 21 professionals (57%) who never provided nursing care to deaf patients suggested the following communication strategies: 10 (31.25%) suggested the use of mime; 9 (28.13%) suggested lip-reading; 5 (15.63%) suggested the use of writing; 2 (6.25%) suggested the use of drawing; 1 (3.13%) suggested the use of a Libras interpreter; and 5 (15.63%) did not present suggestions.

The use of abbreviations (NUR, TECH, and NAS corresponding to nurses, technicians, and nursing assistants, respectively) followed by the number corresponding to the order of presentation of the instruments were adopted for the analysis of transcripts and corresponding description of the subjects in the study. The reports from the professionals who provided care to deaf patients regarding knowledge on Brazilian Sign Language (LIBRAS) were as follows:

Total lack of knowledge

I do not know! [NUR-5]; I do not understand anything. [TECH-6]; Nothing. NUR-9; TECH-1; TECH-8].

Some understanding

These are symbols used in the communication between the hearing impaired and non-hearing impaired.

[NURF-1]; Communication through gestures. [NUR-6]; I understand a little. I try to practice only with the patients in need. [TECH-7]; It is the language used for the communication with the hearing impaired. [TECH-13]; A type of language used to communicate with people with hearing disability, but I do not understand at all how to use it. [TECH-16]; Sign language. [TECH-20].

Have vague or misleading ideas

It is a non-verbal means of communication used by individuals with hearing and verbal disabilities. [NUR-8]; I understand the alphabet. [TECH-5]; Means of communication by language through gestures and hands. [NAS-1]; I understand that it is important to people with disabilities to communicate and socialize with the world. [NAS-2].

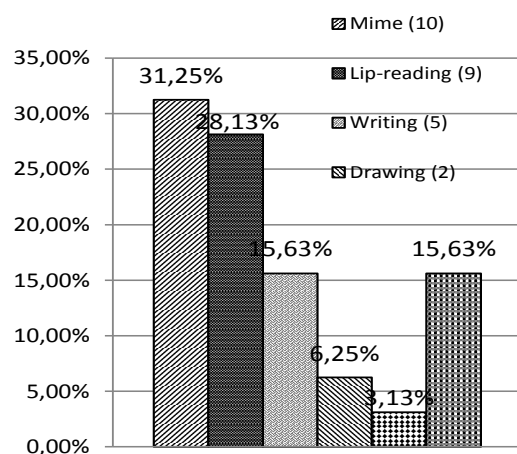


Figure 3 - Communication strategies suggested by nursing professionals who have never cared for deaf patients.

Although reporting as never having provided care to deaf patients, the professionals in the studied nursing staff reported the following when approached about what they understand by Brazilian Sign Language (LIBRAS):

Total lack of knowledge

Absolutely nothing. [NUR-2]; I do not know. [TECH-10]; I do not understand. [TECH-3]; Nothing. [TECH-2; TECH-4; TECH-17; TECH-14; NAS-3]; No. [TECH-12].

Some understanding

Means of communication through gestures with people with hearing disabilities. [NUR-4]; These are signs that signify the alphabet forming words and as such facilitates communication with patients with hearing disability. [NUR-7]; Sign

Language. [NUR-11]; The use of hands to communicate. [NUR-10]; In my opinion it would be Sign Language. [TECH-9]; Libras, as the name implies, it is the language of the deaf. [TECH-21]; It is a form of communication used by the hearing-impaired. [TECH-23].

Have vague or misleading ideas

Communication through gestures used for visually and hearing impaired people. [TECH-11]; Lip-reading and writing. [TECH-18]; Writing. [TECH-22]; It is the form of communication used for the deaf/dumb. [NUR-3]; Means to communicate with deaf and dumb. [TECH-15].

According to the observations in this study, the nurses were insecure when dealing with the deaf because they do not know the sign language used by them, uncertain because of the lack of skills in conveying information about the patient's health, lack of training during the academic career, and even lack of experience.¹⁴

The purpose of planning the caring process and nursing care has been reiterated since January 21, 2000 when it became mandatory according to the COFEN 272/2002 resolution with the implementation of the systematization of nursing care (SAE) in the Brazilian health care institutions. This resolution and systematization considered the following as an exclusive nurse activity: identification of situations of health-illness, subsidization of prescriptions, and implementation of nursing care actions in promoting prevention, recovery, and rehabilitation of the individual, family, and community health.¹⁸ However, it has been 11 years since the resolution has been established and some difficulties are still recognized in the practice of SAE, especially for people with hearing disabilities, which in this case, starts with the barriers in communication and team interaction with the deaf.

In the context of nursing, just as in other areas of knowledge, it is clear that terms such as hearing impaired, deaf-mute, and mute are not isolated examples of demonstration of prejudice only, but are indicators of a broader world of

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meanings that establish conventions used to describe relationships between conditions, values, and identities⁽⁴⁾. The transcripts of the reports from the participants in this study reveal that they still believe that the terms deaf, mute, and deaf-mute are similar.

