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ORIGINAL ARTICLE

PERCEPTION OF NURSING STUDENTS ON THE COMMUNICATION WITH PEOPLE WITH VISUAL AND HEARING DISABILITIES

PERCEPÇÃO DE DISCENTES DE ENFERMAGEM SOBRE A COMUNICAÇÃO COM PESSOAS COM DEFICIÊNCIAS VISUAIS E AUDITIVAS

PERCEPCIÓN DE ESTUDIANTES DE ENFERMERÍA SOBRE LA COMUNICACIÓN CON PERSONAS PORTADORAS DE DEFICIENCIAS VISUALES Y AUDITIVAS

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ABSTRACT

Objective: to know the perception of nursing students on their communication skills with people with visual and hearing disabilities. **Method:** this is an exploratory and descriptive study, with a qualitative approach, case study type, conducted with students of three higher education institutions from the Paraíba state. The instrument for data collection was a semi-structured script. The procedure for data collection was the interview, and the analysis took place through the content analysis technique. The project was examined and approved by the Ethics Research Committee from the *Faculdade de Enfermagem e Medicina Nova Esperança* (FAMENE), under CAAE: 0031.0.351.000-10. **Results:** three categories were identified: Need to learn to communicate with people with visual and hearing disabilities; Personal experiences in communication with people with visual and hearing disabilities; Skills to appropriately communicate with people with visual and hearing disabilities. **Conclusion:** academics do not feel prepared to effectively communicate with these people. **Descriptors:** Health Communication; Integral Health Assistance; Nursing Care; Personal Healthcare Service.

RESUMO

Objetivo: conhecer a percepção de discentes de enfermagem sobre suas habilidades de comunicação com pessoas com deficiências visuais e auditivas. **Método:** estudo de natureza descritivo-exploratória, com abordagem qualitativa, do tipo estudo de caso, realizado com discentes de três instituições de ensino superior da Paraíba. O instrumento de coleta de dados foi um roteiro semiestruturado. O procedimento para coleta de dados foi a entrevista, e a análise ocorreu por meio da técnica da análise de conteúdo. O projeto foi apreciado e aprovado pelo Comitê de Ética em Pesquisa da Faculdade de Enfermagem e Medicina Nova Esperança, sob CAAE: 0031.0.351.000-10. **Resultados:** identificaram-se três categorias: Necessidade de aprender a comunicar-se com pessoas com deficiências visuais e auditivas; Experiências pessoais em comunicação junto a pessoas com deficiências visuais e auditivas; Habilidades para se comunicar adequadamente com pessoas com deficiências visuais e auditivas. **Conclusão:** os acadêmicos não se sentem preparados para estabelecer uma comunicação eficaz com essas pessoas. **Descritores:** Comunicação em Saúde; Assistência Integral à Saúde; Cuidados de Enfermagem; Assistência Individualizada de Saúde.

RESUMEN

Objetivo: conocer la percepción de estudiantes de enfermería sobre sus habilidades de comunicación con personas portadoras de deficiencias visuales y auditivas. **Método:** estudio de naturaleza descriptiva-exploratoria, con abordaje cualitativo, de tipo estudio de caso, con alumnos de tres instituciones de enseñanza superior de Paraíba (Brasil). El instrumento de reunión de datos fue un guión semi-estructurado. El procedimiento para recabar los datos fue la entrevista y el análisis se produjo por medio de la técnica de análisis del contenido. El proyecto se apreció y aprobó por el Comité de Ética en Investigación de la Facultad de Enfermería y Medicina Nueva Esperanza, CAAE: 0031.0.351.000-10. **Resultados:** se identificaron tres categorías: necesidad de aprender a comunicarse con personas portadoras de deficiencias visuales y auditivas; experiencias personales en comunicación con personas portadoras de deficiencias visuales y auditivas; habilidades para comunicarse adecuadamente con personas portadores de deficiencias visuales y auditivas. **Conclusión:** los académicos no se sienten preparados para establecer una comunicación eficaz con estas personas. **Descriptores:** Comunicación en Salud; Asistencia Integral a la Salud; Cuidados de Enfermería; Asistencia Individualizada de Salud.

