Impact of Lacking Communication Between Deaf Patients and Nurses within the Healthcare Field

Submitted by

Karalyn Schab

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Mentor: Paul Fugate, Professor of Communications

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Abstract

When we feel sick, we rely on intelligent healthcare professionals to provide us with treatment. However, if your doctor or nurse could not understand you, then the next time you feel sick, you are less likely to go in to be treated at all. This thesis shows nurses how lacking accommodations for their patients will turn them away from wanting treatment altogether, thus encouraging them to become more sensitive when caring for Deaf patients. Research determined which accommodations Deaf patients find the most helpful and useful. Deaf patients will benefit from a changed group of nurses who provide improved accommodations that make it easier for them to communicate with patients, and have patients feel more comfortable when seeking treatment.

Background/Current Research

The most common finding in studies of Deaf patients exposes the intimidating silence of being in a hospital when you are Deaf. Pregnant mothers often have to undergo the terrifying experience of giving birth while being unable to hear what any doctors or nurses are saying to or about you (de Andrade Costa et al., 2018). Patients with dementia who may already be confused have to deal with the added stress of silence and loneliness that comes with not being understood (Carter, 2020). Also, nursing students are unfortunately not taught enough about Deaf culture, so many would not know how to best communicate with a Deaf patient. But since these students are the future of the healthcare system, they should be taught about how to properly accommodate every patient from the start of their education (Velonaki et al., 2015). Along with the already lacking communication between nurses and patients, the addition of the COVID-19 pandemic has only created more issues. The requirement of face masks is still routine in hospitals today, and while wearing masks is incredibly helpful and effective in stopping the spread of germs, Deaf patients are only placed at more of a disadvantage, as the use of ASL incorporates facial expressions into its grammar (Awosika, 2020). By covering the nose and mouth, important context clues are missing that help to understand tone and meaning. If proper accommodations were not being provided before, the added impact of COVID-19 only worsens this issue.

This thesis aims to research which accommodations are currently being used in the healthcare field, and whether or not they are effective. This thesis also examines the feelings that Deaf and Hard of Hearing patients have towards healthcare workers, and how willing they are to seek out healthcare treatment if they require it. If there are successful interventions out there, which of these practices should nurses adopt to make Deaf patients more comfortable? By

advancing research in this area, it will allow for more open and well-rounded communication between nurses and their patients (Diaz & Goyal, 2021). It's harder to make a change to the system when those involved are unaware of the issues, and those affected do not have the proper means or voice to speak up for themselves (Henning et al., 2020). Nurses must always be willing to advocate and stand up for our patients, and by having clear, evidence-supported research surrounding the lacking accommodations for Deaf patients, we can fight for a better future (Sanches et al., 2019).

Aims and Objectives

Introduction

Many Deaf patients are scared to seek healthcare treatment when needed as a result of fear of not being able to properly communicate their situation to their providers or nurses. By not seeking treatment or by not being properly understood, it could harm the patient's health and potentially worsen their condition (Dickson et al., 2021). By researching the opinions and experiences of Deaf and Hard of Hearing patients, I can identify which accommodations are the most helpful for Deaf patients, so nurses and healthcare facilities have a better understanding of proper care. If these issues can be addressed and fixed, then more Deaf and Hard of Hearing patients can receive healthcare treatment with proper accommodations. I structured my aims and objectives to cover the main ideas of what I hoped to uncover through this thesis, so they could help guide the structure and format of my research.

Aims

1. To determine the reasons for lacking communication between nurses and Deaf patients.

2. To understand the feelings of Deaf patients when they aren't being accommodated by nurses while communicating.

3. To determine which accommodations are most favorable for nurses to include in their care plans for Deaf patients.

Objectives

1. If the reasons for lack of communication are defined and exposed, it will allow for nurses to better personalize their plans of care for Deaf patients by providing better accommodations.

2. By empathizing with the feelings of Deaf patients in relation to their healthcare visits, it will make nurses more mindful and conscious of how they are treating patients who need accommodations.

3. If nurses are aware of the proper accommodations they should be taking for Deaf patients, they can ensure that these options are available in their facilities, and they will be able to implement these accommodations and develop better care plans to provide more individualized care.

Research/Methodology

To best research the communication methods between Deaf Patients and nurses within healthcare, I developed a survey asking Deaf and Hard of Hearing patients to rate their experiences and give their opinions. No two experiences are the same, so it is important to talk to a wide variety of patients, ranging in ages, genders, races, and diagnoses, because this helps make us aware of any potential confounding factors that are also impacting patient care. In order

to develop an approved survey that I could use for research, I had to go through Institutional Review Board (IRB) approval, which I was granted, signifying that I could begin my research.

The survey I developed consists of 18 questions, with the first question providing the information sheet to consent for participation in the survey, by introducing the study and listing its purpose, risks, benefits, and qualifications, then asks the participant to check that they agree to participate. Questions 2-5 ask the participant to verify that they meet the qualifications of the survey, which include being 18 or older, currently living in the state of Michigan, that they have been treated at a healthcare facility, and that they are Deaf or Hard of Hearing. Questions 6 and 7 ask about gender identity and ethnicity, to help me better understand the background of those who chose to participate. From then on, questions 8-18 then ask a variety of questions about how often the participant choose to seek healthcare treatment, how comfortable they are seeking treatment, whether or not they were given accommodations for their hearing status, and if so, what were they and were they helpful, and about the quality of the nursing care given to them. Question 18 asks if there are any specific accommodations that they would have preferred to receive or think would have been more helpful, and I wanted to ask these questions to better understand which accommodation are the most desired or favorable in the Deaf community.

