Nurses and healthcare access for hearing impairment people: integrative review

Enfermeiro e o acesso à saúde da pessoa com deficiência auditiva: revisão integrativa

Enfermeros y acceso a la atención sanitaria para personas con discapacidad auditiva: revisión integradora

RESUMO

Objetivo: Analisar na literatura científica as dificuldades das pessoas surdas ao acesso à saúde na atenção primária e o papel do enfermeiro na minimização dessas dificuldades. Método: Trata-se de uma revisão integrativa da literatura, realizada no período de março a maio de 2023, com busca de estudos nas bases de dados Biblioteca Virtual em Saúde, Pubmed, Oasisbr, Scopus e Rede Sirius, cujo corpus da análise foi de 5 artigos. Resultados: A pesquisa teve como pontos relevantes as barreiras de acesso comunicacional e as consequências para a saúde da pessoa surda; e os facilitadores de acesso e do cuidado de qualidade. Conclusão: Constatou-se a importância da capacitação profissional do enfermeiro através da Língua Brasileira de Sinais, bem como a adoção de estratégias alternativas, para a minimizar a barreira de comunicação com o surdo e buscar a garantia do acesso à saúde deste na Atenção Primária.

DESCRITORES: Pessoas com deficiência auditiva; Acesso aos serviços de saúde; Atenção primária à saúde; Enfermeiros.

ABSTRACT

Objective: To analyze in the scientific literature the difficulties faced by deaf people in accessing healthcare in primary care and the role of nurses in minimizing these difficulties. Method: This is an integrative literature review, carried out from March to May 2023, with a search for studies in the Virtual Health Library, Pubmed, Oasisbr, Scopus and Rede Sirius databases, whose corpus of analysis was 5 articles. Results: The research's relevant points were barriers to communication access and the consequences for the health of deaf people; and facilitators of access and quality care. Conclusion: The importance of professional training of nurses through Brazilian Sign Language was noted, as well as the adoption of alternative strategies, to minimize the communication barrier with deaf people and seek to guarantee their access to health in Primary Care.

DESCRIPTORS: People with hearing impairment; Access to health services; Primary health care; Nurses.

RESUMEN

Objetivo: Analizar la literatura científica sobre las dificultades de las personas sordas en el acceso a la asistencia sanitaria en Atención Primaria y el papel de las enfermeras en la minimización de estas dificultades. Método: Se trata de una revisión bibliográfica integradora, realizada entre marzo y mayo de 2023, con búsqueda de estudios en las bases de datos Biblioteca Virtual de Salud, Pubmed, Oasisbr, Scopus y Red Sirius, cuyo corpus de análisis fue de 5 artículos. Resultados: Los puntos relevantes de la investigación fueron las barreras de acceso a la comunicación y las consecuencias para la salud de las personas sordas; y los facilitadores del acceso y la calidad de la atención. Conclusión: Se constató la importancia de la formación profesional de los enfermeros en Lengua de Señas Brasileña, así como la adopción de estrategias alternativas para minimizar la barrera de comunicación con las personas sordas y garantizar su acceso a la atención de salud en la atención primaria.

DESCRIPTORES: Personas con pérdida auditiva; Acceso a los servicios de salud; Atención primaria de salud; Enfermeros.

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INTRODUCTION

Since the history of humanity, people with disabilities have been seen as inferior, including deaf people in comparison to hearing people, people without hearing impairments. In ancient Greece, for example, Aristotle, a philosopher at the time, associated hearing as the basis for schooling. Therefore, non-oralized deaf people, who neither heard nor spoke, were considered incapable of learning and, thus, excluded from learning. [1]

Health is a universal right and the State has the duty to ensure it. [2] In Brazil, this maxim came into effect in 1988, with the promulgation of the Federal Constitution, which also pays special attention to people with disabilities, highlighting throughout its text the need and duty to protect the dignity and ensure the realization of the rights of this population.

