Effective communication between healthcare professionals and deaf and hard-of-hearing patients

Hoomairah Moola
Lady Michaelis Community Health Centre

Abstract
The aim of this project was to facilitate easy recognition and improve effective communication skills between health care professionals and deaf and hard-of-hearing patients.

In order to determine if there was effective communication between healthcare professionals and deaf and hard-of-hearing patients, a questionnaire was administered to 40 patients at Lady Michaelis Community Health Centre identified as being deaf or hard-of-hearing – 20 patients collecting acute medicines and 20 patients collecting chronic medicines. Patients were asked whether they used sign language as a form of communication, whether they understood how to use their medication, whether they had any problems communicating with health care professionals and whether they had any preferences about how health care professionals communicated with them.

The majority of patients collecting acute (17/20) and chronic medicines (15/20) reported problems communicating with health professionals. Although 17/20 patients collecting chronic medicines used sign language, only 11/20 patients collecting acute medicines used this method. It appeared that patients relied on the instructions written on the medicine containers or on translators who could communicate with them in an appropriate manner.

In order to address this problem, two posters – one on how to identify a deaf person and one on how to talk to a deaf person – were created for health professionals. These can be easily duplicated and used in training programmes and as reminders.

Introduction
It has been reported that, in 1998, there were at least four million deaf and hard-of-hearing people in South Africa.\(^1\) This same author pointed that “[a]s would be expected for a country with South Africa’s history, unemployment and illiteracy are high in South Africa’s deaf community”. According to the 2001 Census, approximately 20% of all disabled people in South Africa reported a hearing loss.\(^2\) However, the extent to which the population suffers from hearing loss is difficult to prove, as the deaf are unseen. We cannot recognise a deaf person unless we are told that that person has a hearing loss.

Many patients are either born with a hearing impediment or have developed it as a result of age. During my first few months of working at a Community Health Centre I came across a lot of folders with the words “DEAF” or “HARD OF HEARING” written on them. Being a hard-of-hearing person, I was able to relate to the difficulties the patients were experiencing when I dispensed medicines to them. While talking to them I realised that they did not understand me because I was talking to them as I would to a normal hearing person. Normally when talking to a hearing impaired person we operate slower, louder and our articulation is clearer, because the hearing impaired person relies on lip reading. The thought occurred to me that if they had such a problem understanding me, imagine the problem they had when communicating with the other health professionals such as doctors, nurses and pharmacists who were not aware of their difficulties. It was apparent that this disability was not recognised easily by most people. A so-called “normal” person would regard a deaf person as a “normal” person since, outwardly, s/he appeared normal.

There is a difference between hard-of-hearing and deaf. Those who have a hearing loss but are able to hear with sufficient aids (such as hearing aids or cochlear implants) are classified as hard-of-hearing. Deaf people cannot hear at all and have to rely on sign language, which is amongst the official twelve languages in South Africa. The hearing impaired, who operate with a hearing aid or cochlear implant, have to be trained to communicate in their home language through a multi-disciplinary education programme.

The aim of this project was therefore to increase effective com-
**HOW TO RECOGNIZE A DEAF PATIENT**

1. They tend to lean close to you when speaking.
2. They don't make eye contact.
3. You see them using their hands (sign language).
4. They focus on your lips and hands.
5. They ask you to repeat.
6. Their speech is not clear.
7. One can judge by their hearing aids.

**HOW TO TALK TO A DEAF PATIENT**

1. Avoid background noises.
2. Face the person so that your mouth is visible.
3. Get their attention by tapping them on their shoulders.
4. Talk louder.
5. Talk slower.
6. If necessary, repeat yourself.
7. Use other means of communication such as writing words on the page or get an interpreter etc.
munication and educate health care professionals on how to rec-
ognise and communicate with people that are hard-of-hearing.

