The use of Libras as a means of facilitating nursing care for deaf patients

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ABSTRACT
The current article identifies the struggle of the deaf community facing the difficulty in nursing care, such as strategy that nurses and others healthcare professionals use to assist the deaf community, considering the unpreparation from the staff. The objective is to bring up the importance of Brazilian Sign Language (LIBRAS) use to healthcare professionals in order to exist a reliable communication between deaf people and those professionals. It is narrative bibliographic research with a qualitative descriptive and exploratory approach. The research was based in BDENF, LILACS and SciELO databases through the following keywords: deaf, nursing and LIBRAS. Six (6) articles were found within the above keywords. One (1) was excluded for not addressing the subject in question. Five (5) articles were available in full according to the inclusion and exclusion criteria. It is necessary to indicate the importance of knowing Brazilian Sign Language from healthcare professionals, even in a basic way to offer a proper caring to deaf community.

Keywords: Deaf, Libras, Nursing.

1 INTRODUCTION

The World Health Organization (WHO) estimates that there are currently more than 460 million people with hearing loss in the world and that approximately 630 million will have hearing loss in 2030.

According to the Brazilian Institute of Geography and Statistics – IBGE (2010), the total number of individuals with severe hearing loss1 was around 2 million, noting the need to learn Libras. The low spread of this importance makes the group of deaf people more distant from society, significantly increasing the number of what is called social exclusion.

Nursing comprises a holistic look at each individual who needs care and, for this, there is a need for good communication between the caregiver and the one being cared for – the so-called Interpersonal Communication, where the patient who needs help is heard and helped (ELIAS et al., 2016).

The choice of the theme was based on this relationship of individuals who want and need to be "heard" within a society that treats them as invisible beings, without being able to be helped efficiently and effectively. Therefore, learning in Libras for nursing can contribute to an improvement in the care

of these patients, aiming at good communication.

Some questions must be taken into account when it comes to deafness in order to have knowledge and understanding of deaf culture.

Topics that address the theme presented were selected in order to clarify any misconceptions about the subject.

1.1 DIFFERENCE BETWEEN HEARING IMPAIRMENT AND DEAFNESS

When there is some impairment in the individual's hearing, there is a distinction between two terms that many still confuse a lot: hearing impaired and deaf.

According to the World Health Organization (WHO), a person's hearing is considered normal when they perceive sounds around 20dB. When she can only hear sounds above this value, she is considered to have a hearing loss, which can be classified as mild, moderate, severe or profound, affecting only one or both ears. Those with mild, moderate or severe types have the ability to communicate through oral language, as well as make use of hearing aids, cochlear implants and other devices. Deafness, on the other hand, is identified as profound hearing loss, implying little or no hearing captured.

According to Klemp et al. (2016), there are many causes that can lead to deafness, such as: intense noises; bacterial and viral infections; some medications, especially antibiotics; lesions or fixation of small bones in the middle ear; one's own age (presbycusis); genetics; and, benign and malignant tumors.

The deaf person, according to Decree No. 5,626/2005, is identified by having hearing loss, as well as understanding and interacting with the world through visual experiences. The manifestation of its culture is through the use of Brazilian Sign Language – Libras.

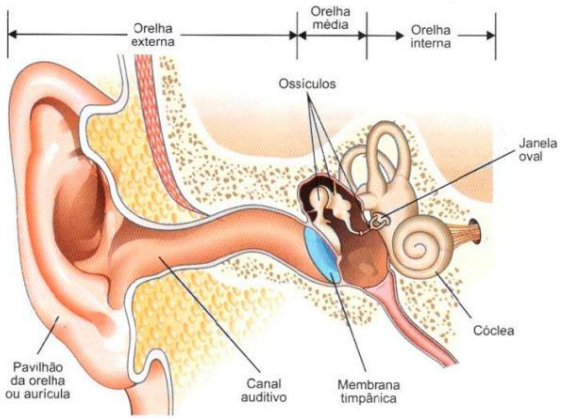
1.2 ANATOMY OF THE EAR

According to Gentil (2008 apud AREIAS, 2014), the human ear is divided into three parts: outer ear, middle ear and inner ear (Figure 1).

