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ABSTRACT

The objective of this work is to identify, by means of a bibliographical review, the importance of effective communication performed by health

professionals as a form of inclusion in the care of hearing-impaired individuals in health services, and the difficulties and obstacles involving this practice. This is a bibliographic research, using the PICO search strategy for the identification and collection of the samples studied, based on the guiding question "What is the importance of effective communication performed by health professionals as a form of inclusion in the care of hearing impaired individuals in health services?". The analysis resulted in 11 articles that were categorized and analyzed according to the profile of the scientific productions and the results in evidence found. The literature showed that health professionals from different specialties, in their great majority, feel unprepared to attend this public, for not knowing how to communicate through the Brazilian Sign Language. This reflects the fragility in the training of these professionals who have no contact with LIBRAS during graduation or after graduation, disrespecting laws that guarantee the right of deaf people.

Keywords: Health personnel, Sign languages, Health communication.

1 INTRODUCTION

Hearing impairment is a partial or total bilateral loss of forty-one decibels (dB) or more, measured by audiogram at the frequencies of 500Hz, 1,000Hz, 2,000Hz, and 3,000Hz. There are currently 360 million people in the world population with disabling hearing loss. These people may have mild to moderate deafness, which is considered a hearing loss of up to 70 decibels, or severe to profound deafness, which is a hearing loss of more than 70 decibels. People with severe/profound deafness face difficulty understanding the human voice, whether or not they are wearing a hearing aid, and consequently acquiring oral language (GONGALVES; SILVANO, 2019).

The non-recognition of this linguistic peculiarity hinders the access of the deaf population to primary care services offered by the Unified Health System (SUS). The absence of interpreters and the lack of preparation of employees in the care of the deaf are aspects that weaken the communicative bond in the realization of adequate treatment. It becomes imperative that health professionals know the issues that involve the deaf identity and culture, in order not to compromise the assistance provided to them (SILVA; ANDRADE, 2018).

In the health area, the professional's communication with the patient represents the main way to create bonds with the patient and family. For there to be an effective communication between health professionals and someone deaf it is necessary to take appropriate measures to facilitate language, avoiding barriers. Although it is a right of the deaf person to have access to quality health services, they are often served incorrectly and even are, in some cases, disrespected in their condition, because there is difficulty in communication, since health services do not have trained professionals for an excellent service to them (RAMOS; ALMEIDA, 2017).

For this, the professional needs to have the minimum knowledge of the language that was duly recognized as the official language of the deaf here in Brazil by Law No. 10,436/029, which is known as Libras, because it is known that the accessibility of these people in health services in Brazil is precarious, because they have the difficulty of having an interaction with the health professional, precisely by not knowing the language (LIMA; LIMA, 2019).

To conceive people with disabilities as subjects of law is to recognize their right to equality in participation, in the configuration and construction of the social space that is also theirs. In this context of non-assistance to people with disabilities, we find the deaf, who seek improvement in the care of their health. Understanding the reality of the deaf in their health care, promoting means to resignify it becomes essential to reform thinking about inclusion and propose measures for inclusion, according to the understanding of Wetterich, Barroso and Freitas (2020).

In view of the above, the aim of this paper is to identify, by means of a literature review, the importance of effective communication performed by health professionals as a form of inclusion in the care of hearing-impaired people in health services, and the difficulties and obstacles that involve this practice.

2 METHODOLOGY

The present study is a literature search, the broadest methodological approach referring to reviews, allowing the inclusion of experimental and non-experimental studies for a complete understanding of the analyzed phenomenon (SOUZA; SILVA; CARVALHO, 2010).

Evidence-Based Research has its importance in the approach to problem solving for decision making from the best and current evidence, within the competence and contexts analyzed (MENDES; SILVEIRA; GALVÃO, 2008). This integrative review fulfilled its six structuring phases: 1st Definition of the research question; 2nd Search or sampling in the literature - establishment of criteria for inclusion and exclusion of studies; 3rd Data collection - definition of instrument to gather and synthesize information, categorization of studies; 4th Evaluation of studies included in the review - assess the level of evidence; 5th Interpretation of results - comparison of results with theoretical

knowledge, identification of conclusions and resulting implications; 6th presentation of integrative review - preparation of the document for the description of the steps used (LOPES; SANTOS, 2020).