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INTRODUCTION

People with disabilities need an adapted environment for developing their activities and interacting with other people in different social spaces. The social relevance of disabilities, in particular the visual and hearing impairments, goes through the health sector and covers society in a general way, since these people have limitations that may prevent their interaction with society.¹

It should be realized an increase in birth of extreme premature children, which can stay with sequelae, usually resulting in disabilities with neuromotor or sensory nature. Other factors considered to be at risk for the onset of disabilities may occur in other phases of the life cycle, such as iatrogenic events, chronic and degenerative diseases, urban violence and changes arising from Stroke.²

Data have unveiled that in Brazil there are 148,000 people with visual impairments, pointing out the Northeast as the region with the highest rate, and the Southeast with the lowest rate, with, respectively, 16.8% (57.400) and 13.1% (54.600).³ This same source indicates that there are 166.400 people with hearing disability. Before these data, it should be emphasized the need to prepare nursing students to care for people with visual and hearing impairments.

Disability is defined as any abnormality or loss of structures, psychological, physiological or anatomical functions that cause inability for the development of activities within standards regarded as normal for the human being.⁴ Among the disability types of, the visual and hearing disabilities are highlighted in this study. With regard to visual impairment, this can be classified according to the degree of impairment of visual acuity, as blindness and low vision. With regard to the degrees of hearing disability, hearing loss can be mild, moderate, severe or deep.⁵

Regarding the diseases that can result in disabilities, visual impairment presents as the most common causes: macular degeneration, glaucoma, cataracts, diabetic retinopathy, inflammatory diseases, genetic disorders and injuries;⁶ as for hearing impairment, it may present as etiological agents: unknown causes, maternal rubella, genetic reasons, prematurity, among other factors.⁷

It should be noted that communication with people with visual and hearing disabilities have barriers that, often, hinder this process, since the sense organs, which make up the channels of transmission and reception of messages during interaction, are jeopardized.

⁸ Nonetheless, these people are part of society and should have their rights respected.

Nevertheless, often, the right to health is not fully met due to lack of resources, as well as the unpreparedness of healthcare professionals. Thus, students should develop skills, during their training, to allow that the relationship with the cared being to effectively occur during the health assistance.⁹

Given the above, this study aims at knowing the perception of nursing students on their communication skills with people with visual and hearing disabilities.

METHOD

This is an exploratory and descriptive study, with a qualitative approach, case study type, conducted with students of three higher education institutions, one public and two private, during the period from September to October 2010, in the city of João Pessoa, Paraíba, Brazil. In this city, there are nine of nursing schools, however, only three agreed to participate.

The students, males and females, were intentionally selected for the interview, by meeting the selection criteria, composing a sample of 30 students. The selection criteria were: being enrolled in the last period of graduation; being properly enrolled in the aforementioned institutions; being present at the location of data collection; having availability; agreeing to participate in the study and signing the Free and Informed Consent Form - FICF.

It should be highlighted that the targeting for nursing students from the last period is due to the concern with regard to their training and communication with people with visual and hearing disabilities. Such restlessness is still little explored in nursing literature in Brazil and, consequently, this makes the theme emerging in the professional training.¹⁰

For conducting the study, all norms of the Resolution 196/96 of the National Health Council were covered.¹¹ The project was examined and approved by the Ethics Research Committee from the *Faculdade de Enfermagem e Medicina Nova Esperança* (FAMENE), under protocol nº 155/2010 and CAAE: 0031.0.351.000-10. To maintain anonymity and to preserve the identity of the participants, they were identified with the letter E, followed by sequential numbers

corresponding to the order that the interviews took place.

Data collection occurred through interview with a semi-structured script, containing topics related to age and gender, as well as the following guiding question: do you feel qualified to communicate with a person who has visual or hearing disability? Justify.

The interviews were recorded by the authors, by using a digital voice recorder. Next, the speeches were transcribed verbatim to the computer, enabling a better content analysis. It should be evidenced that the collected material underwent linguistic corrections, without suppressing the spontaneous character of the speeches. The files containing these statements are saved in WAV format, totaling 705 minutes of interview that correspond to an average of 23.5 minutes per interview.