For legal purposes, a person is considered to have hearing impairment when there is bilateral, partial or total loss of forty-one decibels (dB) or more, measured by audiogram at frequencies of 500Hz, 1,000Hz, 2,000Hz and 3,000Hz. [3]

In addition to classification, hearing impairment is diverse and plural in terms of the type and degree of hearing loss and, above all, the way in which these people identify and communicate. In this context, the deaf identity, which is also heterogeneous, is based on a respectful social conception that people with hearing impairment share biological specificities and have their own culture and form of communication, integrating a community and linguistic minority. This group can use sign language, which is considered their mother tongue, through the visual medium, which in Brazil is called Brazilian Sign Language – LIBRAS (*Língua Brasileira de Sinais*). 1 However, the sociocultural conception coexists with a biomedical conception, still hegemonic, which treats hearing loss as an abnormality that must be corrected in people.

To guarantee the right to health, the Unified Health System (SUS) is based on the principles of comprehensiveness, universality and equity. The principle of comprehensiveness corresponds to assistance at all levels of complexity in health care: primary, secondary and tertiary care, with both preventive and curative assistance, as continuous actions in the life of the individual and the community. [2] An efficient and effective articulation between these levels would favor comprehensiveness. [4]

Primary health care (PHC), in turn, is considered the user's gateway to accessing SUS health, being the first service offered, and is responsible for coordinating the care provided by the multidisciplinary team for the individual and the collective, with the objective of preventing diseases and promoting health and rehabilitation, considering the needs and demands of users, in addition to health determinants and conditions. [5]

The principle of universality refers to health care without prejudice and privileges for a part of the population, thereby guaranteeing equal access for all SUS users. 2 In the specific case of people with hearing impairment or deaf people, communication limitations should not justify barriers to guaranteeing the right to health in PHC. [6]

The principle of equity, among other things, is related to the way of providing health care according to the individual needs of the SUS user, in order to reduce social inequalities and guarantee rights. [2]

Shifting our gaze to people with hearing impairment, one of the ways to guarantee these principles is to ensure adequate and effective communication in the production of care. Language is the main tool of communication, and can be transmitted verbally or nonverbally, with understanding between the person sending and receiving the message being paramount. [7] In Brazil, LIBRAS is considered the main means of communication and official language of the deaf community, a right recognized through Law 10. 436 of 2002, which highlights that it is through visual experiences that these people live and understand the world. [8] Failure to recognize and use this language can compromise and even deny the right to health.

The nurse, as one of the main health professionals in providing care to users in primary care, is responsible for caring for everyone's health, through effective communication. However, communi-

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cation generally occurs verbally orally, through speech, which does not suit all people, which is the main difficulty in accessing healthcare for deaf people who communicate through Sign Language. [9] In this sense, the training of health professionals is capable of establishing effective communication, aimed at qualifying care and implementing the basic principles of the SUS to serve this specific population in a more comprehensive way. [6]

The relevance of this study is based on the reflection on the theme, based on the production of research focused on the topic "Deafness and the right to health", which is little known by academics, nor by nurses already in care. Associated with this is the nurse's reflection on the communication tools used when providing care to deaf patients, promoting equity in access to healthcare.

Understanding that the communication barrier may not be the only difficulty in accessing healthcare for deaf people in primary care, the question of the study at hand is: What difficulties are highlighted in the scientific literature regarding access to healthcare for deaf people in primary care?

Highlighting the role of primary care and nurses in the health of the population, this work aims to: analyze the difficulties faced by deaf people in accessing healthcare in primary care, highlighted in the scientific literature, as well as the role of nurses in minimizing these difficulties.

METHOD

This is an integrative literature review study, constructed from six stages: elaboration of the guiding question, literature search, data collection, analysis of included studies, discussion of results and presentation of the integrative review. [10]

To elaborate the question that guided the study in the first stage, we chose to use the PICo strategy, which aims to construct research questions in different styles, according to the researcher's interest. [11] The acromions were defined, "P" (population chosen for the study): deaf adults; o "I" (intervention of interest): access to health; and "Co" (context): everyday difficulties in primary care. Therefore, the following research question arose: What are the difficulties highlighted in the scientific literature regarding access to healthcare for deaf adults in primary care?

