





Challenges faced in caring for deaf patients: a study with medical professors

Desafios enfrentados para o atendimento de pacientes surdos: um estudo com docentes de Medicina

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ABSTRACT

Introduction: Deafness is characterized by a decreased ability to perceive sounds and the Brazilian Sign Language (Libras, Língua Brasileira de Sinais) is legally recognized as a form of communication for deaf individuals. Furthermore, it is established that health care for deaf people must be conducted or mediated by professionals trained in the use of Libras. However, the lack of preparation of health professionals to communicate in ways that go beyond orality is a widespread reality in the Brazilian health system.

Objective: To identify the challenges faced by teachers of a medical course when caring for deaf people.

Method: This is an observational, cross-sectional research, carried out using an online questionnaire, whose target audience comprised health professionals who teach in the medical course at a private institution in Belo Horizonte-MG. The instrument used was developed by the researchers, based on the "Attitudes to Deafness Scale". A pre-test was carried out, where the internal consistency, evaluated by Cronbach's Alpha coefficient, was defined as acceptable (0.76). After collection, data was tabulated in Microsoft Excel and analyzed using the R software.

Result: The study included 89 participants, of which 78% declared that they did not have any knowledge of Libras, 88% stated that they did not feel prepared to assist deaf people and 91% never completed any training to provide these services. The main challenges identified were the lack of knowledge about the resources offered by the Brazilian Public Health System for deaf patients and the inability to provide adequate assistance. The results also suggest that participants with training to assist deaf people perceive the challenges as smaller. Furthermore, participants with no prior experience with deaf patients reported greater difficulty in guiding students to care for this population.

Conclusion: The results highlight numerous challenges faced by participants when caring for deaf people. The analysis of the results reinforce the structural flaws in the inclusion of people with disabilities during professional education and in health services in general.

Keywords: Deafness. Delivery of Health Care. Faculty, Medical.

RESUMO

Introdução: A surdez é caracterizada pela diminuição da capacidade de percepção de sons, e a Língua Brasileira de Sinais (Libras) é reconhecida legalmente como forma de comunicação para indivíduos surdos. Além disso, estabelece-se que a assistência à saúde das pessoas surdas deve ser conduzida ou mediada por profissionais treinados no uso da Libras. Contudo, o despreparo dos profissionais de saúde para se comunicar de formas que extrapolam a oralidade é uma realidade profusa no sistema de saúde brasileiro.

Objetivo: Este estudo teve como objetivo identificar os desafios enfrentados por docentes de um curso de Medicina para o atendimento de pessoas surdas.

Método: Trata-se de uma pesquisa observacional, transversal, realizada por meio de um questionário on-line, cujo público-alvo foi composto por profissionais da saúde que lecionam no curso de Medicina de uma instituição particular de Belo Horizonte, em Minas Gerais. O instrumento utilizado foi elaborado pelos pesquisadores com base na Attitudes to Deafness Scale. Realizou-se um pré-teste no qual a consistência interna, avaliada pelo coeficiente alfa de Cronbach, foi classificada como aceitável (0,76). Após a coleta, os dados foram tabulados no Microsoft Excel e analisados no software R.

Resultado: O estudo contou com 89 participantes, dos quais 78% declararam não possuir nenhum conhecimento sobre Libras, 88% afirmaram que não se sentem preparados para atender pessoas surdas e 91% nunca realizaram alguma capacitação para conduzir esses atendimentos. Os principais desafios identificados foram o desconhecimento dos recursos oferecidos pelo Sistema Único de Saúde para os pacientes surdos e a incapacidade de fornecer orientações adequadas. Os resultados também sugerem que os participantes com capacitação para atender pessoas surdas percebem como menores os desafios para os atendimentos. Ademais, participantes sem experiência prévia com pacientes surdos relataram maior dificuldade em guiar os alunos para o atendimento dessa população.

Conclusão: Os resultados evidenciam numerosos desafios enfrentados pelos participantes para o atendimento de pessoas surdas. A análise dos achados reforça a falha estrutural na inclusão efetiva das pessoas com deficiência durante a formação profissional e nos serviços de saúde em geral.

Palavras-chave: Atenção à Saúde; Surdez; Docentes de Medicina.

