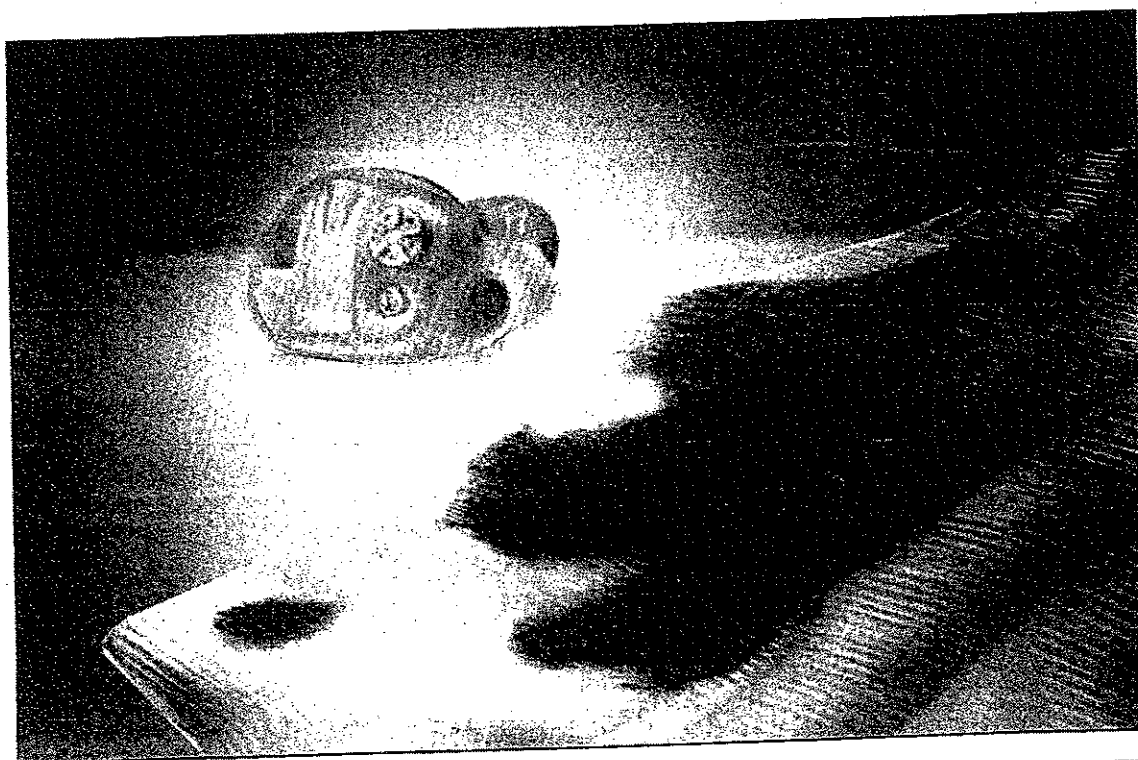


RN

**SHERYL K. SOMMER, RN, MSN, and
NATHAN W. SOMMER**

When your patient is hearing impaired

More than 34 million people are hearing impaired, but few nurses receive training on how to best communicate with them. Here are some tips on what it takes—from a nurse whose son is hearing impaired.



KERRY LINDT

I remember the time in high school gym class when I fell, cut my head, and was taken to the ED. The nurse had me remove my hearing aids so she could clean the wound. From that point on, I couldn't hear anything, and neither the doctor nor the nurse attempted to talk to me.

When they spoke to each other, they didn't face me, so I couldn't even read their lips, which left me with no clue as to the extent of my injury. I was frightened and concerned about the seriousness of my condition. I sat with my T-shirt wet from blood and saline as the doctor pushed my head forward so he could put in staples. My parents were my only source of information and reassurance.

The patient in that incident is Nathan, my son and the co-author of this article. When Nathan was a toddler, his father and I noticed that he didn't respond to sounds as other children did, such as running to the door upon hearing the doorbell. He was diagnosed with a severe hearing loss when he was 18 months old.

Unfortunately, Nathan's experience in the ED is common among patients who are hearing impaired—healthcare professionals often fail to meet the needs and respect the rights of people with hearing loss.¹ In a survey of hearing-impaired patients who had been hospitalized, nearly half felt there were significant shortcomings in the staff's ability to communicate with patients with hearing loss.²

SHERYL SOMMER is an instructor at Marcella Niehoff School of Nursing at Loyola University in Chicago. NATHAN SOMMER is a premed student at Creighton University in Omaha. STAFF EDITOR: Jeff Bauer

Nurses can change that by taking the time to understand how hearing-impaired patients communicate and following a few simple suggestions. Doing so will enable you to provide them with the same high level of care you would give to any other patient, and patients will greatly appreciate your efforts.