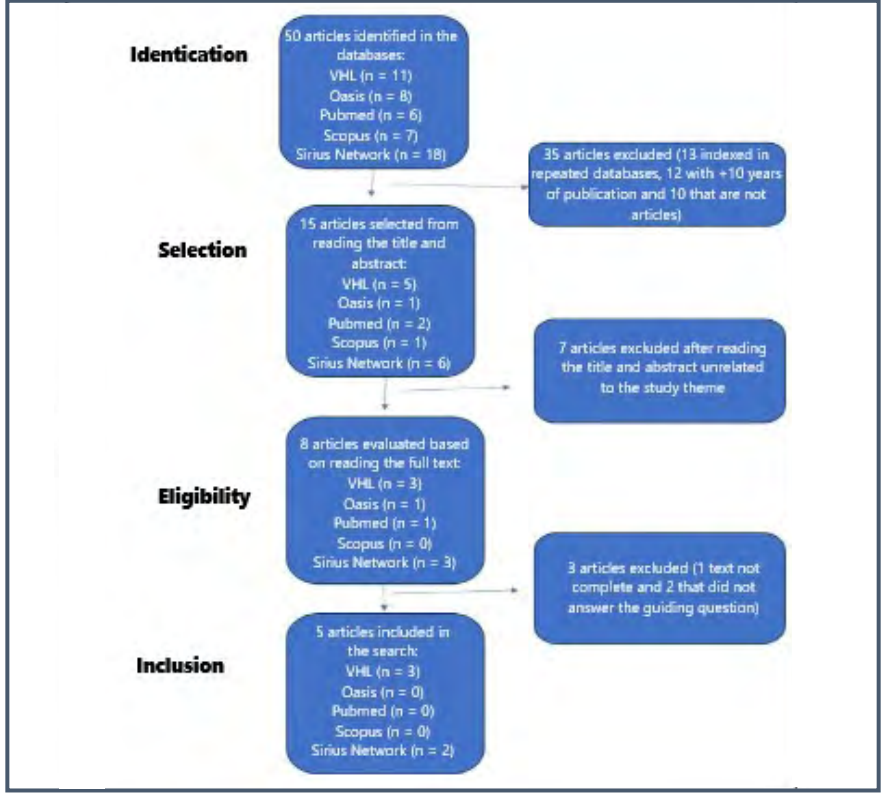
The second stage refers to the search for studies, carried out in the following databases: Nursing Database of the Virtual Health Library (BDENF-VHL), Pubmed, Scopus, on the Oasisbr Portal and on the Sirius Network, from March to May 2023. By consulting the Health Science Descriptors (DECs) and the help of Boolean operators, crosses were made between "people with hearing impairment" AND "access to health services" AND "primary health care". Considering that the majority of works produced in the health area use "people with hearing impairment" as a descriptor, this work used it instead of "deafness", as a justification for finding a greater number of articles for the integrative review.

The article selection criteria were established, including complete and free articles from the last 10 years, in Portuguese, English and Spanish, and which answered the study question. Texts repeated in databases, abstracts in annals, conferences, dissertations, theses and review studies were excluded.

For the third stage, called data collection, the flowchart – Prisma (Main Items for Reporting Systematic Reviews and Meta-Analyses) was used, a checklist consisting of 27 items, divided into a flow of four steps, successively: identification , selection, eligibility and inclusion 12, presented in figure 1.

The fourth stage aimed to critically analyze the studies, understanding the characteristics of each one. As an Evidence-Based Practice (EBP), the studies were evaluated and classified from level one to six, according to the type of methodological approach. [10] Other data were also

Figure 1- Data Collection Instrument - Prisma Flowchart



Source: author, 2023.

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analyzed, quantitatively, such as objectives, methodology, results and access difficulties. They were then evaluated qualitatively through content analysis, with a systematization proposed by Oliveira. [13]

Content analysis is a technique for deepening the content of a message, carried out through systematic and objective standards to identify meanings and possible inferences.[13] It consists of 10 steps: corpus construction, floating reading, definition of Record Units, highlighting of Record Units, definition of Meaning Units, quantification of Meaning Units, construction of categories, naming of categories, quantification of categories and, description and discussion of categories.