The guiding question of the review process was constructed by means of the PICo strategy (P=Population, I=Interest, Co=Context) (FREITAS; UCHÔA; MAGALHÃES, 2020) and consisted of: What is the importance of effective communication performed by health professionals as a form of inclusion in the care of the person with hearing impairment in health services?

The descriptors: "Newborns", "Psychoactive Substance Abuse" and Pregnancy were used to search the studies. They were combined with the Boolean OR connector within each set of the PICo strategy and subsequently crossed with the Boolean AND operator, as shown in chart 1

Table 1: PICo Search Strategy, 2022

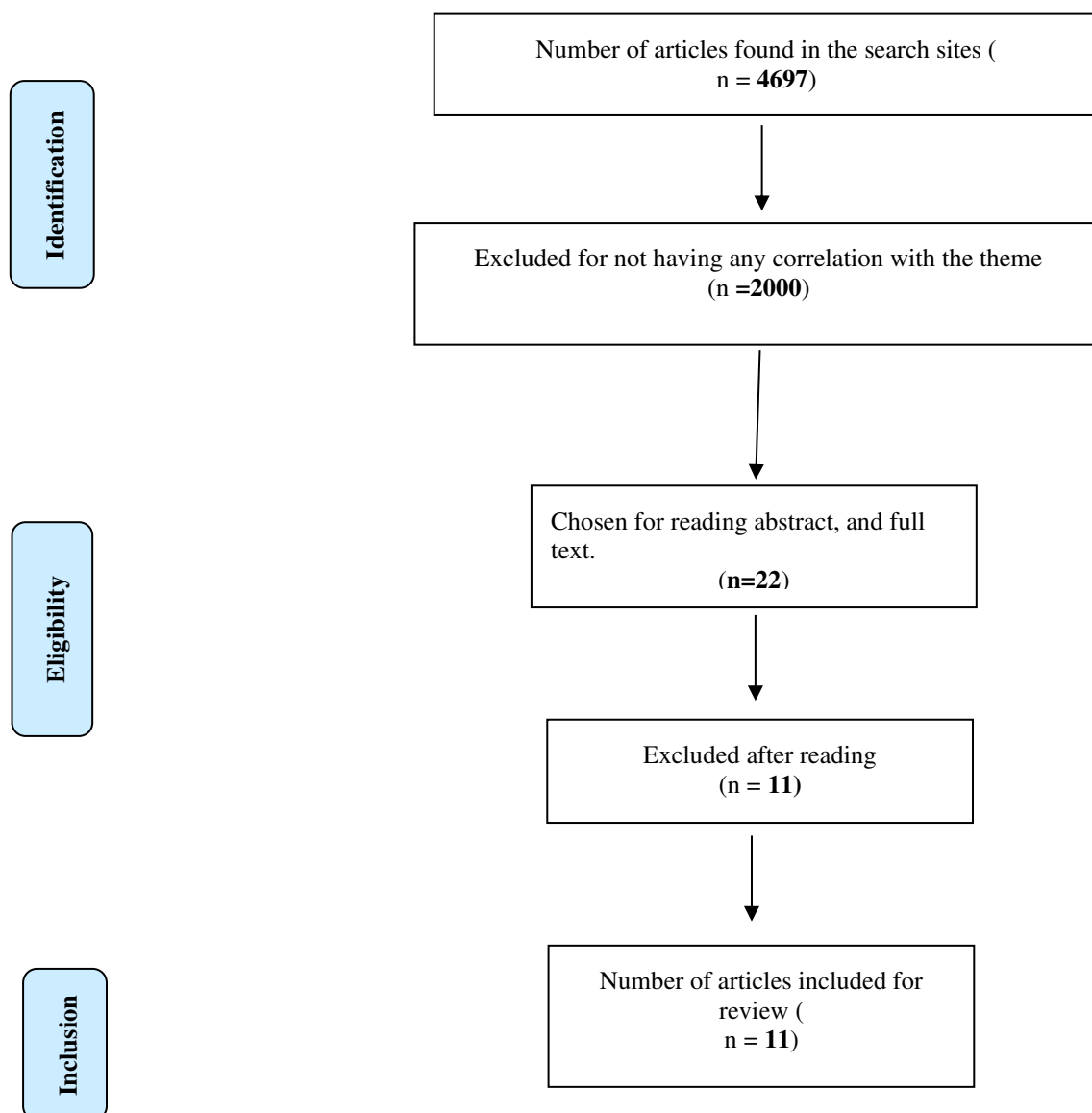
Acronyms	Components	Descs/Machs
P	Population	("Health Personnel") OR ("Personal de Salud")
AND		
I	Phenomena of Interest	("Sign Language") OR ("Sign Language") OR ("Lengua de Signos")
AND		
Co	Context	("Health Communication") AND ("Comunicación en Salud")