The content analysis was accomplished with the meeting of the authors in an appropriate environment, with resources necessary for performing the readings. The transcribed texts were printed and made available to authors who, subsequently, discussed the information for doing the data interpretation. At this stage, there were readings and re-readings of the collected material, in order to identify indicators that guided the essence of the speeches, in search of contemplating the research objectives, by systematizing the recorded data. These were interpreted in view of obtaining the understanding of the text for organizing the elements that gave rise to the categories corresponding to the content regarding the theme specifications. The grouping of the data allowed the formation of categories that were explained, seeking to understand the essence of each one of them from the participants' speeches, by leading to reflections on the study theme, according to the relevant literature.¹²

After performing these steps, the following categories were defined << **Need to learn to communicate with people with visual and hearing disabilities** >>; << **Personal experiences in communication with people with visual and hearing disabilities** >>; << **Skills to appropriately communicate with people with visual and hearing disabilities** >>.

RESULTS AND DISCUSSION

Next, we will present the categories elaborated from the data collected during the survey, which allowed us to know the perception of nursing students on their

communication skills with people with visual and hearing disabilities. Considering the data saturation, we will expose the most relevant speeches of the 30 interviewees, by following the methodological framework for characterizing the speeches, as described previously.

Concerning the characterization of the research participants, the students included in the research were aged between 21 and 32 years. With regard to gender, 29 (96.67%) were females, and one (3.33%) was male.

• **Category 1: Need to learn to communicate with people with visual and hearing disabilities**

The first category highlights the need for students learning to communicate so that they can appropriately interact with people with visual and hearing disabilities. The knowledge about communication subsidizes the healthcare practice, allowing the interaction among future professionals and such people, when contributing to the quality thereof.

[...] We have to learn to communicate with all people, especially with those who have limitations in creating this relationship [...] (E3).

[...] The way we communicate is what makes the assistance, in our case, is better provided [...] then it is important that we learn to communicate with people with disabilities, since they deserve and have the right to know about their pathology (E7).

[...] it is important that since graduation we have this knowledge [...] since the healthcare field is very extensive [...]. (E10).

Communication is the process of transmitting and receiving messages during human relationships that permeate the life phases. Every human being uses communication to express its perceptions and feelings, seeking to meet its needs, whether physical, psychological or emotional. According to the reality of each person, we should adapt this process so that the transmitted messages can be effectively understood, making it possible to build bonds in the interpersonal relationship.¹³⁻⁵

With regard to the nursing care, it should be observed that caring depends on the interaction established between caregiver and cared being, considering possible limitations showed during the relationship, which can set up barriers in the communication process. Thus, it is necessary to consider the communication aspects, in order to develop an appropriate care.

Two of the identified barriers in the interaction during the caring act are the visual and hearing impairments. Such disorders are the result from the changes in sense organs, which are essential channels for exchanging information. Before these limitations, it is a task of the nurse to develop strategies to overcome such difficulties, by allowing interaction with patients.^{1,16}

The development of these skills needs to be present in the professional training, since the National Curricular Guidelines of the Undergraduate Nursing Course dictate that communication skills should be part of the profile of professionals and students. By acquiring this profile, the professional will be able to deal with several constraints of the communicative process, and therefore can understand the information provided by the cared being, thus guiding people about their health status, clarifying the interventions employed on the therapeutic, aiming at the implementation of the nursing care that should prioritize health promotion and disease prevention.^{4,8}

The National Curricular Guidelines of the Undergraduate Nursing Course dictate that the nursing training should meet the health needs in a humanized and individualized way, taking into account aspects related to the human being. For this purpose, the nurse makes use of competences and communication skills to better relating to people.¹⁷

The speeches below indicate that, just like all human being, those with visual or hearing impairments expressed the need to communicate and, to this end, it is necessary that the nurse is qualified to ensure a care free of prejudices and/or discriminations, based on the quality of the provided service.

[...] We have to ensure an equitable care, both for those with disabilities and for those who do not have, because everyone has the right to a worthy care (E12).