Areias (2014) also says that the external ear is made up of the pinna (or ear) and the external auditory canal and is responsible for receiving and transmitting sound to the middle ear. Its final portion is located in the tympanic membrane. From there, the middle ear begins, consisting of three ossicles: malleus, incus and stapes. Hammer in direct contact with the eardrum and stapes with the cochlea. The structure of the middle ear features an air-filled cavity, allowing the transformation of sounds into vibrations in the tympanic membrane, amplifying the sound all the way to the inner ear. In it, there is the presence of the cochlea, vestibular apparatus and auditory nerve. The cochlea is responsible for converting mechanical sound waves into electrical impulses through hair cells, while the vestibular

apparatus, which is composed of the semicircular canals (interconnected bone tubes) and has fluid inside capable of controlling balance. The auditory nerve, on the other hand, is responsible for sending the electrical impulses converted by the cochlea to the brain. Thus, the inner ear has two functions: balance, through the vestibular system, and hearing through the cochlea.

Figure 1: Anatomy of the human ear (CURI; PROCÓPIO, 2009)



Deafness can be classified in three ways: deafness due to conductive hearing loss, related to obstruction of the outer or middle ear, deafness due to sensorineural hearing loss, related to damage to the hair cells of the cochlea, and mixed deafness, caused by both the outer, middle and inner ears (SILMAN et al., 1997).

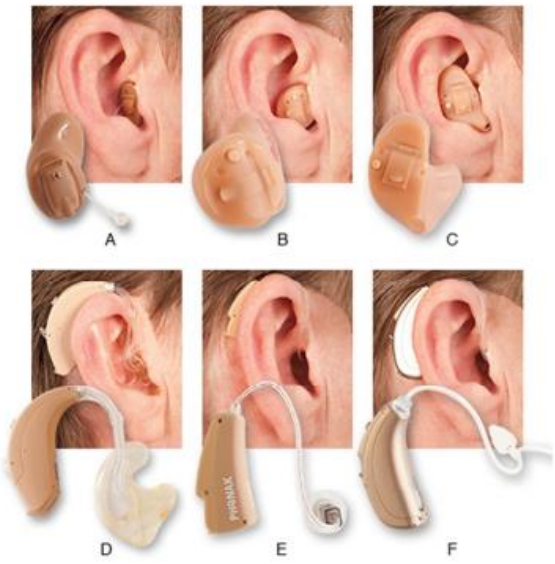
1.3 DEVICES USED TO LIVEN UP SURDEZ

Patients who have a profoundly damaged inner ear, resulting in severe or profound hearing loss, may manifest an inability to restore their hearing ability, making speech and language impossible (ILBERG et al., 2011 apud CRUZ et al., 2012 apud BARRAULT et al., 2013).

According to the WHO, hearing aids have the function of helping to amplify sound so that people who have hearing loss can hear better. These devices have behind-the-ear (behind the pinna) and in-canal (fitted in the ear canal) shapes.

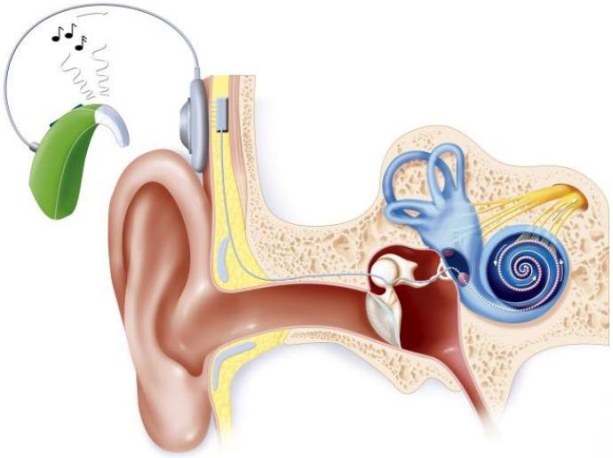
Milack (2015) presented six (6) models of hearing aids: microcanal, intracanal, intrauricular, conventional behind-the-ear, receiver-in-the-canal and open-fitting behind-the-ear, as illustrated in Figure 2 in A, B, C, D, E, and F, respectively.