Source: Virtual Health Library (VHL), 2022.

The search for primary data occurred during the month of June 2022, searching the Latin American and Caribbean Literature on Health Sciences (LILACS) data sources through the Virtual Health Library (VHL) Regional Portal, *SSciVerse* SCOPUS, *Scientific Electronic Library Online* (SciELO), *Medical Literature Analysis and Retrieval System Online* (MEDLINE) through PUBMED and EMBASE.

The inclusion criteria for the sample selection were articles indexed from 2017 to 2022, in national and international journals, available in full (full text) free of charge and in Portuguese, English and Spanish that responded to the theme of the study, including qualitative, quantitative and mixed studies. Publications whose titles and/or objectives had no direct connection with the theme were excluded from the sample, as well as abstracts, theses, dissertations, and monographs, publications outside the defined time interval, which were not available in full, and in the selected languages, resulting in a total of 11 articles that comprised this review, as shown in figure 1:

Figure 1: Flow chart of research according to the PRISMA model, 2022. (n= 11)



Source: Virtual Health Library (VHL), 2022.

The analysis of the samples was carried out through the categorization of the data by means of the convergence and similarity of the information found. A semi-structured form was used as an aid, which included two axes of information. Axis I - Profile of the productions, and Axis II - Results in evidence, to facilitate the understanding, organization, and condensation of the data, obeying the objective proposed in the research.

The products of the review were organized in charts, using the *Microsoft Word* tool, according to the categorization established in the form. The categories were discussed based on the current literature, enabling the reader's knowledge about the theme under study.

3 RESULTS

From the reading and analysis of the material found according to the eligibility criteria defined in the topic Methodology, pertinent information was grouped under Axis I - Profile of productions, including: title, authors, year of publication, language, database, and methodological approach, as shown in chart 2:

Table 2: Categorization of articles according to title, year, authors, language, database, and approach.

NO.	Title	Authors	Year	Language	Database	Approach
01	Aspects of communication of the deaf and their inclusion in society	Ribeiro and Party	2017	Portuguese	LILACS	Qualitative exploratory
02	Main difficulties and obstacles faced by the deaf community in health access: an integrative literature review	Souza <i>et al.</i>	2017	English	MEDLINE	Qualitative
03	Deafness and health care: challenges to the implementation of the Care Network for the Disabled	Nóbrega, Munguba, Pontes.	2017	English	SciELO	Qualitative
04	"My Dream Is to Be Understood": An Analysis of Deaf Physician-Patient Interaction during Health Care	Pereira <i>et al.</i>	2020	Portuguese	MEDLINE	Observational Descriptive
05	Communication with hearing impaired people from the perspective of health care professionals	Marquete, Costa and Teston	2018	Spanish	LILACS	Quantitative
06	Fragility in the training of health professionals regarding the Brazilian Sign Language: a reflection on the health care of the deaf	Mazzu-Nascimento <i>et al.</i>	2020	English	SciELO	Descriptive
07	Difficulties in the access of the deaf community to primary health care: integrative review	Dos Santos <i>et al.</i>	2021	Portuguese	MEDLINE	Qualitative
08	A perspective of the deaf as a patient in health care	Silva <i>et al.</i>	2020	English	MEDLINE	Descriptive
09	The perception of hearing impaired subjects about their care in health services	Vieira, Caniato and Yonemotu	2017	Spanish	SciELO	Quantitative
10	The difficulty in medical care for deaf people	Cotta <i>et al.</i>	2019	Portuguese	MEDLINE	Quantitative
11	Communicative relationship between health professionals and the deaf: a literature review	Silva e Almeida	2017	Portuguese	LILACS	Qualitative

Source: Virtual Health Library (VHL), 2022.