[...] People with visual and hearing disabilities [...] need to express themselves, and we need to understand to serve the best possible way (E15).

Everyone has the right to health, and it is a responsibility of managers and professionals to offer the conditions for that the healthcare services conduct an equitable and accessible care. It is known, however, that people with visual and hearing disabilities find obstacles that hinder the access to this sector, especially with regard to the communication between them and healthcare professionals.¹⁶

From this perspective, the Ministry of Health has developed a manual directed to

doctors, nurses and other healthcare professionals, recommending the inclusion of people with disabilities as broader goal, in primary, secondary and tertiary care, in full and ongoing way, and the nurse should implement actions that facilitate accessibility, ensure the health protection and prevent the emergence of hazards.¹⁸ Accordingly, it is clear the need to adapt healthcare services to assist people with visual and hearing disabilities, enhancing the interaction thereof.

• Category 2: << Personal experiences in communication with people with visual and hearing disabilities

The second category describes that personal experiences influence the development of skills to communicate with people who have visual and hearing disabilities. According to some students, these experiences help to acquire trust in the communication process, bringing them closer to the reality and enabling an elucidation of the limitations of such people, making them better prepared to deal with diversities.

The speeches below refer to the communication opportunities that the study participants experienced with people with visual and hearing impairments.

[...] To my 16 years, I dated someone who had hearing disability [...] gradually, I started to get interested in their alphabet [...] Today, in Nursing field, I had the curiosity and I tried to train myself in this area [...] (E18).

My family has a hearing impaired person [...] I cannot correctly communicate [...] I have to ask his mother and his father on what he wants ... I have great difficulty (E23).

You can see that the experiences with people with hearing impairment generate conflicts, since the students realize not knowing how to interact with them, it is a fact that arouses the search for training so that they can overcome their own communication limitations.

The nursing professional, when relating with people with disabilities, may find barriers that hinder the communication process, which suggest the need for family participation in establishing the interaction. However, health assistance should ensure secrecy and maintain the privacy of the cared being, which cannot happen if a family member intervenes in the interaction between the subject with disability and the healthcare professional. Hence, despite the difficulty in relating to these people, they cannot be left

without assistance, thus prioritizing their inclusion in society to ensure their rights, especially the right to health.¹⁹⁻²⁰

[...] I had an uncle with visual disability [...] when I was a child, I had to be all the time helping him to walk, until he recognizes the whole house [...] and that experience helped me a lot, even for today (E27).

[...] Once I administered a contraceptive in a person with hearing disability in a primary care unit [...] for me it was difficult, since I had not had any experience [...] but, at that health station, nobody could communicate with her, as she only came, received the medication and then did go away [...] (E30).

Given the above statements, it became clear that the nursing professional should adapt itself to the disabled person and not the opposite. For that to happen, the students should not propagate the fault of the service related to the lack of interaction with these people, but they need to make use of shares, by helping them to overcome their limitations.

With regard to people with visual disability, the professional should help them, for example, in their localization and recognition of the unit, as well as ensure their health education. Concerning the people with hearing disability, it is clear the need to guide regarding the benefits of the performed procedure and to clarify doubts, since if the student only provides the medicinal drug and does not inform about the health-related issues, it can prevent the user to return to such service, generating health consequences for him/her.

• Category 3: Skills to appropriately communicate with people with visual and hearing disabilities

The third category was designed from the speeches of the participants who reported not having skills for doing an effective interaction, and such situation requires the learning of the knowledge that allows the communication with people with visual and hearing disabilities. The teaching of these skills provides security for the student to perform the care for these people, by influencing on improvement the quality of care, through the use of strategies that drive the action, according to each disability type.⁷⁻⁸

Below there is a speech that refers to a communication form used in interacting with people with hearing impairment, given the lack of spoken language, requiring the use of bodily and facial expressions.

I would try to communicate by mimics [...] the difficulties would be large (E22).