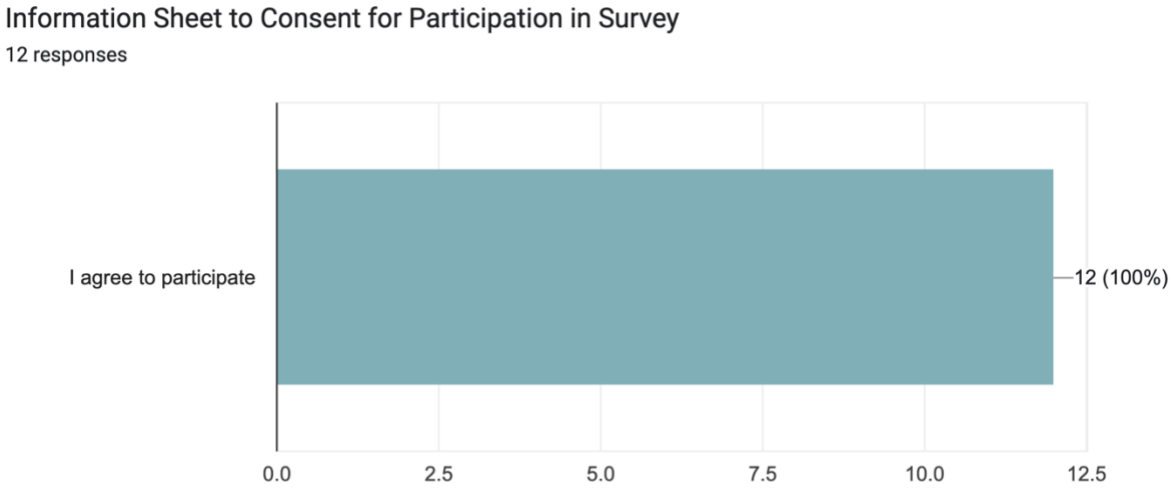
Each question in the survey has the option to "prefer not to answer" or "other" so the participant has the option to decline answering a question if they wish to do so, and they are not required to give an answer. Other questions use a likert scale to pick a ranking from 1-5 to choose the rating that best fits their experience, for example, question 12 asks to "Rate the willingness of nurses to accommodate your hearing status," and then gives a scale of answers from 1 being "very unwilling" to 5 being "very willing". A few questions were also open-ended questions that allowed participants to share their personal experiences or opinions. The survey

responses are anonymous, and no information from any participants is being stored or kept for any reason.

Results/Findings

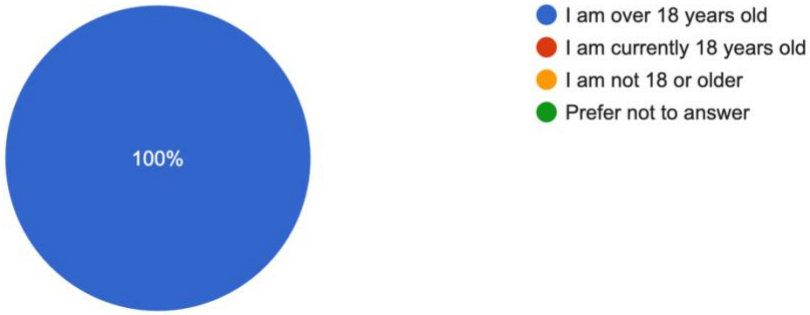
After receiving 12 responses to my survey, I was able to compile the responses to examine the results. Each person who consented to participate in the survey confirmed that they met the qualifications to be a part of this research, which include that they are currently 18 years old or older, that they reside in the State of Michigan, that they have been treated at a healthcare facility while being Deaf or Hard of Hearing, and that they are part of the Deaf or Hard of Hearing community. The questions to confirm eligibility for this survey took up questions 1-5. Questions 6-18 asked participants about their backgrounds, and their experiences while being treated in a healthcare setting. These are the results to all of the survey questions:

1. Information Sheet to Consent for Participation in Survey:



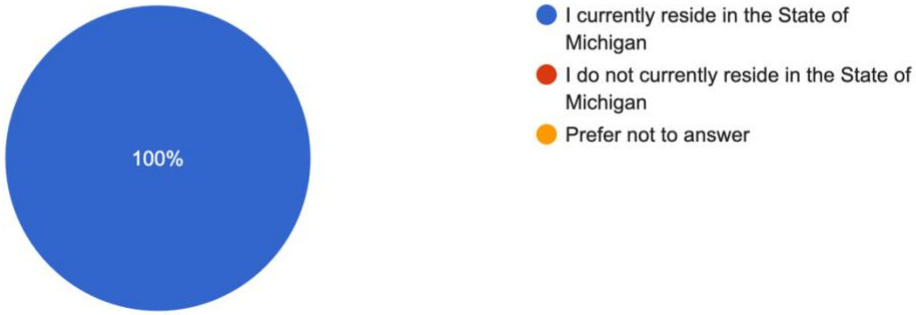
2. Please confirm that you currently are or over the age of 18:

Please confirm that you currently are or over the age of 18.
12 responses

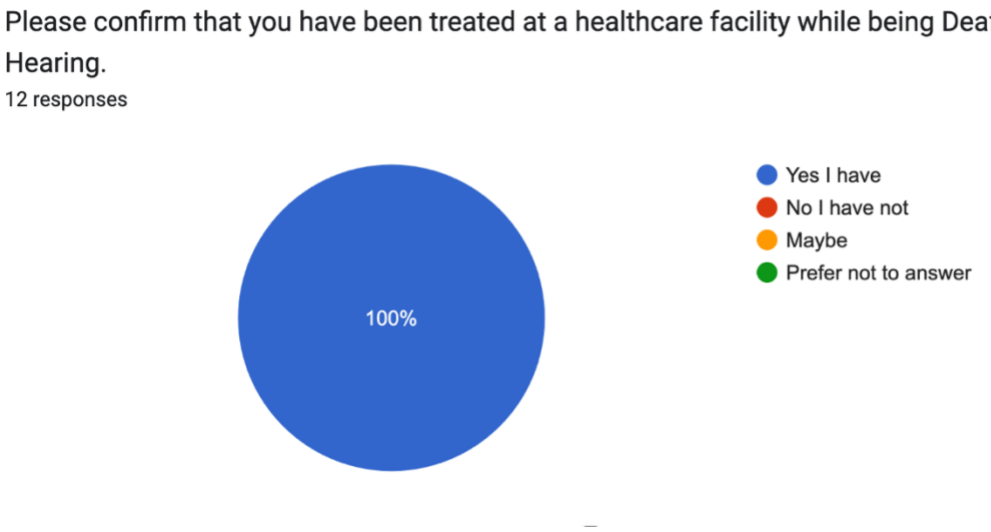


3. Please confirm that you reside in the State of Michigan:

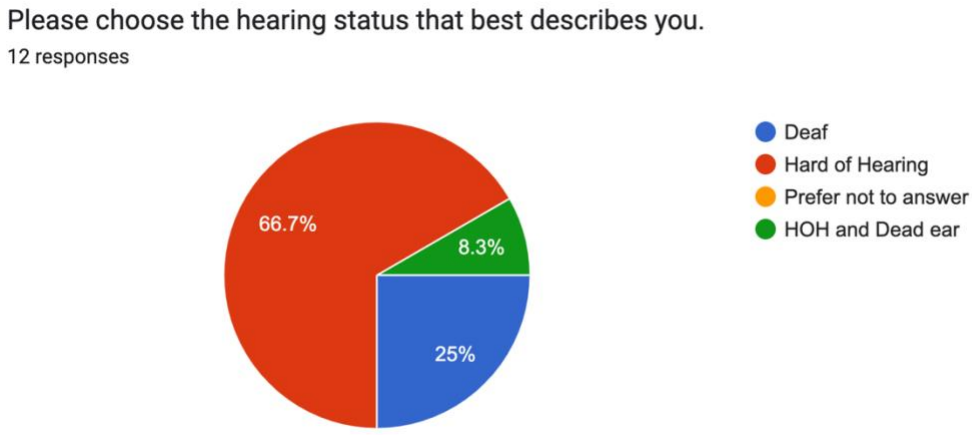
Please confirm that you reside in the State of Michigan
12 responses



4. Please confirm that you have been treated at a healthcare facility while being Deaf or Hard of Hearing:

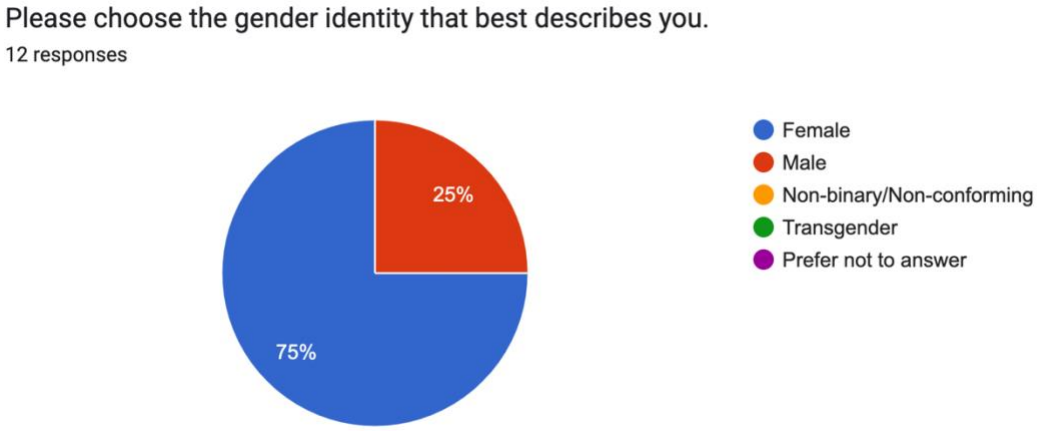


5. Please choose the hearing status that best describes you:



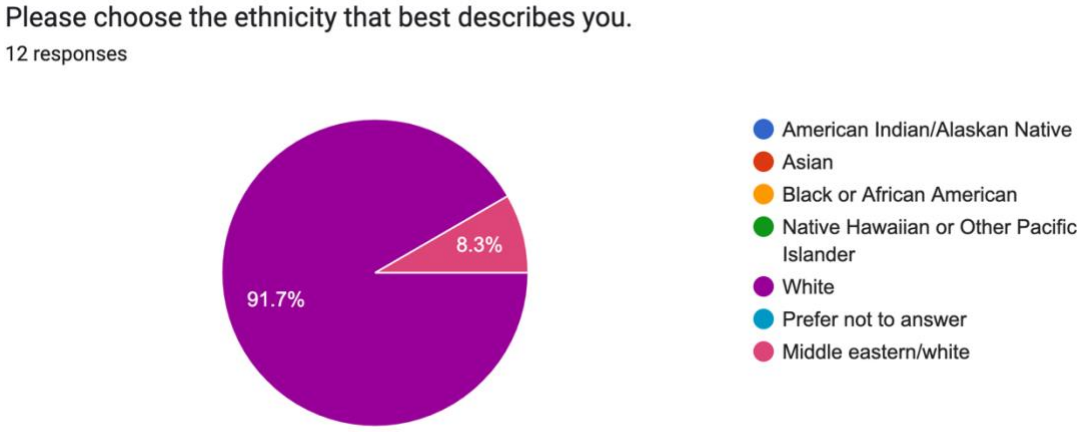
The purpose of this question was to collect information on the backgrounds of those who chose to participate in my survey, the majority of participants identified as Hard of Hearing.