The fifth and final stage corresponds to the discussion of the results obtained from the analysis, in order to compare them with findings from other researchers and authors who deal with the topic, thus identifying new knowledge and delimiting it for future studies. [10]

RESULTS

From the quantitative analysis of the selected articles, presented in table 1, it is clear that the majority are in Portuguese, in the Scielo database via VHL, between the years 2013-2021. Thus, it can be observed that production in other languages and in current years has still been little.

Regarding the objectives of the articles, there are similarities between them, as they analyze the difficulties imposed by communication barriers, where the majority deal with the perception of deaf people regarding access to healthcare and others address the difficulty faced by professionals in providing care to deaf people.

According to the methodology and, consequently, the level of evidence, it is noted that the majority are descriptive and qualitative methodology studies, therefore, they are classified as 4, low level of evidence.

Finally, the results in relation to difficulties in accessing healthcare refer to communication barriers between deaf users and healthcare professionals during care.

Chart 1 – Quantitative Analysis of Articles

N°	AUTHOR /TITLE	YEAR/ DATABAS	OBJECTIVES	METHOD	LVL. OF EVIDENCE	RESULTS	DIFFICULTY ACCESSING HEALTHCARE FOR DEAF PEOPLE
1	CONDESSA, A, M. et al. Barriers and facilitators to communication in the care of people with sensory disabilities in primary care: a multilevel study. (Barreiras e facilitadores à comunicação no atendimento de pessoas com deficiência sensorial na atenção primária: estudo multinível.)	2020/ Scielo via VHL	To analyze the prevalence and factors associated with the presence of communication facilitators in basic health units in Brazil	1- Multilevel cross-sectional study 2- Data from 38,811 health units in 5,543 municipalities, between 2012 and 2013, 3- Group of communication facilitators (embossed material/ Braille; auditory resources; visual communication; accessible list of service actions; professional to welcome users with sensory disabilities). 4- Level I (contextual) and level II (service) exposure variables. Multilevel Poisson regression with two-stage hierarchical modeling was used	1	The presence of facilitators is small in health units (32.1%), being more frequent in units located in municipalities with higher GDP (prevalence ratio - PR = 1.02, 95% confidence interval - 95%CI 0.92 - 1.12) and population size (RP = 1.25, 95%CI 1.02 - 1.52)	Barriers to communication are the main obstacles to access for people with sensory (visual and hearing) disabilities to health services

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2	SANTOS, A, S; PORTES, A, J, F. Perceptions of deaf subjects about communication in Primary Health Care. (Percepções de sujeitos surdos sobre a comunicação na Atenção Básica à Saúde.)	2019/ Scielo via VHL	To analyze the perceptions of individuals with deafness in relation to the communication process with health professionals in Primary Care in the State of Rio de Janeiro	1- Cross-sectional observational study. 2- Questionnaire application 3-121 deaf adults. 3- Analysis: frequency tables and analyzed by inferential statistics and logistic regression and content analysis.	4	The lack of an interpreter and the non-use of Brazilian Sign Language by professionals were perceived as main communication barriers. The presence of a hearing companion (73%) and the use of mimes/gestures (68%) are among the strategies most used by deaf people. The majority of deaf people reported insecurity after consultations and those who best understood their diagnosis and treatment were bilingual deaf people (p=0.0347) and oral speakers (p=0.0056).	The lack of an interpreter and the non-use of Brazilian Sign Language by professionals were perceived as main communication barriers. The majority of deaf people reported insecurity after consultations and those who best understood their diagnosis and treatment were bilingual deaf people (p=0.0347) and oral speakers (p=0.0056).
3	FRANÇA, E, G. et al. Difficulties faced by professionals in providing health care to people with severe deafness (Dificuldades de profissionais na atenção à saúde da pessoa com surdez severa.)	2016 /Scielo via VHL	Investigate the difficulties faced by health professionals in carrying out consultations with people with severe deafness	1-Cross-sectional study, 2- Location: primary health care network in Campina Grande - Paraíba. 3- Structured questionnaire, 4- 89 health professionals from the Family Health Strategy 5- Content Analysis in the Thematic Modality.	4	Among the difficulties, impaired communication, deficit in the training of human resources for consultation and recognition of health needs, inadequate infrastructure for welcoming and caring for the deaf, uncertainty regarding the health care prescribed in the consultation and impairment of the patient's autonomy.	Impaired communication, deficit in the training of human resources for consultation and recognition of health needs, inadequate infrastructure for welcoming and caring for deaf people, uncertainty regarding the health care prescribed in the consultation and impairment of patient autonomy.