In this respect, it is necessary to clarify that when one refers to the deaf, the mute classification does not correspond to the reality of that person. The diminutive 'little mute' denotes that the deaf is not taken as a complete person. Therefore, the correct terms are deaf, deaf person, and hearing-impaired person. There are cases of people who can hear (so they are not deaf) but have a speech disorder (or speech disability) and consequently do not speak.⁶

To capture the gestural messages from the deaf sign⁽¹⁴⁾, members of nursing staffs must be able to interpret them masterfully and creatively because the higher the ability to decode the non-verbal communication the greater will be their conditions to send non-verbal signals. It is imperative to be consistent with these patients, understand them, and communicate with them to then establish the planning and implementation of proper care according to their needs.

However, to facilitate the communication between the deaf and nursing staff, most of these patients are always accompanied by family or friends when seeking care in health care service.^{1, 19}

This confirms the thesis that the need for an interpreter allows the exposure of motives that lead them to look for the health care services and ensures the understanding of the signs and symptoms by the health care professional as reported by the participants in this study.

In this regard, it has been clarified that, in Brazil, on December 22, 2005, the Decree n° 5.626²⁰ considers a translator and interpreter of the sign language and Portuguese language anyone who interprets from a source language to another J. res.: fundam. care. online 2013. jul./set. 5(3):283-292

target language. According to this decree, the formation of such interpreter must be achieved through college courses on Translation and Interpretation with certification in Libras/Portuguese language. This training allows Libras interpreters to act on early childhood education, elementary education, and college education.¹⁹ In addition, this would provide human resources available to work in training nursing professionals in educational institutions and health care units preparing the teams to interact with the deaf community.

The fields of professional nursing practice confirm that academic studies¹² have already indicated for a while the omission, accommodation, indifference, or mere negligence of professors in their teaching plans. This occurs in most of the educational institutions, which do not include this subject in their curriculum.

A previous study on aspects of nurses' communication with the hearing impaired¹⁴ showed that one of the difficulties of communication between nurses and the hearing impaired arises from this condition because the arrested acquisition and development of language represents incalculable loss altering the process of reasoning and thinking. In addition to this difficulty in communicating between these two groups, the lack of preparation during the academic training of future professionals was also cited. It is assumed that this lack of training is broad and involves nurses at all levels in the profession because that study included recently graduated professionals and nurses with 27 years of experience in public, private, and philanthropic hospitals. It is common to find professionals among the nursing staff who do not know how to deal with the needs for communicating with deaf patients. This was proven from information given by the participants in this study such as dry statements as 'I do not know, nothing, I do not understand anything...'. Thus, the conformist idea

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that the nursing staff is even used to play a nursing care that consists in doing or telling people what to do, how to respond, and often saying what decisions to make about their health, perseveres.²¹

The nursing professional can only help the patient to conceptualize their problems, face them, demonstrate their participation in the experience, and find alternatives to solve them through effective communication. Starting from this premise, it is up to the team to know the communication mechanisms that will facilitate better performance of their functions in relation to patients and improve the relationship between the team members themselves.¹⁴

The domain of non-verbal communication provided by learning Libras capacitates the nursing professional for better assistance because they can interpret in a greater amplitude the messages issued by their deaf patients raising their capabilities of meeting the needs presented by the patients.²²

On the other hand, the exclusion of the deaf from health care services is fundamentally linked to the difficulties faced by these patients in communicating with members of health care teams⁽²³⁾ where they end up depending on relatives to establish an effective communication. These facts are worsen by the general current difficulties in the health care system itself and absence of training offered to professionals, which would contribute to the improvement in the quality of care and consequent inclusion of the deaf in the health care system.¹

On this evidence, it is appropriate to enable undergraduate courses in the health care area, particularly in nursing, so that these future professionals could work effectively with people with disabilities²⁴⁻²⁵ in accordance with the new National Curriculum Guidelines, taken into account as a field of knowledge to be J. res.: fundam. care. online 2013. jul./set. 5(3):283-292

contemplated in teaching projects for training new generations of health care professionals.

CONCLUSION

It is concluded that effective measures are necessary to prepare nursing staff professionals to communicate properly with deaf patients starting with the regular offer of specific disciplines in all courses and teaching programs enabling students, and consequently future generations of nurses and health care teams, to plan for proper assistance and provide a worthy care to these patients.

It is imperative that nursing professionals who already work in the different fields of practice consider the various training and qualification opportunities in Brazilian Sign Language as chances to prepare to communicate with the deaf and become capable to provide full care for them without communication barriers. These opportunities are available in institutions that are dedicated to the inclusion of the deaf.

It is up to the nurse, as the professional responsible for planning the assistance provided to customers in health care services, to advance in the fundamentals of verbal and non-verbal communication. By reaching out for the essential instruments to achieve the objectives of their activity and aiming at tending and educating deaf patients, nursing professionals can understand these patients and provide care for their basic human needs.

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