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INTRODUCTION

Deafness is characterized by a decrease, whether greater or lesser, in the ability to perceive sounds. There are several types of deafness, which are classified according to the different degrees of hearing loss¹. According to the World Health Organization², there are currently about 1.5 billion people with some type of hearing impairment worldwide. In Brazil, data from Instituto Locomotiva³ point to approximately 10.7 million individuals with some degree of deafness. However, the Brazilian Institute of Geography and Statistics shows that most of the Brazilian deaf population does not know how to use the Brazilian Sign Language (Libras, Língua Brasileira de Sinais), and only 35.8% of people with profound deafness are able to use it⁴.

Nevertheless, the deaf community has Sign Language (SL) as one of the main means of communication. It is a language in the spatial-visual modality that, although it is present on all continents, has a specific grammatical structure for each region in which it is used⁵. In Brazil, Libras has been legally recognized as a form of communication and expression for deaf individuals since 2002, through Federal Law Number 10,436/2002⁶. In the health field, Decree Number 5,626, of 11/22/2005, establishes that public health care for deaf people must be provided by professionals trained in the use of Libras or must be mediated by a specialist who performs translation and interpretation⁷.

Embracement with the use of Libras is considered the most appropriate and humane to assist the deaf community, even for members of this community who have a less decisive relationship with SL. This is because the possibility of communication in Libras is seen as a sign that the place offers inclusion and accessibility⁸. However, the unpreparedness and discomfort on the part of health professionals to communicate in ways that go beyond orality is a widespread reality in the Brazilian health system⁹.

To compensate for the communication gap between professionals and deaf patients, alternative forms of communication are used, such as mimics, gestures, writing, and orofacial reading¹⁰. However, such attempts do not replace Libras, since mimics, gestures and orofacial reading can be highly subjective. Additionally, writing is often not mastered by individuals with congenital deafness, since Portuguese is not the language in which they were taught to read and write. It should also be noted that the presence of an interpreter can reduce the autonomy and privacy of patients¹⁰.

In this context, comprehensive health care for the deaf population is greatly hindered, either by the imprecision in the exchange of information or by weakening the bond between professional and patient. As a consequence, the collection of anamnesis data, the formation of the diagnostic hypothesis

and the guidance for therapeutic conduct are impaired¹¹. Moreover, the deaf individual may feel misunderstood, neglected, deprived of information or ignored in favor of the companion, which causes the distancing of this population from the care networks¹¹.

The reality experienced by the deaf population demonstrates the unsatisfactory care and unpreparedness of health professionals, in addition to the systematic failure to include care for people with disabilities (PWD) during the training of these professionals¹². Thus, it is important to detail the gaps that permeate the context of care exclusion of deaf patients, which includes understanding how medical education and the training of working individuals influence the achievement of a genuinely equitable health service.

In this sense, the objective of this study is to identify the challenges faced by teachers of a medical course for the care of deaf people. We sought to make a diagnosis regarding the challenges faced, the strategies used and developed in the consultations and the training carried out for such consultations.

METHOD

This is an observational cross-sectional study, submitted to and approved by the Research Ethics Committee of Faculdade Ciências Médicas de Minas Gerais under the CAAE Opinion number 69875023.1.0000.5134. The study was carried out through the application of an online questionnaire, whose target audience of the study comprised health professionals who teach in the medical course of a private institution in the city of Belo Horizonte, state of Minas Gerais, Brazil. The choice of this population considered the importance of educators in the training of future health professionals. The sample of the questionnaire was non-probabilistic, selected by convenience, consisting of 89 participants.

The scientific literature shows a lack of instruments aimed at assessing the challenges faced by health professionals in the care of deaf people. Currently, there is no measure developed specifically for this purpose, even in the English language. Most of the available tools are based only on measuring the level of knowledge about deafness or SL.

In this sense, the instrument used in the study was developed by the researchers themselves, based on a scale that has already been validated and is close to the objectives of this research, called the "Attitudes to Deafness Scale"¹³. This base instrument, developed by authors Cooper and Mason (2004), consists of 22 items on a Likert scale that measure attitudes towards deaf people, intended to be used by any professional group that has contact with deaf individuals¹³. However, the need to adapt this tool was still observed, aiming to explore issues that specifically affect health professionals in the Brazilian context.