6. Please choose the gender identity that best describes you:



The purpose of this question was to collect information on the backgrounds of those who chose to participate in my survey, the majority of participants were female.

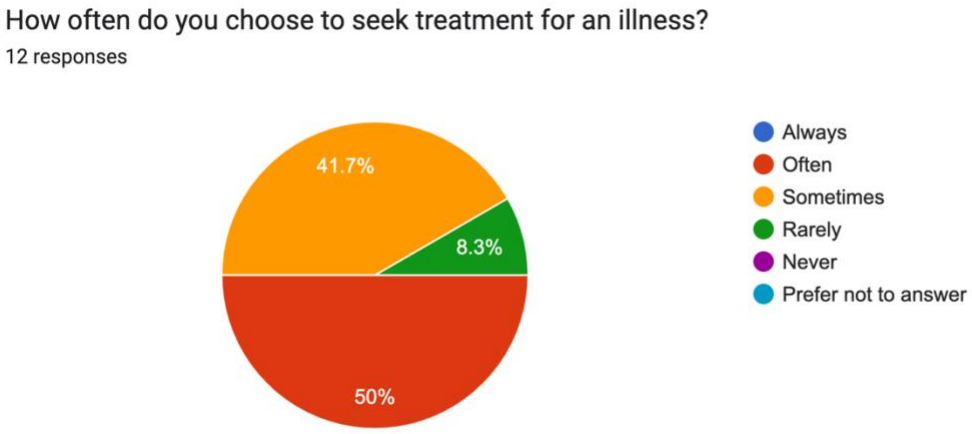
7. Please choose the ethnicity that best describes you:



The purpose of this question was to collect information on the backgrounds of those who

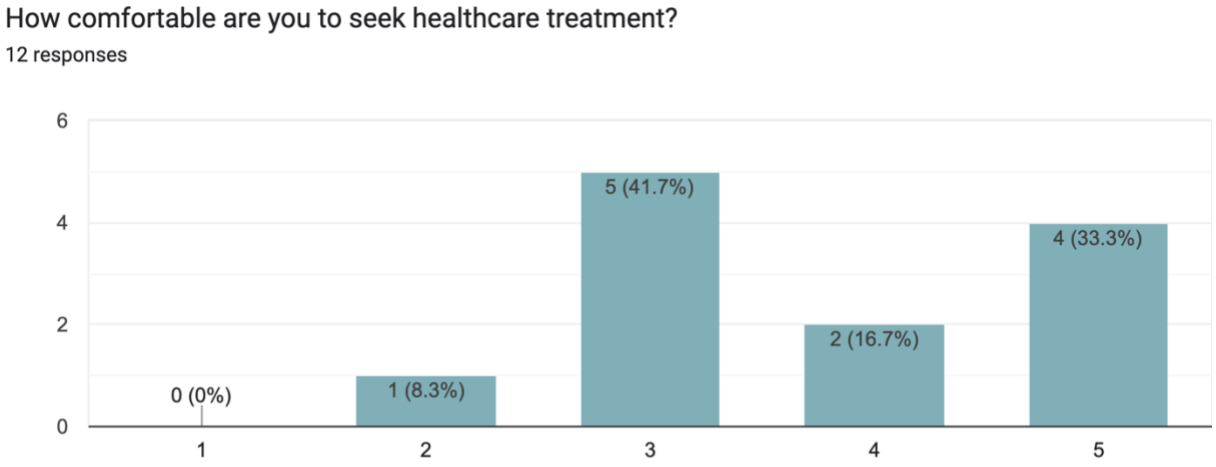
chose to participate in my survey, the majority of participants were white.

8. How often do you choose to seek treatment for an illness?:



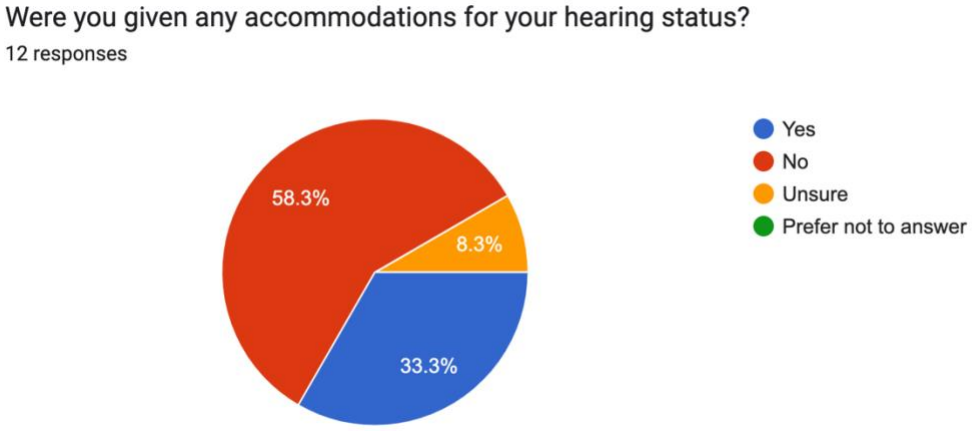
The purpose of this question was to understand the degree to which participants choose to seek healthcare treatment when they require it, the most common answer was “often”, and no participants chose that they “never” seek treatment.