As shown in the previous table, there is a great distribution among the years of publication, however, the year 2017 presents the highest frequency of publication of articles on the theme, totaling 5 publications.

Regarding the language used, studies were found in the three languages selected for the research, but there was a predominance of the Portuguese language, being present in 5 of the 11 publications, showing that the theme must be expanded and further discussed internationally.

As for the methodological approach, there was a variation between qualitative, quantitative, descriptive, observational, and exploratory research. Even though there was a predominance of

qualitative studies, this variation demonstrates that there are many ways of approaching the theme, which favors the diversity of research in the literature.

Finally, the largest findings were found in the *Medical Literature Analysis and Retrieval System Online* - MEDLINE, with 5 published studies, followed by the Latin American and Caribbean Literature on Health Sciences - LILACS and *Scientific Electronic Library Online* (SciELO) which had the same number of publications, both with 3 studies.

In addition, the data were organized according to the requirements of Axis II - Results in evidence, taken from each publication after a careful analysis, made by two reviewers separately, and sent to a third party in order to answer the following question: What is the importance of effective communication performed by health professionals as a form of inclusion in the care of people with hearing loss in health services? As shown in chart 3:

Table 3: Results in evidence (n=11).

NO.	Title	Results found
01	Aspects of communication of the deaf and their inclusion in society	It was observed that there is still great prejudice on the part of listeners, and the laws that give the deaf citizenship rights, such as education, health, work, and the right to participate in society, are not yet fulfilled. Although Libras has been recognized as a means of communication for the deaf since 2002, much of the population is unaware of issues related to deafness, about Libras and when it comes to the deaf, these people have on the deaf subject that pathological view that the deaf is disabled and is not able to perform anything, or communicate.
02	Main difficulties and obstacles faced by the deaf community in accessing health care: an integrative literature review	It was evidenced that the difficulties faced by deaf people when seeking health care are linked to communication, as well as lack of knowledge of Brazilian Sign Language (LIBRAS) by most health professionals. In addition, there is also the need for a family member or interpreter present during the consultation and the lack of understanding of much of the deaf community as bilingual and multicultural subjects.
03	Health care and deafblindness: challenges for the implementation of the network of care for people with disabilities	The study revealed three thematic categories: barriers in health services; attitudes to minimize communication barriers; and suggestions for improving care in health services. This information can interfere with the comprehensive and humanized health care. Because of the difficulties, deaf people and health professionals resort to different strategies to enable care.
04	"My Dream Is to Be Understood": An Analysis of Deaf Physician-Patient Interaction during Health Care	Among the physicians and academics, 76% said they have ever seen a patient with severe partial or severe deafblindness. Although 49% of deaf people have said that they have felt some discomfort and also some security in the care, 55.5% mentioned that they have stopped going to the doctor for fear of not being understood or reported some problem, such as pain, discomfort or distress. The participation of companions as mediators in the doctor-patient relationship was the strategy most indicated by all participants. Among the deaf interviewees, other frequent strategies mentioned were lip reading and Libras; in the case of doctors, mimicry and writing; in relation to the interns, lip reading and writing. All strategies are not resolute.
05	Communication with the hearing impaired from the perspective of health care professionals	We verified that 92.4% of the professionals believed they were unprepared to assist the hearing impaired person, 83.8% did not know how to communicate with them, and 96.5% did not know how to communicate in Libras. Many used strategies to break the communication barrier, such as: gestures and writing (18.7%), speech and gestures (11.6%), among others.
06	Weakness in the training of health professionals regarding the Brazilian Sign Language:	We found 5317 courses and, of these, 2293 (43.1%) offered the discipline of Libras, 16.7% as a mandatory subject and most (83.3%) as optional. In relation to the period offered, there was no pattern, ranging from the first to