Hearing loss is a common condition

The terms "deaf" and "hearing impaired" are both used to refer to varying degrees of hearing loss. Deaf patients can't use their hearing for communication.³ Their hearing loss is so severe that no amount of amplification will help them to process sound.

Hearing-impaired patients are able to use their hearing to some degree for communication.³ Their hearing may be augmented with a hearing aid or cochlear implant.

Hearing impairment can be categorized as mild, moderate, severe, or profound based on the softest sound level (measured in decibels) an individual can hear without amplification. Though the numerical values used to define each category may vary, a mild hearing impairment is about 16 dB to 30 dB; moderate, 31 dB to 70 dB; severe, 71 dB to 90 dB; and profound, ≥91 dB.⁴ (A whisper is approximately 10 dB, an ordinary speaking voice about 60 dB, and a shout about 90 dB.)

According to the Centers for Disease Control and Prevention (CDC), more than 34 million Americans were hearing impaired as of 1997, the most recent year for which data are available.⁵ About 50% of men and 33% of women 65 years of age and older have some degree of hearing loss.⁶

Hearing loss is more common in men than in women, and in whites more than African-Americans or Hispanics.⁶

Having to interpret speech without sound

To understand spoken conversation, hearing-impaired patients typically tune into a combination of subjective and objective signals. They interpret speech based on what they can hear and on lip-reading, body language, and the context of the conversation. Some patients who are hearing impaired depend on some form of visual communication (sign language) for a significant portion of communication and use it in combination with those other methods.

Hearing-impaired patients may use a hearing aid or a cochlear implant to enhance their ability to detect and understand auditory stimuli. A hearing aid is an external electronic, battery-operated device that amplifies and changes the sound, sending it to the ear through a speaker.

A cochlear implant is a small electronic device that's surgically implanted under the skin behind

KEY WORDS

- ▶ hearing impaired
- ▶ deaf
- ▶ hearing aid
- ▶ cochlear implant
- ▶ lip-reading
- ▶ sign language
- ▶ Americans with Disabilities Act
- ▶ telecommunication device for the deaf (TDD)

RN

the ear to compensate for damaged or non-working parts of the inner ear that normally convert sound waves into the electrical impulses the brain recognizes as sound.⁷ A cochlear implant can provide a sense of sound to a person with a severe hearing impairment.

A common misconception about hearing impairment is that the problem can be overcome with greater amplification. Hearing aids process and amplify sound to compensate for a hearing loss, but they cannot replicate the natural ability to tolerate both soft and loud noises.⁸ Nathan explains:

My hearing aids magnify not only the sounds I want to hear, but those I don't want to hear as well. This happens especially outside on windy days or where there's background noise, such as loud conversation or many people talking at once. The hearing aids amplify the wind and background noise, which makes it difficult to understand things that I want to hear.

In addition to the issue of volume, distortion of sounds is also a problem. Patients with a hearing impairment hear certain sounds less distinctly than others, which makes speech more difficult to understand. Skill in lip-reading can be a help for these patients, though they may need some training. Unfortunately, though, an estimated 70% of spoken sounds look the same on the lips—which makes lip-reading very difficult and often inadequate when a patient wants precise information.⁹ Therefore, when conveying preop instructions or obtaining consent for treatment, healthcare providers and hearing-impaired patients should use another form of communication. In addition to lip movement, hearing-impaired individuals look closely at facial expressions and body language to

interpret what's being said. Since they may not hear inflections clearly, they look to these nonverbal forms of communication to judge the tone in which words are being used. Nathan explains how he uses this method, and how body language can send unintended messages:

When I was in the ED, the nurse had a stern facial expression—an arched eyebrow, a tight, linear arrangement of the lips, an intense, highly focused gaze, and tense facial muscles. Her nonverbal language made me think something was wrong, and made me anxious and scared.

The physician's facial expression seemed aloof, distant, and unconcerned. His expression made me wonder how carefully he was paying attention, and if I was receiving proper treatment.

A few adjustments are all that's needed

Communicating effectively with hearing-impaired patients is not as complicated as you might think. It takes only a little ingenuity, combined with patience and empathy. Start by asking the patient if he is hearing impaired, and if so, which mode of communication and assistive devices he prefers. However, be aware that some hearing-impaired patients may deny their disability.²

During initial contact with a patient, especially one who is elderly, watch for signs that indicate impaired hearing. Objective signs include facial expressions that signal confusion or are incongruent with the conversation, turning the head or leaning toward the speaker, and an inappropriate response to your questions, or none at all.

If you suspect that a patient has hearing loss, try this simple test: Turn away from the patient and

ask a question in a normal voice. This will prevent him from lip-reading what you said. If the patient can't understand or answer the question, gently ask him about his hearing in a manner that reassures him you want to help.