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4	MASUKU, K, P; MOROE, N; VAN DER MERWE, D. 'The world is not only for hearing people – It's for all people': The experiences of women who are deaf or hard of hearing in accessing healthcare services in Johannesburg, South Africa.	2021/ Scielo via Rede Sirius	Gain insights into deaf women's communication experiences when accessing public health services in hospitals in Johannesburg.	1- Qualitative study 2- Semi-structured interviews 3- 10 deaf African women living in Johannesburg, South Africa and attending government health facilities. 4- Thematic analysis.	4	The data revealed the following themes: communication barriers resulting in compromised quality of care and violation of participants' right to confidentiality; non-accommodative accommodation and negative attitudes of healthcare professionals	Communication barriers resulting in compromised quality of care and violation of participants' right to confidentiality; non-accommodative accommodation and negative attitudes of healthcare professionals
5	TEDESCO, J. R; JUNGES, J. R. Challenges in the practice of welcoming deaf people in primary care.	2013/ Scielo via Rede sirus	Point out the challenges that community health professionals at GHC experience when caring for deaf users.	1- A qualitative, exploratory-descriptive study 2- interviews with GHC professionals: 3- interviews 4-thematic analysis	4	The results showed that professionals seek different tools to overcome the difficulty of communicating with deaf people, and that the professionals' attitude in general expresses discomfort and unpreparedness to meet the needs of people with deafness.	Professionals look for different tools to overcome the difficulty of communicating with deaf people, and the professionals' attitude generally shows discomfort and unpreparedness to meet the needs of people with deafness.

Source: authors, 2023

In the qualitative analysis of the articles, according to the steps presented by the author [13], 37 units of meaning and 57 units of registration were found, which, after their confluence, gave rise to two categories: 1) Access barriers and consequences for health; composed of 35 registration units, corresponding to 61.4%, being the most discussed topic among the selected articles, expressing the difficulties experienced by deaf users when accessing health services in primary care, and the consequences of these barriers for their health; 2) Facilitators of access and quality care, consisting of 22 registration units (38.6%), demonstrating the access facilitators used for health care for the deaf population, but which do not always provide quality.

DISCUSSION

Access barriers and consequences for the health of deaf people

The main barrier identified in the results of this study is the communication barrier 14,15,9 and the lack of knowledge of Brazilian Sign Language on the part of health professionals or the absence of LIBRAS interpreters in the units. [16]

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The communication barrier may be related to the lack of scientific studies aimed at customers. the non-recognition of deaf identity by health professionals. [16] Furthermore, the lack of specific content during professional training may justify the difficulties in the professional-user relationship, despite the recommendation expressed in the current National Curricular Guidelines for the Nursing Course.

In this sense, the lack of effective communication between the caregiver and the person being cared for during care generates consequences and negatively impacts the next accesses of these users to the health unit. [17]

Furthermore, deaf people have the strategy of taking a companion as a way of minimizing such barriers, placing them in the position of intermediaries. [17] However, the presence of a companion reduces the patient's autonomy in care and automatically violates the right to privacy in healthcare. [17, 15,16]

Studies indicate that, as a consequence of weakened and inefficient communication, access to healthcare for deaf people is more difficult than for a person without hearing impairment. [14,17] Furthermore, when third parties participate in care, it can compromise the privacy and autonomy of the person with hearing impairment who is receiving care. [17,15,16]

Research indicates that although the rights of deaf people are guaranteed and regulated by legal provisions [16,17], Yet the cultural identity of deaf people is not taken into account, nor are they valued as individuals, thus their rights to equality in healthcare are disrespected. [16]

There is also a lack of access for people with hearing impairment and deafness to information about their rights, which may be related to the lack of priorities of public bodies, generally commanded mostly by hearing people and based on the biomedical perspective of disability. It is of fundamental importance to recognize the diversity and plurality that exists within the scope of hearing impairment, including the deaf population that communicates through another language that is officially accepted in Federal Law, but still little implemented in reality.