For the present study, 13 statements were constructed based on possible obstacles to the care of deaf patients, which addressed the following aspects: availability of time for learning Libras and for immersion in the deaf culture, time invested in care, patience, security, mastery of Libras, dialogue with patients who do not use Libras, interference in care communication, presence of the sign language interpreter during consultations, humanization, embracement and knowledge of health rights of deaf people.

The instrument was developed based on a search of the scientific literature on the subject, followed by discussions with health professionals and with teachers of Portuguese Language and the Brazilian Sign Language at the researched institution. This questionnaire also underwent a pre-test, in which the internal consistency, evaluated based on Cronbach's alpha, was classified as acceptable (0.76). Additionally, the characterization of the participants was also carried out through questions regarding demographic and occupational data. After collection, the data were tabulated in Microsoft Excel and, subsequently, underwent a descriptive analysis using the R software.

RESULTS

The study had 89 participants, with a predominance of the female sex (69%) and teachers from the Department of Internal Medicine (33%). Most individuals had a medical degree (81%) and had already treated a deaf patient (78%). When asked about the mastery of Libras, 78% of the participants declared that they did not have any knowledge of it. In addition, 88% of the professionals stated that they do not feel prepared to assist deaf people and 91% of the individuals have never undergone any training to conduct these services. Table 1 shows the complete characterization of the sample.

The instrument used to quantify the obstacles faced by health professionals when assisting deaf people demonstrates the challenges according to the agreement with the questionnaire statements. The participants' answers are shown in Table 2.

The main challenges identified for the care of deaf people were, respectively, the lack of knowledge of the resources offered by the Brazilian Unified Health System (SUS) for these patients and the health professionals' inability to provide adequate guidance: 86% of the teachers agree that they have limited knowledge about the available resources and 84% agree that they have difficulties in advising deaf patients. Additionally, it was observed that most professionals use alternative means to communicate rather than Libras, with 81% agreement on this question. However, 61% of the respondents do not consider that the presence of interpreters causes embarrassment to patients and 54% disagree that the mediation of the interpreter can compromise symptom understanding.

Table 3 was constructed based on the answers of individuals who had never treated a deaf person. As in the general sample, most respondents (91%) agree that they have limited knowledge about the resources available in the SUS for these patients. In this group of answers, however, the difficulty in guiding and advising students regarding the care of deaf people was perceived as greater in relation to the total sample, being the second statement with the highest rate of agreement. As for the statements related to the embarrassment that the presence of a Libras interpreter can cause, as well as the possibility that the interpreter's mediation can compromise the identification of the patient's symptoms, these maintained the highest levels of disagreement.

Table 1. Characterization of the research sample.

Characteristics	N = 89
<i>Gender</i>	
Female	61 (69%)
Male	28 (31%)
<i>Department in which they teach</i>	
General Surgery	9 (10%)
Internal Medicine	29 (33%)
Collective Health	21 (24%)
Child and Adolescent Health	16 (18%)
Women's Health	11 (12%)
Mental health	3 (3.4%)
<i>Training area</i>	
Biomedicine	1 (1.1%)
Nursing	13 (15%)
Medicine	72 (81%)
Dentistry	2 (2.2%)
Psychology	1 (1.1%)
<i>Have you ever assisted a deaf person?</i>	
No	11 (12%)
Yes	78 (88%)
<i>What is your level of knowledge/mastery of Libras?</i>	
Basic	19 (21%)
Intermediary	1 (1.1%)
I don't have any knowledge	69 (78%)
<i>Do you feel prepared to assist deaf people?</i>	
No	78 (88%)
Yes	11 (12%)
<i>Have you already had any training to care for deaf people?</i>	
No	81 (91%)
Yes	8 (9.0%)

Source: Prepared by the authors.

Table 2. Participants' answers to the questionnaire prepared and validated by the authors.