Figure 2: Hearing aid models (MILACK, 2015)



The WHO points out that, in cases where the hearing aid does not show efficiency, especially for people who have bilateral sevara to profound hearing loss, another way for the auditory nerve to receive stimuli would be by applying an electric current through a device along the cochlea, called a cochlear implant and introduced by means of surgery. From it, the brain understands the transmitted sounds and the person is able to hear better (Figure 3).

Figure 3: Depiction of a cochlear implant in the ear, telling how sound is transmitted to the brain (MDS Manual, 2022).



1.4 ABOLITION OF THE TERM "DEAF-MUTE" AND "DISABLED"

During the period of oralism, in the nineteenth century, a period in which it was determined that deaf people should communicate through orality rather than by signs, the deaf was designated as deaf-mute, or mute. After several studies, it was concluded that the vocal apparatus of the deaf, as well as of the hearing people, was preserved. Thus, the term 'mute' is no longer used (BARBOSA, 2017, p. 33).

Sassaki (2003) points out that people who have disabilities have been manifesting themselves in relation to the term "disabled person", because they argue that the disability they have is not like objects that they can, or cannot, carry.

Thus, it is noted that the correct terms to be used when dealing with a deaf person are: deaf; deaf person; *hearing impaired and/or hearing impaired*[1].

1.5 POUNDS

The history of Brazilian Sign Language began at the time of Emperor Dom Pedro II, in mid-1855. One of his family members was deaf and was responsible for the interest of the emperor and the coming to the country of the French professor Eduard Huet, also deaf. He was responsible for the implementation of the manual alphabet and the French Sign Language and participated in the founding of the National Institute of Deaf-Mute Education in 1857. Currently, the institute is called the National Institute for the Education of the Deaf – INES (CARRARO et al., 2016).

According to Ramos (2004), Libras is an acronym used to designate the Brazilian Sign Language that was approved by *Feneis*[2] in 1993 and made official by Law No. 10,436/2002.

According to this Law:

> Art. 1 The Brazilian Sign Language (Libras) and other resources of expression associated with it are recognized as a legal means of communication and expression.
> Sole paragraph. Brazilian Sign Language (Libras) is understood as a form of communication and expression, in which the linguistic system of visual-motor nature, with its own grammatical structure, constitutes a linguistic system of transmission of ideas and facts, originating from communities of deaf people in Brazil.

Each country has its own sign language system and therefore cannot be considered as universal. This happens because each country has its own habits, characteristics, ideas and culture, which makes one place different from the other (ROSA, 2005 apud ANTUNES, 2011).

Considered a signural-visual language, Brazilian Sign Language has its own grammar, with its particularities and regional variations, which can be compared to the accents and slang of the Portuguese language. Therefore, it is noted that Libras is characteristic of each region of Brazil (KLEMP et al, 2016).

In an attempt to include deaf people in a society where they should be included, legislation was created to guarantee their right. Some of these will be highlighted for knowledge.

Law No. 10,436/2002 provides for the Brazilian Sign Language - Libras and provides other

[1] According to Sassaki (2003), there is a difference between partial hearing loss and deafness, where the former has some auditory residue, while the latter has total hearing loss. Therefore, it is interesting that the use of the term "hearing impaired" is avoided.
[2] According to FENEIS, the National Federation of Education and Integration of the Deaf is "a philanthropic, non-profit entity, whose purpose is the defense of language policies, education, culture, employment, health and social assistance, in favor of the Brazilian deaf community, as well as the defense of their rights."

provisions. From this Law, Libras was recognized as a legal means of communication and expression.

