

Being deaf can be bad for your health

How do you tell a deaf person you are a nurse? How does a deaf person 'hear' his/her name being called in the waiting room? Rowena Dean and Steve Powell consider

Spent over an hour in waiting room. Turned out I had been called twice but due to my deafness completely missed it. Now my medical records say I am deaf and this has made a difference.

The incidence of health problems is greater among deaf people than in the general population (Fellinger, 2005), but deaf people often experience greater difficulties in accessing primary health care. SignHealth, a charity for deaf people, has analysed findings from the General Practice Patient Survey (GPPS) and highlighted some of the difficulties that deaf people face in accessing health care and communicating with health professionals (2009a, 2009b) (Table 1).

Evidence for inequity

About 35% of deaf people are unclear of their diagnosis or condition because of communication problems. Where the diagnosis is a serious condition, any delay can be serious or fatal (RNID, 2004).

About 40% of deaf people experience mental health problems (Hindley et al, 1994). This is twice the prevalence found in the hearing population. Depression is particularly common in deaf people.

At the request of Mike Warburton, director of the National GP Access Programme, SignHealth conducted a survey of deaf and disabled people's experience of primary care. The resultant report (SignHealth, 2009a) reinforced anecdotal evidence of poor practice, e.g. GPs refusing to book interpreters because they cost too much, patients leaving with no idea what is wrong with them, people not understanding their medication and using it incorrectly. However, there were

also examples of good practice where deaf people felt respected and happy with access to general practice services. Many respondents' experiences were similar to those of hearing people, e.g. frustration about not being able to book appointments in advance. But many of these were compounded as a result of peoples' deafness and disability.

Making appointments by email

Many deaf people had tried to use TypeTalk or a Textphone but found this increasingly difficult because of automated switchboards. A great number of deaf people visit the surgery to make an appointment despite the inconvenience that a hearing person would be unlikely to accept. One patient applauded the use of email:

My GP has introduced online booking which is the most fantastic thing ever as it gives me independence to book my own appointments and not have to rely on other people telephoning.

Once at reception or in the waiting room, there are many examples of deaf people being overlooked and missing their appointment. Many respondents used the word 'stress' with regard to the waiting room. Some asked the receptionist to fetch them but were forgotten. Similar aspects of the patient experience at reception have been discussed by Lakhani (2008).

Look directly at the patient

Many patients reported that health professionals do not look at them when they are speaking: One deaf patient said, 'They need to face who they are speaking to and not just keep watching their PC.'

Some practices had innovated to help improve communication with deaf people:

My doctor's surgery has put an ear symbol on my notes, so that, whichever doctor or nurse I see, they know straight away that I need clear communication.

Most deaf people prefer to see the same doctor or nurse at each appointment. They will have established a method of communication between them and that familiarity will reduce the stress on the patient of trying to understand a stranger. Deaf people find it difficult to lip-read when the health professional has a strong accent or a bushy beard.

Out-of-hours services present many problems for deaf people. However, access to the NHS Direct advice line is available by textphone through a single national number.

British Sign Language

There is a misconception that all deaf people can communicate through the written word. This is untrue. English is not the first language of most profoundly deaf people—their first language is often British Sign Language (BSL). It is estimated that BSL is the first language of

Table 1. Key findings on deaf people's access to health care

22% of deaf people find it hard to get through to their general practice on the phone

Only 30% of deaf people are in employment compared to 50% of the general population

20% of deaf people are 'sick or disabled' compared to just 6% of the general population

Deaf people are more likely to have a long-term medical condition. Only 7% of deaf people said they had no other condition compared to 51% of all respondents

27% of deaf people have a caring responsibility compared to just 9% of the general population. This was an increase on the 2008 results

From: General Practice Patient Survey, 2009

Steve Powell is chief executive and Rowena Dean is a marketing consultant, SignHealth, 5 Baring Road, Beaconsfield, Buckinghamshire HP9 2NB

about 70 000 people.

Just as many people lack understanding of foreign languages, written or spoken, deaf people can struggle with English. They will often lack general knowledge about physical health and the information that hearing people pick up through TV, radio and newspapers. Added to this is the public reluctance to talk about certain aspects of health care, and information on some subjects will normally be unknown for a deaf person.