	I fully disagree	I disagree	I neither agree, nor disagree	I agree	I fully agree
I have limited knowledge about the resources available in the SUS for deaf patients.	3 (3.4%)	6 (6.7%)	3 (3.4%)	51 (57%)	26 (29%)
I encounter challenges in providing guidance to a deaf patient.	3 (3.4%)	5 (5.6%)	6 (6.7%)	57 (64%)	18 (20%)
To conduct the care of a deaf patient, I need to use other communication resources besides Libras.	1 (1.1%)	3 (3.4%)	13 (15%)	38 (43%)	34 (38%)
Overall, the care of a deaf patient requires more time than that of a normal hearing patient.	0 (0%)	7 (7.9%)	15 (17%)	45 (51%)	22 (25%)
Promoting humanized and welcoming care for deaf patients is more challenging than for normal hearing patients.	6 (6.7%)	8 (9.0%)	10 (11%)	37 (42%)	28 (31%)
During practical activities with students, I find it difficult to guide and advise them in relation to the care of deaf people.	2 (2.2%)	11 (12%)	14 (16%)	43 (48%)	19 (21%)
I have difficulty understanding the complaints of a deaf patient.	4 (4.5%)	15 (17%)	14 (16%)	44 (49%)	12 (13%)
I find it difficult to indicate to deaf patients their health rights.	5 (5.6%)	19 (21%)	16 (18%)	34 (38%)	15 (17%)
To properly treat a deaf patient, I need the presence of a Libras interpreter.	7 (7.9%)	13 (15%)	21 (24%)	29 (33%)	19 (21%)
I have little time available to learn about deaf culture.	6 (6.7%)	21 (24%)	23 (26%)	32 (36%)	7 (7.9%)
My availability of time makes it difficult to dedicate myself to the learning of Libras.	6 (6.7%)	23 (26%)	24 (27%)	23 (26%)	13 (15%)
In my area of professional activity, a service mediated by a Libras interpreter can compromise the identification of important symptoms.	17 (19%)	31 (35%)	16 (18%)	21 (24%)	4 (4.5%)
In my area of expertise, the presence of a Libras interpreter during the consultation can cause embarrassment.	27 (30%)	28 (31%)	11 (12%)	13 (15%)	10 (11%)

*Items presented in descending order of agreement by the participants.

Source: Prepared by the authors.

Table 3. Responses only from participants who have never treated deaf patients.

	I fully disagree	I disagree	I neither agree, nor disagree	I agree	I fully agree
I have limited knowledge about the resources available in the SUS for deaf patients.	0 (0%)	1 (9.1%)	0 (0%)	3 (27%)	7 (64%)
I encounter challenges in providing guidance to a deaf patient.	0 (0%)	0 (0%)	2 (18%)	4 (36%)	5 (45%)
Overall, the care of a deaf patient requires more time than that of a normal hearing patient.	0 (0%)	0 (0%)	2 (18%)	3 (27%)	6 (55%)
I find it difficult to indicate to deaf patients their health rights.	0 (0%)	0 (0%)	2 (18%)	5 (45%)	4 (36%)
During practical activities with students, I find it difficult to guide and advise them in the care of deaf people.	0 (0%)	1 (9.1%)	1 (9.1%)	6 (55%)	3 (27%)
I have difficulty understanding the complaints of a deaf patient.	0 (0%)	1 (9.1%)	1 (9.1%)	7 (64%)	2 (18%)
To properly treat a deaf patient, I need the presence of a Libras interpreter.	0 (0%)	1 (9.1%)	2 (18%)	4 (36%)	4 (36%)
I have little time available to learn about deaf culture.	0 (0%)	1 (9.1%)	3 (27%)	6 (55%)	1 (9.1%)
My availability of time makes it difficult to dedicate myself to the learning of Libras.	0 (0%)	1 (9.1%)	3 (27%)	6 (55%)	1 (9.1%)

Continue...

Table 3. Continuation.

	I fully disagree	I disagree	I neither agree, nor disagree	I agree	I fully agree
Promoting humanized and welcoming care for deaf patients is more challenging than for normal hearing patients.	0 (0%)	3 (27%)	2 (18%)	1 (9.1%)	5 (45%)
To conduct the care of a deaf patient, I need to use other communication resources besides Libras.	1 (9.1%)	1 (9.1%)	4 (36%)	4 (36%)	1 (9.1%)
In my area of expertise, the presence of a Libras interpreter during the consultation can cause embarrassment.	0 (0%)	4 (36%)	3 (27%)	4 (36%)	0 (0%)
In my area of professional activity, a consultation mediated by a Libras interpreter can compromise the identification of important symptoms.	5 (45%)	3 (27%)	0 (0%)	2 (18%)	1 (9.1%)

^a Items presented in descending order of agreement by the participants.
Source: Prepared by the authors.