Decree No. 5,626/2005 regulates Law No. 10,436/2002, and provides for the Brazilian Sign Language - Libras, and article 18 of Law No. 10,098, of December 19, 2000. The aforementioned Decree includes Libras as a curricular subject, in addition to dealing with the training of teachers, instructors, translators and interpreters of Libras, guaranteeing the access and right of deaf people to education and health, and also ensuring effective service in the Public Power through the use and dissemination of Libras.

Law No. 13,146/2015 establishes the Brazilian Law for the Inclusion of Persons with Disabilities (Statute of Persons with Disabilities). Therefore, it ensures and promotes the rights and freedom of people with disabilities, seeking their social inclusion and citizenship.

Law No. 14.191/2021 alters theLaw No. 9,394/1996 (Law of Guidelines and Bases of National Education), to provide for the modality of bilingual education for the deaf. This Law guarantees that Libras be used as a first language in school education, and written Portuguese as a second language.

Therefore, the importance of addressing the rights of deaf people over the years is observed.

2 OBJECTIVES

The main objective of this study is to analyze how nurses can acquire knowledge in Libras. Thus, it is important to understand the need for this language in nursing care and also to contribute to this care and social inclusion, arousing the interest of the nursing team, in order to encourage them to study Libras.

3 MATERIALS AND METHODS

This is a narrative bibliographic research, with a qualitative, descriptive and exploratory approach, and was carried out through the VHL (Virtual Health Library), in the databases of BDENF (Nursing Database), LILACS (Latin American and Caribbean Literature in Health Sciences) and SciELO (Scientific Electronic Library Online), between the years 2014 and 2022 and in Brazilian articles, which contained the following keywords: Libras; nursing; and deaf.

A total of six (6) articles were found, one (1) of which was excluded because it did not address the same theme, and five (5) analyzed articles that were available in full and addressing the theme: Brito and Lavareda (2015); França et al. (2016); Marquete et al. (2019); Miranda et al. (2014).; and Soares et al. (2018).

4 RESULTS AND DISCUSSION

França et al (2016) use reports from health professionals from a primary health care unit in Campina Grandre – Paraíba. The inefficiency and ineffectiveness of language and communication with

deaf patients was observed due to the lack of training, mastery and knowledge of Sign Language, lack of audiovisual materials that could improve this communication and the fear of participating in care due to the presence of a companion and the message not being received accurately.

Brito and Lavareda (2015) reveal that deaf people face great difficulty in finding health services that have the resources to assist them in terms of communication. In addition, they highlight the idea of deaf patients being embarrassed in a nursing appointment because they are accompanied by a family member and end up hiding something important about their real health status because they are not at ease, which results in unqualified care due to the provision of care to the individual, in its entirety, be incomplete. They also add that the interpreter would not make this communication effective either, since he may be absent from the unit on the day of the consultation or even present, but without providing the patient's affective welcome, which may hinder the patient's relationship with the health professional for fear of his exposure.

Soares et al (2018) conducted an interview with twenty (20) nurses from Basic Health Units in the municipality of Arapiraca – Alagoas – and all interviewees stated that they had already assisted deaf patients and did not have the knowledge and/or mastery of Libras, also hindering the interaction between deaf users and health professionals. One of the interviewees revealed that he did not provide care to deaf patients who arrived at the unit without a companion or interpreter. The professionals interviewed used some practices to facilitate communication with the deaf, such as the presence of a companion during consultations, the use of writing and body language.

It was pointed out that the presence of a third individual in the care may not be safe, since there is a breach in trust between the professional and the patient. Writing was an instrument that helped the professionals a lot, since the deaf users knew how to read and write, as well as the use of body language, gestures and lip reading, which were also feasible for this communication.