9. How comfortable are you to seek healthcare treatment?:



The purpose of this question was to understand how comfortable participants feel to seek healthcare treatment when they require it, and the majority of participants (91.7%) were at least fairly comfortable with a rating of 3 or higher.

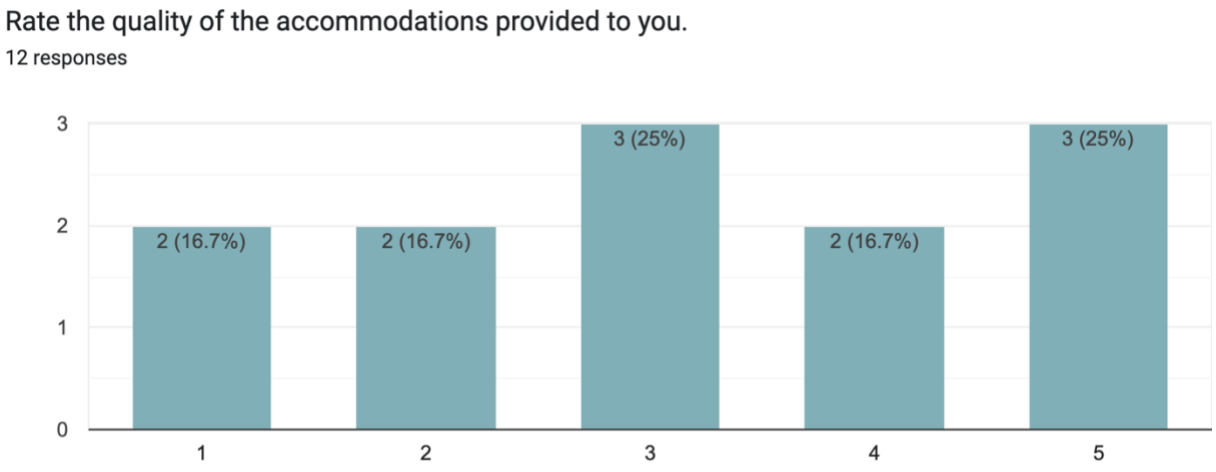
10. Were you given any accommodations for your hearing status?:



The purpose of this question was to determine whether participants were offered or given

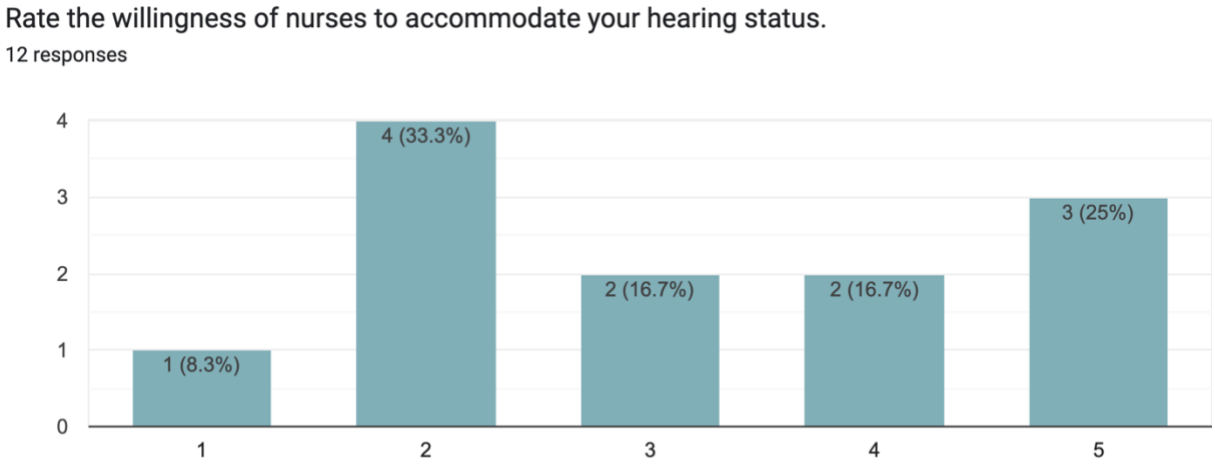
any accommodations for their hearing status, the majority of participants were not given any accommodations, and those ones who did receive accommodations were not provided with proper ones.