When you're interacting with a hearing-impaired patient, it is helpful to look for ways to make the environment more conducive to communication. Adequate lighting is important for patients to be able to lip-read, so leave some type of light on at all times; a night-light may be useful in dimly lit rooms.

Also look for ways to reduce background noise. Imagine how a hearing aid might amplify not just your speech volume, but the volume of beeping alarms, ringing telephones, and other people's conversations. Taking the patient to a private room, if that's possible, and shutting the door will significantly improve communication.

When speaking, face the patient at all times, and make sure your mouth is always visible and not covered by your hand or a mask. If you must wear a mask, for example, communicate in writing. Remember to stop speaking whenever you have to turn away from the patient or look down to take notes.

Speak clearly at a normal volume. Don't yell into a person's ear or hearing aid, as this could cause damage to the inner ear. Shouting often results in exaggerated enunciation, which may make it more difficult for the patient to lip-read.

Don't speak too fast. When beginning a conversation, introduce yourself and others to the patient, and encourage him to interrupt whenever he needs clarification. If a patient asks for clarification, first try repeating what you said. If the patient still has difficulty understanding, try rephrasing what you said rather

RN

than simply repeating it; a change in wording will often provide the patient with the additional information he needs.

For some patients, stating the topic of conversation before you delve into it may be beneficial. That will give your patient a clear context for interpreting what you say. Similarly, alert him to a change of topic, making clear when you're about to stop talking about one topic and move on to another.

Because body language speaks volumes to hearing-impaired patients, make sure your nonverbal signals—your facial expressions, gestures, and posture—fit your intended message. In addition, keep in mind that a hearing-impaired patient will need more time to process what's being said, since some interpretive guesswork is often necessary.² As a

ult, his responses may be delayed; give him time to prepare his response and provide him with additional information if his initial interpretation is incorrect. Rushing or being distracted while speaking with a patient will make it especially difficult—if not impossible—for him to understand you.

Some patients with hearing impairments may smile, nod, and appear to understand the information they're being given, even if they don't, out of fear of appearing stupid or taxing your patience.¹⁰ The more important the topic, the more you'll want to verify that the patient comprehends by asking him to repeat it. If you're not sure your message is getting across, write it down.

Always follow up important conversations with thorough documentation. Record specifically what was taught and that the patient accurately repeated the information he was given.

Some patients, such as those who prefer to communicate using

Strategies for communicating with hearing-impaired patients

- ▶ Note the patient's preferred method of communication (lip-reading, sign language, or writing).
- ▶ Face the patient when speaking.
- ▶ Speak clearly at a normal volume and rate (don't over-enunciate).
- ▶ Avoid covering your mouth.
- ▶ Encourage the patient to interrupt for clarification.
- ▶ Rephrase sentences when clarifying information.
- ▶ State the topic of conversation before delving into it; make it clear when you change topics.
- ▶ Verify that the patient understands you by asking him to repeat critical information.
- ▶ Provide adequate lighting at all times to aid lip-reading.
- ▶ Reduce background noise.
- ▶ See to it that a telephone amplifier, speakerphone, or a telecommunication device for the deaf (TDD) is available to your patient.
- ▶ Notify the patient of emergency situations "in person."

Source: The Committee on Disabilities of the Group for the Advancement of Psychiatry. (1997). Issues to consider in deaf and hard-of-hearing patients. *Am Fam Physician*, 56(8), 2057.

sign language, may require an interpreter. Under the Americans with Disabilities Act, public accommodations, including healthcare facilities, are required to provide and pay for interpreters.⁸ In these situations, it's imperative to maintain the patient's confidentiality by using certified interpreters, who can be located through the Registry of Interpreters for the Deaf (703-838-0030). Family members, friends, or co-workers rarely are legally qualified to serve as medical interpreters.⁸

Special concerns during hospitalizations

While in the hospital, hearing-impaired patients may need assistive devices on their phone to communicate with family and friends at home. For some patients, a telephone amplifier or speakerphone will be sufficient. Others will need a TDD, or telecommunication de-

vice for the deaf, a keyboard with an alphanumeric display that allows typed communication with another TDD over a standard telephone line. TDDs can also be used with a relay service, in which operators translate calls from TDD users into voice, and vice versa.⁸

In emergency situations, patients who are hearing impaired may not be able to hear warning signals such as fire alarms, especially if they've been sedated or have removed their hearing aids (most patients who wear hearing aids take them out before they go to sleep). In case of an emergency, these patients must be notified "in person." All nursing staff—and, ideally, security staff—need to be informed when a hearing-impaired patient is on the unit. The patient's name and location should be clearly marked at the nurses station.


Although they have difficulty understanding verbal messages, hearing-impaired individuals are as

*The winner of a bouquet of flowers from the **RN** reader contest in October is:*

Gina Cronrath, RN, CDE
Oncology Unit
Holy Family Hospital
Spokane, Wash.