In the research by Miranda et al (2014), the authors point to a study showing that 42% (forty-two percent) of health professionals use verbal communication to interact with deaf users, in the same way that writing is present in this interaction. However, communication can only be effective when these users are literate in both Portuguese and Libras (first language) and many did not have adequate access to the educational system. This type of communication also does not become effective when deaf patients try to write according to the rules used in Libras and are not understood due to the structure being different from the Portuguese language.

Regarding non-verbal communication, the authors highlight other studies demonstrating the relevance of this type of communication in care, both through Libras, gestures, mimes and/or lip reading. In one of the studies, the authors demonstrate that this type of communication is only understood if it is through short messages. Lip reading requires a lot of concentration, as it depends on the position of the head and lip gesticulation of the person who is reproducing. Another study by the

authors points out that all nurses and nursing technicians in a large hospital used mime to assist deaf patients, and a Colombian study addressed the use of graphics and demonstration with the instruments used in the procedure, before performing it to ensure the understanding and cooperation of these clients.

The same authors discuss communication via interpreter, which is effective, but must be with a TILS (Libras Interpreter Translator) professional, recognized in the deaf community and who is reliable, so that there is compatibility with the deaf and, thus, achieve success in the interaction of the client with the health and care professional.

A final means to enable communication between deaf users and health professionals pointed out by the authors is communication by devices, through computers, placed side by side, where the two can interact, in addition to the use of pictogram and icon programs demonstrating certain concepts, being effective in hospital environments where they are unable to use the hands to use the signs. In addition, programs and applications are also offered that can be used by the deaf, however, many of them are not available for free, causing a barrier to the access of these customers.

The relationship between the health professional and the deaf was addressed in one of the topics of the study and feelings of frustration, impotence and impatience were observed on the part of the professionals when interacting with this clientele, as well as fear, distrust and frustration on the part of the deaf when they need to take advantage of the health system and are not understood due to lack of preparation of the team. This lack of training of health professionals causes distancing and lack of personal interaction, excluding the deaf population from society. According to the authors, the communication between the health team and the deaf is complicated and clearly perceived when looking for care in the health units and, therefore, there is a need for a Libras interpreter in these establishments so that the deaf can be understood and assisted.

Marquete et al. (2019) demonstrate reports from family members of deaf users in the face of health services, highlighting the need for follow-up for these individuals, since the health team is not qualified to assist them. The family members who are fluent in Sign Language have verified the confidence in passing on the correct health information both to the deaf and to the professional who is providing care, without difficulties. On the other hand, there is the insecurity of family members who do not have such mastery, because there is no full understanding of the patient's health situation. Finally, there are reports from family members emphasizing that, due to the fact that the team is unable to communicate directly with the deaf person, there is a difficulty in relation to the important actions that will be assigned to this patient, such as, for example, prevention guidelines: what to do to prevent it, where to go or who to turn to.

5 CONCLUSION

Considering that communication is essential at any level of care, when there is no interaction or when it is weak between the health professional and the deaf patient, this communication becomes inefficient. Insufficient data collection and anamnesis lead to an erroneous diagnosis, posing a risk to the health of the deaf.

In the present study, the prevalence of the use of body language, gestures and even writing by the nursing team in the care of deaf patients is noted as a way of adapting care, when they should, in fact, have basic knowledge in Libras.

It is possible to observe the ineffectiveness in communication and the lack of preparation of health professionals to receive a deaf patient in the unit. Assumptions were raised in the articles studied regarding the autonomy of the deaf during the consultation, the difficulty in promoting the self-care of this patient, since the transmission of the message is not passed correctly, both by the patient and by the professional, and confidentiality and privacy that are not adequate in the care.

Therefore, it is notorious that health professionals need to have knowledge in Libras to offer personalized care, in accordance with the doctrinal principles of the Unified Health System (SUS). Feelings such as fear, lack of interest and/or impatience of the professional show the team's lack of preparation and exclusion towards the deaf patient, generating frustration, incapacity and invisibility of this patient, thus increasing exclusion by the hearing society, proven by the deaf community on a daily basis.

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