11. Rate the quality of the accommodations provided to you:



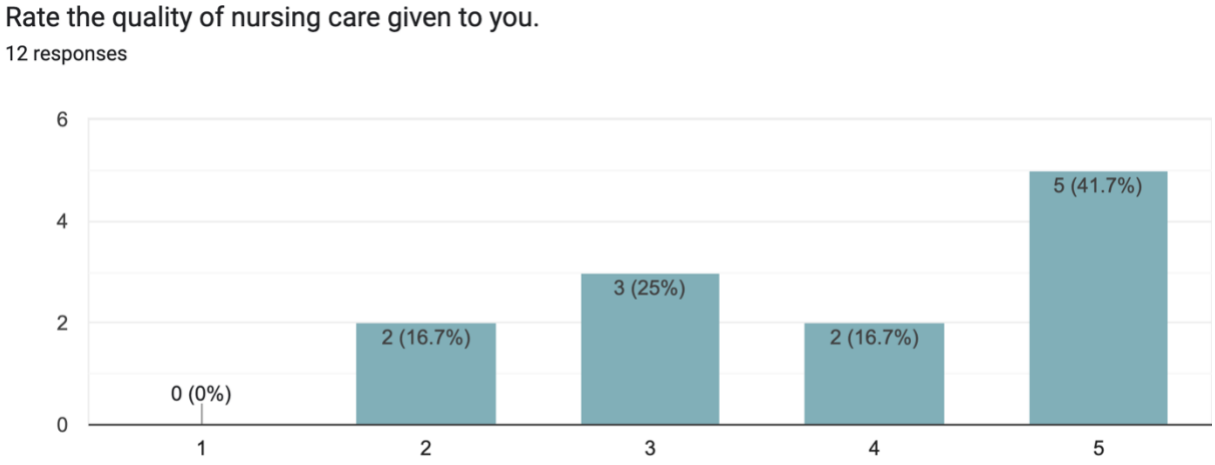
The purpose of this question is to rate the quality of the accommodations that participants were provided with at a healthcare facility, if they were provided with any. There was a wide range of responses, whether or not the accommodations provided were proper, many participants did not mind them and appreciated being given any type of accommodation at all.

12. Rate the willingness of nurses to accommodate your hearing status?



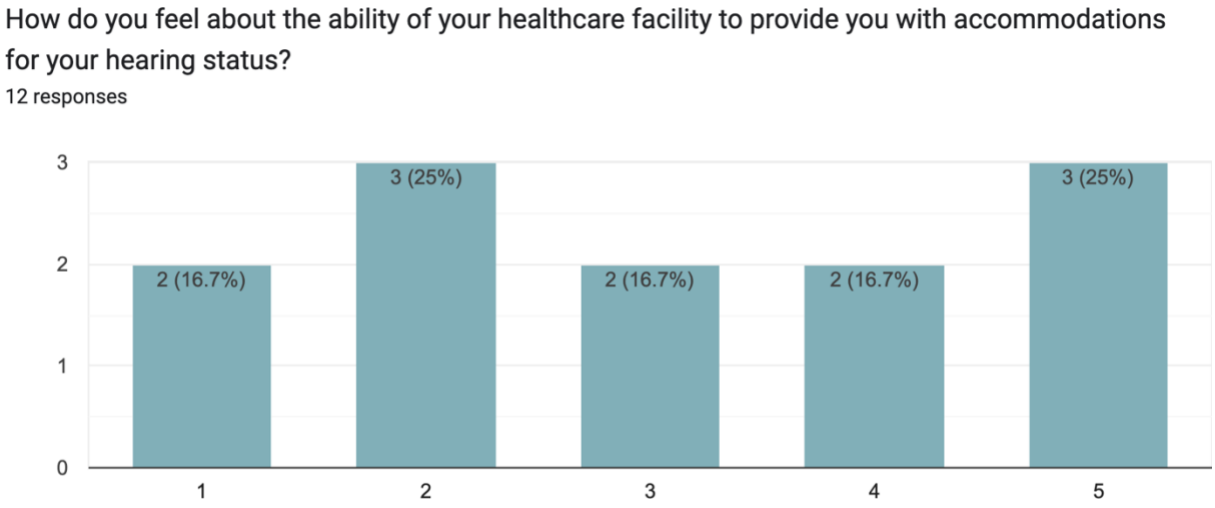
The purpose of this question is to rate the willingness of the nurses working at the healthcare facility to provide the patient with accommodations for their hearing status, the choice with the most responses was a “2” which means that the nurses were not very willing to be accommodating and assist with communication.

13. Rate the quality of nursing care given to you:



The purpose of this question is to rate the quality of care and treatment that the nurses at the healthcare facility provided to the patient, the choice with the most responses was a "5" which means that the nursing care from nurses was of high quality regardless of the accommodation that were provided.

14. How do you feel about the ability of the healthcare facility to provide you with accommodations for your hearing status?:



The purpose of this question was to understand the willingness of the healthcare facility to provide the participant with accommodations for their hearing status, the choice with the most responses was tied between "2" and "5" which shows the range of experiences, some of the participants felt that their healthcare facility was qualified to provide them with accommodations, while others felt that their facilities were not qualified.

15. Describe how the care from nurses made you feel during your visit:

This was an open-ended question that allowed participants to answer freely because I wanted to hear their personal opinions and feelings while interacting with nurses. These were the responses I received:

They would rush through their care, were clearly mystified in how to approach me yet would not follow my suggestions on best DHH practices for communication.

Either been ignored or spoken to loudly

Nurses were very good at arranging a phone call back time/date to answer questions when asked and communicating via email. InPerson they waited for me to take notes and repeat back instructions as needed.

I don't feel like I was treated differently than someone who is not hard of hearing, when I asked my nurse if I could wear my hearing aides during my c-section she was unsure and had to ask the anesthesiologist

They treated me with respect.

Comfortable

I am hard of hearing 100% deaf in my ear. They did nothing special to help or offer than any other office

They were so sweet. I have a mask that's black with orange embroidery, having an arrow pointing to my left ear and DEAF. On the other side, also embroidered in Orange, is Hears a Little. Every nurse paid attention to my mask. If I couldn't hear, they made sure to lower their masks so I could lip read. It was nice.

Asked if I could lip reading. This is so annoying. Lip reading is NOt an accommodation.

Unimportant

I felt like I wasn't considered important enough to be treated respectfully.