	reflection on health care for the deaf	the tenth. As for the workload allocated to the subject, among the 2077 courses that provided this information, 11.1% offered the subject with a workload of up to 20 hours, 49.4% with workloads between 21 and 40 hours, 29.9% between 41 and 60 hours, and 9.1% between 61 and 80 hours. Only 0.5% of the courses allocated more than 80 hours for teaching Libras. On average, undergraduate courses at public HEIs devoted 53.1 hours to the teaching of Libras, while courses at private HEIs devoted 45.8 hours.
07	Difficulties in the access of the deaf community to primary health care: integrative review	Three main difficulties were found: communication barrier between deaf people and health professionals, shortage of trained professionals, and absence of Libras interpreters in Primary Care services.
08	The perspective of the deaf as a patient in health care	The nurse has an important role in the reception and care during health care, being the communication, analysis and interaction with the patient, one of its main tools of performance. It was observed that it is of utmost importance the need for the implementation of the Brazilian Sign Language in the various levels of health care, in view of the various difficulties faced during the care of deaf people.
09	Communication and accessibility: perceptions of hearing impaired people about their care in health services	Barriers in communication between users and health professionals were highlighted, leading to difficulties in access and doubts on the part of patients. The absence of interpreters in the services was evidenced. The presence of the companion was frequently reported, and the implications of this fact for the bond between doctor and patient and for the privacy and autonomy of deaf subjects were discussed.
10	The difficulty in medical care for deaf people	Sixteen deaf people were interviewed, with 56.25% being exclusive users of the public health system (SUS). The attribute that stood out the most from the 15 questions was item five: "did the physician show commitment in trying to communicate through Libras?", in which 100% of the sample said that such professionals did not engage in trying to communicate using this language.
11	Communicative Relationship between Health Professionals and the Deaf: A Literature Review	The studies found on this communicative relationship, pointed out that the deaf user and his family encounter several communication barriers, which impair the interaction and reception in health services. It is notorious the need for more studies on this theme.

Source: Virtual Health Library (VHL), 2022.

It was analyzed that most of the articles that made up the review deal with the importance of qualified communication for the inclusion of hearing-impaired patients in health services; however, even if there is such value, there are still many difficulties and obstacles to the effectiveness of this practice, which makes the study even more necessary to expand knowledge on the subject.

4 DISCUSSION

4.1 PERCEPTION OF HEALTH PROFESSIONALS AND THE DIFFICULTIES IN COMMUNICATING WITH DEAF PEOPLE

Many studies conducted in the area of deafness show that there is a difficult connection of the deaf with the majority oral language and the hearing society. This discussion about the inclusion of deaf subjects needs to be held because there is a large portion of the population in Brazil that is deaf. Thus, it is possible to know the difference in the conception of deaf subjects by society. The prevailing conception is that of deafness seen as a problem that needs to be corrected, without taking into account that the deaf are different from listeners, are people who need to be respected and accepted as they are,

because they have their own language to effect communication and do not need to be equal to most people (listeners), to be inserted into society (RIBEIRO; FESTA, 2017).

In the study by Souza *et al.* (2017) the authors pointed out some of the main problems faced by the deaf community in access to public and health services: communication barriers, shortage of Individual Sound Amplification Devices (ISAD), few adaptations for deaf users, lack of training of employees, absence of subtitles in campaigns, absence of preferential queue and services. Thus, it is noted that the deaf community is a linguistic and cultural minority that suffers marginalization in much of the public services, in health, for example, face major obstacles regarding accessibility to SUS.