Lip reading

Some deaf people can lip read but only 40% of speech is lip readable and few people know how to help maximize lip speech by facing the deaf person and sitting without ambient light behind them.

Some deaf people prefer an interpreter. One woman said, 'Family or friends only give a summary or they tell you what they think you want to hear.'

There is a national shortage of BSL-English interpreters, so getting an interpreter for a same-day consultation is unlikely and geographically sporadic.

Because of this communication barrier, SignHealth developed SignTranslate, an online interpreting facility which provides immediate translation when and where the patient needs it. The program is available to all health services and the interpreting fees can represent a significant cost saving on face-to-face translation.

This presents a great challenge to health professionals for whom communication is a vital tool in determining a diagnosis and managing treatment. People need to have a complete understanding of their diagnosis, what lies ahead for them, and to be able to express their queries, fears and concerns.

Recommendations

The recommendations from deaf and disabled people in the GP Access Programme survey are reasonable and achievable. Moreover, they are largely cost neutral (Table 2). In addition to these recommendations, practice nurses might also consider:

- Ensuring that you speak to the patient directly and face the patient rather than someone accompanying the

Table 2. Recommendations for improving access to primary health care for deaf people

General practices should allow booking of appointments by text, internet or email. Suppliers of patient record software say the capability is available to the majority of practices. Cost savings are possible

Staff need deaf and BSL awareness training, which improves the understanding of both patient, family members and professionals

All patients should be asked how they should be informed that it is their turn to see a nurse or doctor. For most deaf respondents, this was the issue that caused greatest irritation and stress

The patient should be asked whether he/she would like communication support and what support would be appropriate. The solutions vary but practices should take into account that many deaf people are not confident to ask for help. A discussion needs to take place to establish the best method for the individual

Patients' notes should clearly state the person's deafness or disability and any associated adjustments or communication methods required and requested. Many deaf people reported that health staff appeared to be unaware that they were deaf. It is easy for electronic patient systems to flag up the information and record the appropriate support system. It should not rely on surgery staff to recall this information at each visit

patient (speak to the deaf person not the interpreter)

- For specific diagnoses try to establish if there is information in BSL for those patients who use BSL as their first language. Use SignHealth for help
- Pay heed to the special needs of deaf children who may have hearing parents. This means communicating directly with the child even if someone is interpreting for him/her
- Tell SignHealth how it can support primary care professionals. The charity is keen to help nurses help their deaf patients.

Research

Little research has been carried out in the UK into the physical health of deaf people. SignHealth is committed to leading a major collaborative piece of research in autumn 2009 which will, for the first time, look at the comparative health of deaf people and investigate the reasons behind health inequalities experienced by deaf people.

Deaf people are needed to take part in this research, so please encourage your patients to register at www.iwantbetterhealth.org.uk

Further information

SignHealth
www.signhealth.org.uk
 Email: info@signhealth.org.uk

Deaf people interested in participating in a study of the comparative health of deaf people can visit www.iwantbetterhealth.org.uk

Practice nurses can play an important role in helping to ensure that deaf people get the best access to primary health care and that practice staff adopt appropriate communication strategies.

References

Fellinger J, Holzinger D, Dobner U et al (2005) Mental distress and quality of life in a deaf population. *Soc Psychiatry Psychiatr Epidemiol* 40(9): 737-42

Hindley P, Hill P, McGuigan S, Kitson N (1994) Psychiatric disorder in deaf and hearing impaired children and young people: a prevalence study. *J Child Psychol Psychiatry* 35(5): 917-34

Lakhani M (2008) No patient left behind: how can we ensure world class primary care for black and minority ethnic people? Department of Health, London

RNID (2004) A simple cure. RNID, London

SignHealth (2009a) Deaf and disabled people's experience of primary care: what deaf and disabled people would do to improve primary care access. SignHealth, Beaconsfield

SignHealth (2009b) Why do you still keep missing me? SignHealth, Beaconsfield



How to tell a deaf person you're a nurse in British Sign Language: draw a sign of a cross with your thumb at the top of your left arm.