Table 4. Answers only from participants who have already received training to assist deaf people.

	I fully disagree	I disagree	I neither agree, nor disagree	I agree	I fully agree
To conduct the care of a deaf patient, I need to use other communication resources besides Libras.	0 (0%)	0 (0%)	2 (25%)	3 (38%)	3 (38%)
Promoting humanized and welcoming care for deaf patients is more challenging than for normal hearing patients.	1 (13%)	0 (0%)	1 (13%)	3 (38%)	3 (38%)
I have limited knowledge about the resources available in the SUS for deaf patients.	1 (13%)	1 (13%)	1 (13%)	4 (50%)	1 (13%)
I encounter challenges in providing guidance to a deaf patient.	0 (0%)	2 (25%)	2 (25%)	4 (50%)	0 (0%)
Overall, the care of a deaf patient requires more time than that of a normal hearing patient.	0 (0%)	2 (25%)	2 (25%)	3 (38%)	1 (13%)
During practical activities with students, I find it difficult to guide and advise them regarding the care of deaf people.	0 (0%)	5 (63%)	0 (0%)	3 (38%)	0 (0%)
To properly treat a deaf patient, I need the presence of a Libras interpreter.	1 (13%)	3 (38%)	1 (13%)	3 (38%)	0 (0%)
In my area of expertise, the presence of a Libras interpreter during the consultation can cause embarrassment.	2 (25%)	3 (38%)	1 (13%)	2 (25%)	0 (0%)
I have little time available to learn about deaf culture.	1 (13%)	3 (38%)	3 (38%)	1 (13%)	0 (0%)
I find it difficult to indicate to deaf patients their health rights.	1 (13%)	3 (38%)	3 (38%)	1 (13%)	0 (0%)
In my area of professional activity, a service mediated by a Libras interpreter can compromise the identification of important symptoms.	4 (50%)	2 (25%)	1 (13%)	0 (0%)	1 (13%)
I have difficulty understanding the complaints of a deaf patient.	1 (13%)	4 (50%)	2 (25%)	1 (13%)	0 (0%)
My availability of time makes it difficult to dedicate myself to the learning of Libras.	1 (13%)	4 (50%)	2 (25%)	1 (13%)	0 (0%)

^a Items presented in descending order of agreement by the participants.
Source: Prepared by the authors.

Table 4 isolates the answers of those who had already received some training to provide care to deaf individuals. In this group, the disagreements with the statements were significantly higher in relation to the total sample, which suggests this population perceives the challenges for the care of deaf people as lower. One of the biggest challenges pointed out was to promote welcoming and humanized care

for deaf patients. Moreover, 76% of the answers agreed that in order to provide care to a deaf person, it is necessary to use alternative communication resources rather than Libras, without any disagreement with this statement.

On the other hand, the availability of time to learn Libras, the difficulties in understanding the deaf patient's complaints and the possible embarrassment caused by the

presence of an interpreter were not considered challenges by most teachers who have already received some type of training to conduct the care of the deaf population. Regarding their role as teachers, only 38% of these individuals agreed that they feel difficulties in guiding and advising students when caring for deaf people, a number significantly lower than the 69% agreement in the overall sample.

DISCUSSION

Although the legislation defines the health rights of deaf people, there is a discrepancy between the law and reality, due to the lack of trained professionals, interpreters, technologies and public policies for the effectiveness of these guarantees¹⁴. Another factor identified by this research is the lack of knowledge on the part of health professionals about the rights of deaf individuals, which is the main challenge pointed out by the participants. This makes it difficult to advise patients and constitutes a barrier to the implementation of the already scarce existing measures. In the city of Belo Horizonte, for instance, municipal Law number 11,446, of January 2, 2023, determines that maternity hospitals, birth centers, and public and private hospitals allow the presence of a translator and interpreter of Libras¹⁵; however, the lack of knowledge by health professionals prevents measures like this from fully achieving their objectives.