Nóbrega, Munguba, and Pontes (2017) conducted a qualitative research in the city of Fortaleza, located in the Northeast region of Brazil, and showed that in everyday life, reality confirms the scarcity of health professionals who communicate properly with deaf people. Few know the sign language and the peculiarities of deaf culture, and an even smaller number communicate through this language. The assertion is confirmed by the report of these users:

[...] sometimes I felt a pain, some problem, or I was vomiting, so I decided to go to the doctor [...] I explained that I was evacuating too much, and he wanted to send me to take serum. I would stay there for three hours taking serum and the doctor wouldn't even take care of me. I would go home and I still had a stomach ache, feeling bad. Again I went to the doctor and the same thing, he only gave me the serum and I went home. [...]. The doctor didn't understand that I was evacuating, that I had a stomach ache and that I was sick, it was very difficult to communicate, I needed an interpreter. My mother went and explained, that's it, then they gave me the medicine, I took it and got better, but alone it was only based on the serum (S8).

[...] I couldn't explain what I was feeling and I couldn't understand what the dentist was saying that I had to do. Everyone was looking at me, I died of shame, I didn't know how to do it. It was such a simple thing and it was just to take it out and clean the tooth, so I took it and wrote it down for him. He didn't believe me, I was scared to death [...] The interpreter went and explained to the dentist what the consultation was about, that it was only a filling and just a cleaning, but the dentist thought it was to pull the tooth [...] we have a lot of difficulty (S2)

Pereira *et al* (2020) complements the above study in their research that obtained results referring to 181 participants, among which are health professionals different specialties, and deaf people with different degrees of hearing loss. In summary, the study concluded that health professionals do not seem to fully realize the consequences of poor communication for deaf individuals, being more distant from the dimension of this problem and believing in positive outcomes through common tools to any communication difficulties. From the statements of the deaf, it was possible to see the complexity of the scenario of care and the negative implications on the professional-patient relationship and the well-being of the individual.

Marquete, Costa and Teston (2018) found that most professionals surveyed feel unprepared to meet the deaf user in an appropriate manner. The study was conducted with 40 employees of a specialized health reference unit, in the city of Belém (PA), pointed out that 97.5% of these also

declared the inability to meet deaf patients. The perception of health professionals as to the unpreparedness to meet these users causes the emergence of negative feelings in relation to the whole process of health care, because they try to offer quality care, but do not do so due to the communication barrier. This impossibility provides professional dissatisfaction, and it is essential that health institutions offer training in Libras for professionals, for interpretation and communication with the hearing impaired, aiming at the improvement of this whole context and the proper inclusion of this population in health services.

Mazzu-Nascimento *et al.* (2020), believe that much of this unpreparedness and difficulty in communication between health professionals and deaf people, lies in the fragility of the training of professionals regarding the Brazilian Sign Language. In their study, were identified 5317 undergraduate courses in health in the Brazilian HEIs distributed in 26 Brazilian states and the Federal District. Most of the courses (36%) were concentrated in the Southeast Region. Of this total, the percentage of courses offered was: nursing (19.9%), physical therapy (15.3%), psychology (13.7%), pharmacy (13.1%), biomedicine (11.6%), nutrition (10.5%), dentistry (7.7%), medicine (5.3%), occupational therapy (1.7%), and speech therapy (1.2%). Of the 5317 courses identified, 2293 (43.1%) offered the discipline of Libras, 16.7% as a mandatory subject and most (83.3%) as optional. Thus, we observed a weakness in the training of health professionals in relation to the discipline of Libras, evidenced by the lack of standardization regarding the periods offered and the reduced workload. This weakness is an element that restricts communication between health professionals and deaf patients, impairing the comprehensive care and contributing to the scenario of invisibility of the deaf population in health care.

4.2 PERCEPTION OF THE DEAF REGARDING THE CARE PROVIDED IN HEALTH SERVICES AND COMMUNICATION STRATEGIES USED

Given the difficulties faced by deaf people to have dignified and adequate access to health services, laws were created to ensure citizenship and respect for the deaf population in Brazil. Among them, Decree No. 5.626 of 22/12/2005, Chapter VII, Art.25, which provides for the guarantee and the right of the deaf person to have access to Libras in health services. For this, 5% of professionals in the "units of public service, must be trained in the use and interpretation of Libras" and the service should have a Libras interpreter. However, these patients still face great difficulty in accessibility in health services, because not all professionals are qualified to receive them. Thus, health professionals are unable to establish a favorable communication with these individuals, impairing their care and, consequently, preventing the achievement of comprehensive health care (DOS SANTOS *et al.*, 2021).