Therefore, the neglect of Libras as the first language of deaf people directly impacts the restriction of rights, including health. [16]

Some authors 16 indicate that due to the communicative and linguistic barriers mentioned above, deaf people tend to attend health services less for fear of not being understood. Consequently, they end up seeking help when their health is already severely compromised, which increases their vulnerability to preventable and avoidable diseases.

Furthermore, in health, the exclusion of the deaf community begins when health professionals report the absence of content on the health and culture of a linguistic minority during their undergraduate studies, and the difficulty of dealing with the particularities of this public in professional practice. In this way, studies 16 point out that by inserting content about the deaf population during the training of health professionals, it is possible to raise awareness and promote future transformations necessary for fair service and care for people with hearing impairment and deafness, as this group is also included in their health.

Facilitators of access and quality care

The most used facilitators of access to healthcare, according to research, refer to the presence of a mediator during care for the deaf person [15,16,17,9] second, the use of written language [9,15,16], the good welcome received from other professionals and workers within the health unit, use of lists and drawings [14], lip reading [5] and the use of general gestures that are not part of LIBRAS. [9] These are considered alternative means that go beyond the official language, identified by Libras.

However, not all of the facilitators mentioned above reduce the communication barrier with deaf people, on the contrary, the mediator, lip reading, writing and gestures used by professionals end up further harming access and continuity of care for people with deafness.

With the presence of the mediator, the care generally ends up taking place between the companion and the health professional, while the person with hearing impairment becomes a supporter of their own health. Furthermore, lip reading can be interpreted in different ways when the person with hearing impairment does not master this communication resource, as can happen with the use of gestures that are not part of LIBRAS and with writing, as not all deaf people are literate in Portuguese, therefore, they result in inaccurate communication. [16]

Therefore, the paths indicated for quality care are the use of Libras by health professionals [9, 15,16] or the presence of a Libras interpreter, duly trained to work in healthcare, during care for the deaf person. [9,16] Some authors highlight the need for training and ongoing education of the health team in the basic unit. [9,14]

Although the results of these articles are in accordance with Decree 5,626/2005 regarding the right of deaf people to health services and the training of health professionals to access these services [18], the difficulty of implementing it in health units is highlighted. The paths must be drawn from several aspects, such as programmed actions between educational institutions, health professionals and the deaf community itself, and also the hearing community, in order to achieve the greater good, guaranteeing their rights in health. [17]

Since the guarantee of rights occurs through collective work, each person needs to know their implications in the process. Nursing professionals are responsible for human health care through welcoming, creating bonds, health education, among others, linked

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to this professional category essential for everyone's health. When referring to the deaf patient, care becomes paramount with the use of Libras, as from it, in addition to access to healthcare being guaranteed, the deaf user's autonomy and privacy are also important and, in this way, contribute to greater user participation regarding their health needs and demands, which allows continuity of care and fulfillment of their demands and needs.

In view of the above, part of the nurse's professional ethical commitment is to provide health care to deaf users, who use sign language, in the same way as other users, basing their actions on effective communication, autonomy and confidentiality. [19]

CONCLUSION

It is concluded that the main difficulty in accessing healthcare for deaf people in primary care is communication and lack of knowledge about this condition, as there is a lack of trained professionals to meet the demands and needs of deaf people. The nurse, as the front line in primary care, is responsible for equitable and quality care, based on the use of Libras with the deaf patient. Therefore, contributing to health promotion and disease prevention in accordance with the principles of the SUS.

The study's limitations include the precariousness of articles focused on health care for the deaf population with the role of nursing, as well as the lack of knowledge about deaf culture in undergraduate courses and in health units. Based on this, it is recommended to study the deaf population in nursing graduation and professional training in Libras for quality of care.

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