A questionnaire was developed and administered to 40 con-
senting patients identified as being deaf or hard-of-hearing at
Lady Michaelis Community Health Centre. Of these 20 were
collecting acute medicines and 20 were collecting chronic med-
icines. The questionnaire was designed to identify needs and
problems so that these could be addressed. No comparison
was planned, and the effects of the posters was not intended to
be evaluated in this study. Instead, the study was meant to cre-
ate awareness and to clarify any uncertainty in people’s minds.

The following questions were posed to each of the patients:
• Do you use sign language as a form of communication?
• Do you understand how to use your medication?
• Have you had any problems communicating with health
care professionals?
• How would you prefer health care professionals to commu-
nicate with you?

Results
As expected, the data provided in the questionnaires showed
that the majority of deaf and hard-of-hearing patients collect-
ing both acute and chronic medicines experienced problems
communicating with health professionals at Lady Michaelis
Community Health Centre.

Selected results are shown in Table I. In addition, the following
problems were identified by patient:
• Health care professionals talk too fast
• They are always in a rush
• They have no patience when a patient needs more explanation
• They don’t realise that the deaf patient lip reads during a
conversation
• They don’t speak loud enough

In order to address the problems identified, I decided, with the
help of my deaf friends, to create a poster to educate my fellow
colleagues on how to communicate with a deaf patient and
how to recognise them.

Discussion
Patients collecting acute and chronic medicines may differ in
their communication needs. Patients requiring treatment for
an acute condition access health care services on an as-
needed basis, whereas those requiring treatment for a chronic
condition need assistance every month. While the numbers
of patients surveyed is small, it appears from this sample that
those collecting acute medicines experienced more communi-
cation problems and required more assistance. It is possible
that patients on chronic medicines had learned about these
medicines over a period of years and therefore did not need as
much communication about how to take their medicines.

As sign language is the twelfth official language of South
Africa, I am of the opinion that the health professionals should
familiarise themselves with sign language. Only 3 of the 20
chronic patients interviewed who collected their medicine at
the pharmacy and 9 patients on acute medicines reported using
sign language as a form of communication. While patients on
chronic medicines could send a caregiver or relative to col-
lect their chronic medicines on a monthly basis, as this might
reduce the time spent trying to overcome communication
barriers, this is not as easy for patients requiring treatment for
an acute condition. They need to be seen first by a medical
practitioner or nurse before receiving their prescription and
then need full counselling on how to take this medicine.

The main focus of this project was on tackling the specific problems
identified. In all fairness, it must be recognised that health care pro-
fessionals are always under pressure and therefore do not always
have the time to devote to individual patients that they should, that
they are often not able to recognise a deaf person, that they are
generally not familiar with sign language and that they sometimes
forget that the patient is deaf (even though it is clearly marked on
the folder). None of these, however, is an excuse for inaction.

The posters developed can form the basis of training programmes
for health care professionals of all types who need to recognise
and then communicate with deaf or hard-of-hearing patients.

Conclusion
Being a health professional and a hard-of-hearing person, I have
the knowledge and the expertise as to how to communicate with
another deaf or hard-of-hearing patient and can also recognise
them. I am therefore using this opportunity to empower others.

Reference
1. Berke J. Deaf Community – South Africa – Schools, organizations, and tel-
deafness.about.com/od/internationaldeaffa/southafrica.htm)
2. StatsSA. Prevalence of disability in South Africa (Census 2001 Re-
publications/Report-03-02-44/Report-03-02-44.pdf)

Table I: Selected results from questionnaires administered at Lady Michaelis Community Health Centre

<table>
<thead>
<tr>
<th></th>
<th>Number (%) of patients using sign language as a form of communication</th>
<th>Number (%) of patients reporting problems communicating with health professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Patients collecting acute medicines (n = 20)</td>
<td>9 (45)</td>
<td>11 (55)</td>
</tr>
<tr>
<td>Patients collecting chronic medicines (n = 20)</td>
<td>3 (15)</td>
<td>17 (85)</td>
</tr>
</tbody>
</table>