In the research of Silva *et al* (2020), the results obtained showed that among the 42 respondents, 38% said it is possible to establish communication with the professional during the service, while 62% said it is not possible to establish communication, thus demonstrating the communication problem. This can be evidenced when demonstrated that 69% of respondents said they had never been served by a professional trained in Libras, while only 31% reported having been served at some point by a professional interpreter. When asked about how communication occurred without the presence of an interpreter, it was observed that 64% of respondents said they resorted to writing, 12% resorted to gestures, while 24% resorted to others, such as family, friends, to establish a dialogue during consultations.

In a descriptive-analytical research with qualitative approach and sample of 20 students with hearing impairment that aimed to discuss the assistance to the deaf in health care as a factor of social inclusion, reports were made regarding their perception about the presence of interpreters of LIBRAS in health services, which indicated the need for this professional, but some shame when exposing some situations in front of them and the desire not to depend on their goodwill or even pity. This research shows that the hearing impaired patient values the interpreter, however, with reservations of confidence, availability and embarrassment (VIEIRA; CANIATO; YONEMOTU, 2017).

For Cotta *et al.* (2019), most people, especially the health professionals themselves, ignore the characteristics and needs of the deaf, often even stereotyping them as "disabled". Thus, the deaf need to adapt to certain conditions that do not suit them, disrespecting their culture, with its own subjectivities and identities. Some professionals, in an attempt to communicate with a deaf patient, resort to lip reading. However, it is a resource that is often overestimated and can generate specific problems in the relationship with deaf users. Many do not realize how few words can be understood by lipreading (30%), and that the lack of effective communication can lead to errors, contributing negatively to these users avoid going to health services. This type of communication requires a lot of concentration and leaves the deaf person mentally exhausted. In addition, mustache, accent, surgical masks make lip reading impossible.

Therefore, Silva and Almeida (2017), observed that the resources used by professionals when communicating with deaf patients did not eliminate all communicative barriers. The main ones were verbal-oral communication, written Portuguese language, lip reading, hearing escort, mimicry/gestures, drawings/figures and, in some cases, LIBRAS. Thus, it is essential the inclusion of LIBRAS in the mandatory curriculum for health courses and training for professionals already working. It is necessary, therefore, new public policies, specific programs of continuing education, stimulus to the search for improvement, co-participation of managers, educational institutions, health

professionals and communities in the implementation of actions to promote comprehensive health care for the deaf.

5 CONCLUSION

Through this literature review, it was possible to see a palpable agreement among the authors about the difficulty encountered by the deaf when seeking some type of service in health facilities.

Although effective communication between professionals and patients is of utmost importance for the establishment of the necessary bond for health promotion, deaf people face difficulties of inclusion and access to health services.

The literature has shown that health professionals from different specialties, in their great majority, feel unprepared to serve this public, because they do not know how to communicate through the Brazilian Sign Language. This reflects the fragility in the training of these professionals who have no contact with LIBRAS during graduation or after graduation, disrespecting laws that guarantee the right of deaf people.

Deaf people in turn feel anxious, afraid and afraid of not being understood. Often they need to be in the presence of an interpreter or family member, which does not make them comfortable in sharing all their demands. In the absence of these, they are submitted to ineffective attempts of communication, such as lip reading, mimics and gestures, verbal-oral, written Portuguese language among others, which implies in the removal of these patients from health services.

Moreover, it was found that there is still little research focused on the discussion of this theme. Thus, it can be seen that the scarcity of scientific material indicates that this area requires investment in the production of new knowledge that can support the opportunity for health professionals to prepare and qualify themselves, thus being able to offer a more humanized care to these users and their families.

Therefore, it is suggested the development and implementation of strategies such as the requirement of the subject of LIBRAS in the curriculum, especially in health courses, the encouragement and support for professionals to seek the appropriate qualification and preparation to support the deaf user along with his family.

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