It was possible to identify that the major difficulty of communication in the relationship with the person with hearing disability is the lack of verbal code, which can be replaced by THE Brazilian Sign Language (known in Brazil as LIBRAS), which is little-known of nurses. As a strategy that facilitates the interaction between professionals and people with this disability type, we should highlight the use of the non-verbal communication performed through mimics or lip reading, and written communication, whose use depends on the schooling of the individual. However, the use of the non-verbal communication requires greater care in understanding the signals, i.e., caution is needed when interpreting the gestures, facial and bodily expressions, in order to reach a satisfactory performance in the interpersonal relationships.^{1,10,20}

Regarding the care for the visually impaired person, the shares that explore verbal communication and stimulation of other senses should be used, since the vision loss sharpens the other senses, which need to be explored. The senses of touch, smell and hearing play an important role in the orientation process in the environment in which the patient is inserted. It should be highlighted, therefore, the importance of describing the physical environment, guide the disabled subject in this space and make the recognition of the location by the use of touch, during its first visitation, in order to facilitate its locomotion, so that there is a relationship of trust between healthcare professional and cared being.

Regarding the care, the nurse should inform about the care purpose, describing the moment in which this will happen and what is being performed, as well as providing materials in Braille, devoting attention to the patient, in order to better understand it and be understood. The Braille language can be understood as a system of points perceptible by touch, which represent the language elements²¹, but hard to access, requiring training to use it.

Disability refers to the need for the nursing professional to adapt itself to the transmission of information according to each patient. The search for a suitable strategy involves the use of appropriate materials for each disability type, so that they can help in the understanding of this professional at stake. We can cite, as examples, serial albums, posters, adapted didactic booklets, used to provide guidance and information that stimulate the patient's return to the healthcare service, providing a continuity of

the care for the identified needs and in health education.^{1,20,22}

According to some study participants, the communication with people with visual impairment is less troubled, since it is possible to use verbal language as a communication mechanism, by making the interaction between the nurse and the cared being easier and clear.

[...] Not, I could only communicate with those people regarding the basic expressions [...] with a visually impaired person would be easier, due to the use of verbal language, but with hearing disability, not [...] (E3).

[...] people with visual disability, yes, but with hearing disability, no. I need to take a course and qualify myself better in their language [...] (E20).

Regarding the person with hearing disability, the students present themselves unsettled in relation to communicate with them, because they do not have skills to use sign language in a way to transmit information about their health status. This problem is associated to the lack of training during the graduation time, the difficulty of providing LIBRAS training to students, as well as the absence of opportunities to communicate with these people during academic internships.²¹

No, I do not feel [qualified], because I have no training aimed to communicate with people with these disabilities [...] (E17).

No, due to never having experienced it, it would be difficult to say that I would be trained to communicate [...] (E10).

Communication skills aim at helping in decoding the verbally and non-verbally transmitted messages, in order to understand the information provided by people with visual and hearing disabilities. The healthcare professional should learn strategies to effectively relate with such people, thus ensuring accessibility for people with visual and hearing impairments to health assistance and by providing a care according to their actual needs.

CONCLUSION

This study has showed that some nursing students reported not having skills to communicate with people with visual and hearing disabilities, and expose the need to acquire knowledge about these skills during the graduation time. Others, however, develop strategies that can provide communication, in specific situations, arising from personal experiences, but that does not ensure an effective communication.

This gap makes the undergraduates hesitate to interact with this population, and it can greatly raise the communication barriers in the health assistance, since these students will be future professionals inserted in the labor market, but without skills to care for these people. It is worth noting that the effectiveness of communication takes place when skills are consciously used, which should to be provided during the professional training, in order to ensure the inclusion of people with visual and hearing impairments in the health assistance.

It is hoped that the results of this study induce to a critical and reflective consciousness, in order to influence the training of the nursing professional in communication, in view of minimizing the barriers of this process and emphasize the access of people with visual and hearing disabilities, by providing a new approach to the care process and pursuing health promotion and accessibility for these people.

The major limitation of this current study was the data collection, since, due to be in the last period of graduation, the students were in internship field. Thus, the meeting with the study participants was restricted to the class meeting days or guidance to prepare the Term Paper (TP).

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Trigueiro Filho EPS, Silva JPG da, Freitas FFQS et al.

Perception of nursing students on...

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