They say they know signs, then make mistakes, embarrassing me, when I tell them what they said, I then say, no more

16. What specific accommodations were provided to you to aid communication with the nursing staff:

This was an open-ended question that allowed participants to answer freely because I wanted to hear which types of accommodations are available/being given to Deaf and Hard of Hearing patients. These were the responses I received:

None

None, I have to repeatedly ask that they face me when speaking so I can lipread. Current mask usage have made this extremely challenging as well.

Written communication

Noted in my chart. Nurses took time to let me write down questions and repeat back instructions. Also very responsive when asked to give date:time to call back so I can link phone to hearings aides or leave a message on voicemail for me to transcribe on my phone.

They spoke louder and wrote down sentences.

Electronic devices

Their accommodation was pulling down their mask for me to lip read. They also put extra paper in their clipboard in case I could understand or if they didn't understand me.

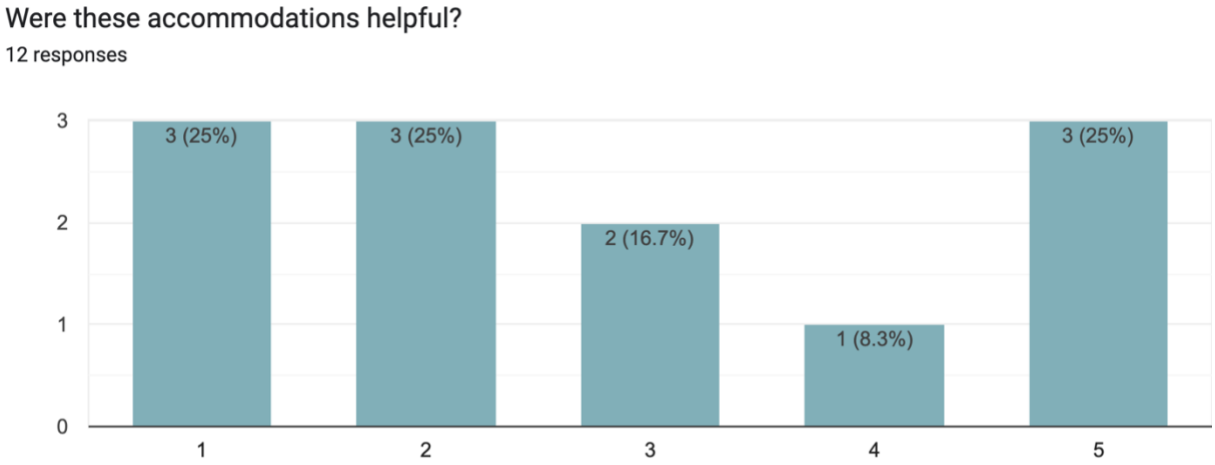
VRI

No

Pencil and paper.

one on one is fine, but, expect misunderstandings. I've used indemand video relay interpreters, they don't interpret what is said per se, so, best is writing, but no one is patient

17. Were these accommodations helpful?:



The purpose of this question was to understand if the accommodations that were given to participants for their hearing status were actually helpful in allowing them to hear or communicate better with the healthcare faculty/nurses.

18. Are there any other specific accommodations that you would have preferred to receive/think would have been more helpful?:

This was an open-ended question that allowed participants to answer freely because I wanted to hear their personal opinions not about what accommodations they were given, but instead which accommodations they would prefer to receive. This was the only optional question on the survey so there was no pressure to provide a suggestion. These were the seven responses I received:

Nurses should utilize clear masks and display computer-generated captioning on their own tablets when speaking with DHH patients to prevent patient lipreading/listening fatigue as well as preventing miscommunications regarding important medical information.
Not sure
I think nurses or doctors should ask what they can do after reading that on my chart/being told.
No, lip reading and adding extra paper was enough for me.
Interpreter
Sign language users
they're deaf medical providers, see deafmed on Facebook, wouldn't that be awesome

While looking at these responses, it seems that the common consensus between participants is that there is an overall lack of helpful accommodations for Deaf and Hard of Hearing patients in healthcare. Patients are often expected to read lips, and this is a common misconception which assumes every Deaf person can read lips, and this is untrue. While a select few are able to, but this should not be expected of them to be used as a method of communication in healthcare facilities. The most common accommodation that was provided was the use of pencil and paper or typing on a tablet, and while this may seem helpful, this could be difficult for patients that have trouble reading or writing, and it should not be used as a primary form of communication. Other accommodations included lip-reading, speaking louder, or nothing at all. It is troubling that none of the participants listed the use of an interpreter as a service they were offered, as this should be the standard of care.

There were mixed responses when it came to the treatment from nurses, many were treated with respect like any other patient, but others were ignored and talked down upon. A nurse has a responsibility to make a patient feel comfortable and welcome during their treatment,

and this starts with communication, if your patient has difficulty communicating with you then you must find a way to solve this issue, typically through a program implemented through the healthcare facility. Unfortunately, if your healthcare facility does not have a proper program in place, then you may have to get creative, which is where many of the "pencil and paper" answers most likely came from. This issue of lacking accommodations could be solved with adequate funding and implementation of systems that work for the Deaf and Hard of Hearing community.

When asked about what types of accommodations they would like to see implemented, the most common answer was simply, an interpreter or proper captioning systems. This seems to be too easy of an answer to this problem, as if there were ASL interpreters available in every healthcare facility, then Deaf and Hard of Hearing patients would not have to worry about what to expect when going in for treatment. Most healthcare facilities have interpreters on-call for many languages, so why not have them for ASL? The impact of these lacking accommodations has a negative effect on the outlook of healthcare for Deaf and Hard of Hearing patients, and there is a dire need to reform our system to provide a better experience for these patients.