You could be our next winner!

To enter, find the rose that's been "planted" somewhere on the editorial pages of this journal. Then, simply clip out or copy the page it's on, circle it, and send it to us with your name, address, and a daytime telephone number where we can contact you if you're the winner. You can mail it to Roses, RN Editorial, Five Paragon Drive, Montvale, NJ 07645, or fax it to Roses, RN Editorial at (201) 358-7450. We'll draw one winner each month on the last business day of the month.

So look for another rose, like this one , and enter to win!

RN

intellectually capable and deserving of respect as any other patient. Taking a few extra steps to ensure that you're communicating effectively will not only help you accomplish your job, it will also lead to satisfaction for both you and your hearing-impaired patients. As Nathan experienced, even small gestures can make a difference:

In hindsight, I can see that during my visit to the ED, the "stern" nurse and "aloof" physician were fulfilling their roles in providing the necessary care. But there was a second nurse who cared for me briefly who made eye contact, smiled, and listened to my concerns. Although she spent the least amount of time with me, how she conducted herself calmed my nerves and made it clear that I was being cared for properly. □

REFERENCES

1. Waddell, L. (1995). Listening to deaf people. *Community Nurse*, 1(6), 11.
2. Hines, J. (1997). Making the right noises caring for hearing-impaired patients. *Nurs Times*, 93(1), 31.
3. National Association of the Deaf. "What is the difference between a deaf and a hard of hearing person?" 2001. www.nad.org/infocenter/infotogo/dco/difference.html (18 Sept. 2002).
4. American Speech-Language-Hearing Association. "Types of hearing loss." 2002. www.asha.org/hearing/disorders/types.cfm (21 Oct. 2002).
5. Centers for Disease Control and Prevention, National Center for Health Statistics. "Disabilities/Impairments." 2002. www.cdc.gov/nchs/fastats/disable.htm (18 Sept. 2002).
6. Centers for Disease Control and Prevention, National Center for Health Statistics. "Vital health and statistics, series 10, number 205." *Summary health statistics for U.S. adults: National health interview survey, 1997-2002*. www.cdc.gov/nchs/data/series/sr_10/sr10_205.pdf (18 Sept. 2002).
7. National Institute on Deafness and Other Communication Disorders. "Cochlear implants." 2002. www.nidcd.nih.gov/health/pubs/hb/coch.htm (18 Sept. 2002).
8. The Committee on Disabilities of the Group for the Advancement of Psychiatry. (1997). Issues to consider in deaf and hard-of-hearing patients. *Ann Fam Physician*, 56(8), 2057.
9. Royal Institute for Deaf and Blind Children. "Lipreading." *Communication strategies*. 2002. www.ridbc.org.au/information/hearing/hearing_strategies.html#lipreading (18 Sept. 2002).
10. Hayman, M. (1998). A protocol for people with hearing impairment. *Nurs Times*, 94(43), 54.

CLINICAL DO'S & DON'TS

BY EDWINA A. McCONNELL, RN, PhD, FRCNA

How to converse with a hearing-impaired patient

CLEAR SPEECH and other techniques help get your message across to someone who doesn't hear well.



DO

◀ Get your patient's attention by lightly touching his arm, hand, or shoulder and keeping your hand there until he responds.

- Ask his permission to turn off the television or radio or turn down the volume. Take measures to eliminate other environmental noise, such as closing the door if people are talking in the hallway.



- Face your patient from the front and at eye level whenever possible. Make sure the light is on your face rather than behind you. Seeing you clearly will help him understand you.

◀ If he wears a hearing aid, make sure it's in his ear, turned on, and functioning properly. If he needs glasses to see, make sure they're clean and that he's wearing them.

- Using simple sentences, speak a little more slowly than normal. Avoid shouting or using exaggerated lip movements or enunciation, which won't help get your message across.

- Supplement your message with gestures but avoid distracting movements.

- Avoid slang, jokes, and figurative language because your patient may misinterpret your meaning.

◀ If your patient doesn't understand, try saying the same thing with different words. If necessary, write down your message.

- Ask him for oral or written feedback to make sure he understands.



DON'T

- Don't talk to your patient from the bathroom or another room.

- Don't stand or sit in front of a window with the light behind you.

- Don't cover your mouth or face while speaking.

- Don't eat, drink, or chew gum while speaking. ☒

SELECTED REFERENCE

Lewis, S., et al.: *Medical-Surgical Nursing*, 5th edition. St. Louis, Mo., Mosby-Year Book, 2000.

Each month, this department illustrates key clinical points for a common nursing procedure. Because of space constraints, it's not comprehensive. Edwina McConnell is an independent nurse-consultant in Gorham, Me.