The difficulty in providing clear patient advice also stood out as one of the central challenges of this study. As many professionals do not master Libras, the use of other communication tools, such as written language and lip reading, is widely disseminated during consultations. However, deaf individuals are not always familiar with these methods¹⁶. This generates uncertainties for the professional regarding the understanding of the transmitted instructions and often leaves the patient insecure in relation to the recommendations and proposed treatments, an anxiety that can intensify in the context of the performance of procedures^{17,18,19}. Alternatively, applications such as Hand Talk, which helps in the visualization of signs and their equivalents in written language, are accessible and better accepted options that can be used in communication with deaf patients by both the health professional and the interpreter²⁰.

Regarding the possible limitations that can be generated by the presence of a Libras interpreter during health care, such as in situations that require the patient to remove their clothing to be examined^{17,21}, most of the research participants did not consider it a significant challenge. In fact, although the present study was directed to the health professionals' point of view, studies that focus on the perspective of deaf patients highlight the interpreter's mediation as the best option to consolidate communication

during consultations^{16,21,22}. Additionally, data from the literature show that professional translators-interpreters are generally preferred over mediation carried out by patients' relatives, even reducing the embarrassment perceived by the patient and strengthening their autonomy^{16,17}.

The lack of time to learn Libras and to delve into the deaf culture was also a significant issue regarding the results of this study, especially among respondents who had never received training to treat deaf people. This may be an element that contributes to the exclusion of deaf patients from care, since accessibility in health services should cover not only technical aspects, such as physical adaptations and specialized equipment, but also cultural and emotional sensitivity by health professionals²³.

The present study also shows that most of the teachers interviewed say they feel unprepared during practical activities to guide and advise students to care for deaf people, in addition to there being a significant lack of training to carry out this assistance. The lack of health professionals' training to care for people with disabilities is widely evident and can be attributed to several factors, including the lack of government and institutional resources for continuing education in this area, limiting opportunities for updating on new practices and technologies²³.

Another factor contributing to the systematic lack of preparation to care for PWD is the absence of specific curricula for this population in professional training courses, which often do not adequately address the needs and peculiarities of care for patients with disabilities²³. A study on the inclusion of health care for people with disabilities in medical curricula in Brazil revealed that in 48% of the analyzed courses there is no mention of PWDs at all, and of the remaining 52%, most only transcribe excerpts from the National Curriculum Guidelines, with only 10.1% that include aspects such as anamnesis, physical examination, and ethical considerations regarding the care of this population¹². These data are in line with the results of this study, since it reinforces the scarcity of training even in the undergraduate context.

Finally, it should be noted that the present study has limitations that should be considered during the interpretation of its findings. As this is a non-probabilistic sample, it is impossible to generalize the results as representative of all teachers at the institution. Moreover, the response bias should also be considered, since the topic of the research has an ethical and sociopolitical content, which could direct participants to answer in an untruthful way. That being said, the research has the important function of stimulating the discussion about the accessibility of deaf patients and, more broadly, of people with disabilities in health care.

FINAL CONSIDERATIONS

The study aimed to identify the challenges faced by teachers of a medical course in the care of deaf people, diagnosing the difficulties encountered. The study showed that despite the previous experience of many professionals with deaf patients, most have never received specific training to deal with this population and feel unprepared to conduct these consultations. Among the challenges encountered, the lack of knowledge of the resources available in the SUS, the difficulty in providing adequate advice, and the need for alternative means of communication stand out. The presence of interpreters was not seen as an obstacle by most professionals, and those with specific training to assist this population perceived fewer challenges than the other participants. The analysis of the results reinforces the need for continuous training during professional training and the implementation of specific protocols in health services, to ensure that professionals are adequately prepared to assist the deaf population and other people with disabilities.

AUTHORS' CONTRIBUTIONS

Daniel Lucas de Oliveira Santos, Kristen Tolomelli Costa, Pauliane Romano Cirilo and Ana Maria de Jesus Cardoso equally contributed to the study and preparation of the article.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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