Challenges

While there were some technical challenges while trying to develop my survey, I found that the most difficult part of this research overall is finding enough participants. I posted my survey to many Deaf and Hard of Hearing Facebook pages in hopes of finding participants who would not only take my survey, but then share it with others within the community. I was discouraged after posting for the first time, as I did not gather nearly enough participants that I was expecting to, and I was not sure if there was something that I had done wrong or was missing in order to attract more participants. I also reached out to Marcy Colton with the organization known as Deaf Can, that advocates for the Deaf community, but also received no

response. After posting again on the "Michigan Coalition for Deaf and Hard of Hearing People" Facebook page, I was reached out to by David Stuckless, who is the chair of interpreters in healthcare at the Registry of Interpreters for the Deaf, as well as an interpreter who has been working in Michigan for over 29 years, and he offered to talk to me about my research. He pointed out to me that while my survey was well-written and appropriate, many Deaf patients are not fluent in English, so my post may have appeared intimidating to them, or they would have struggled to read through the survey and answer the questions. He suggested that I translate my survey into ASL so that it may be more accessible to the Deaf community, and I may receive more responses. Unfortunately, due to the limited amount of time left to complete my thesis after meeting with him, I was not able to accomplish this. However, if I were to have continued surveying participants with an improved, translated survey, then I believe that I would receive an increased number of responses.

Discussion

The purpose of this thesis was to not only uncover and expose the harm that is done to Deaf patients when lacking proper communication methods with healthcare professionals, but also determine which accommodations will have the most positive impact. Realizing that Deaf patients are scared to be misdiagnosed, not be able to accurately explain their situation, or even come in for treatment at all, should motivate hospitals and outpatient facilities to work to provide better accommodations for Deaf patients. Being an able-bodied and hearing person myself, I have had the privilege to not experience the frustration and stress about not being able to communicate with my nurse or healthcare staff. However, it frustrates me that our society has not advanced enough to the point where anyone who needs additional accommodations are provided with them. As additional research continues, the implementation of new

accommodations and devices will provide the best evidence-based options for Deaf and Hard of Hearing patients that will make healthcare more accessible and welcoming. By giving a voice and platform to Deaf patients through my research, it could in turn prompt advocates for other impaired patients to fight for them, and eventually all patients with any sickness or condition would be able to seek treatment without the worry of improper communication. As this thesis relates to my current major and minor, it serves as a way for me to not only further my knowledge and understanding of the field, but to also strengthen my own future abilities as a nurse, and to work to provide the best care possible to all of my patients. I will also be able to advocate for my patients wherever I end up working, and spread my knowledge to every institution, coworker, and patient that I encounter.

Future Directions

While I feel that my research is beneficial to the Deaf and Hard of Hearing communities, there is more research and action needed to make further advancements in this field. One area for future research could include expanding accessibility and accommodations to places other than just healthcare facilities. Members of this community have the right to feel comfortable and heard in any public place that they enter, and this could include stores, pharmacies, restaurants, along with healthcare facilities. While my research focused on healthcare facilities, expanding access to proper accommodations in every business and location is an important step in the right direction. Another area that future research could focus on would be on the expansion of virtual interpreters in healthcare facilities. There is a program known as Video Relay Service, in which Deaf or Hard of Hearing people can use their devices to connect with an interpreter when they need help communicating (*Video Relay Services,* 2022). If this concept was brought into healthcare facilities, it would make it much easier for Deaf and Hard of Hearing patients to

access an interpreter when needed, and hospitals would not have to call in an interpreter. There are many opportunities to advance research in the area of accessibility and accommodations for the Deaf and Hard of Hearing community.

Conclusion

Through my work on this thesis, I have investigated and researched the feelings that Deaf and Hard of Hearing patients have towards healthcare facilities and seeking treatment, the reasoning for lacking accommodations in these healthcare facilities that prevent patients from being able to effectively communicate with their nurses, and determined which types of accommodations are the most favorable for Deaf and Hard or Hearing patients and allow the best form of communication. I wanted my research to shed light on the still lacking advances in the realm of healthcare, as many patients are unable to seek healthcare without proper accommodations, and thus either do not understand the care they are being given, receive improper treatment, or decline going in to receive care at all. Every person deserves equal care, respect, and dignity when receiving healthcare, it should not be something that we have to be afraid of or intimidated by. There is still more work to be done within the healthcare field, and I plan to use my knowledge and experience to continue to be an advocate for all patients and hope to leave a lasting positive and progressive impact on the world of healthcare and nursing.

Biographical Note

I am graduating in December of 2022 with my Bachelor of Science in Nursing, along with a minor in both psychology and Deaf studies. I have always had a passion for the healthcare field, and I can pursue this passion through a career in nursing. I plan to work either in pediatrics, the neonatal intensive care unit (NICU), psychiatric nursing, or possibly in the operating room. Any of these positions would help me build up my experience and skills, and

eventually I would like to work as a school nurse or public health nurse and become an advocate for not only Deaf and Hard of Hearing patients, but also an advocate for all patients facing disparities and inequalities within the world of healthcare. There is a lack of healthcare workers who are properly trained on how to communicate with and work with Deaf patients, and patient care and therapeutic communication suffers as a result. The knowledge and information that I have gathered through this thesis and research will allow me to bridge the gap between patients and their misunderstandings and fears of seeking medical treatment and has provided me with a better understanding the lack of advancements in healthcare that are preventing.

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