


## Feelings of health professionals regarding the care of pregnant women with hearing impairment

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Ana Maria Gaboni de Oliveira<sup>1</sup>, Maressa Victória Rodrigues de Paula<sup>2</sup>, Vitória de Castro Novais<sup>3</sup>,  
Renata Martins da Silva Pereira<sup>4</sup>, Clarissa Ferreira Pontual de Oliveira<sup>5</sup>, Marcia Figueira Canavez<sup>6</sup>,  
Odete Alves Palmeira<sup>7</sup> and Marcia Maria Bastos da Silva<sup>8</sup>

### ABSTRACT

This study deals with the discourse of health professionals who work in primary care about the care of women with hearing loss. Its objectives were: to know the feelings reported by health professionals about the possibility of caring for a pregnant woman with hearing impairment and to discuss the preparation for this care to be of quality. This is a qualitative descriptive research conducted with 31 health professionals (nurses, nursing technicians, nursing assistants and community health agents) from Basic Health Units (UBS) in a municipality in the mid-Paraíba region of the state of Rio de Janeiro. Most of the participants have already had contact with the LIBRAS course and a smaller number have had experience in assisting pregnant women with some hearing impairment. The results allowed the formulation of the following categories: Feeling of powerlessness when caring for a hearing impaired pregnant woman, Feeling of sadness in the face of the care of a hearing impaired pregnant woman and Lack of training to care for a hearing impaired pregnant woman. It is concluded that professionals do not feel prepared to deal with this public, feel powerless and sad in the face of care for hearing-impaired pregnant women and do not feel able to provide safe and quality care.

**Keywords:** Communication, Nursing, Hearing impairments.

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<sup>1</sup> Nursing Student  
University Center of Volta Redonda - UniFOA

<sup>2</sup> Nursing Student  
University Center of Volta Redonda - UniFOA

<sup>3</sup> Nursing Student  
University Center of Volta Redonda - UniFOA

<sup>4</sup> Doctor  
State University of Rio de Janeiro – UERJ

<sup>5</sup> Master  
University Center of Volta Redonda - UniFOA

<sup>6</sup> Master  
University Center of Volta Redonda - UniFOA

<sup>7</sup> Master  
University Center of Volta Redonda - UniFOA

<sup>8</sup> Master  
University Center of Volta Redonda - UniFOA



## INTRODUCTION

Ensuring accessibility is one of the fundamental factors for comprehensive health care for women with disabilities, as well as for the realization of their rights, citizenship, social participation and independence. Health professionals should identify the various barriers that hinder or prevent women with disabilities and reduced mobility from accessing health actions, offers, and services (MINISTRY OF HEALTH, 2019).

Language is one of the main instruments of cultural identity of a community. Thus, for example, what identifies the deaf community is sign language, known in Brazil as Libras. This communication is validated and recognized throughout the national territory, but there is still little inclusion of this knowledge in the curricula of schools and courses in the country (NASCIMENTO, 2011).

In order to promote satisfactory conditions, it is necessary to seek improvements in order to create better communication between the team and these patients, in this case it is necessary to include Libras (Brazilian Sign Language) as a means of social communication and humanization of the care provided.

The current reality of Primary Care professionals is very complex, because, on the one hand, there is the intention to provide egalitarian and holistic care and, on the other hand, the lack of support for this clientele that finds it very difficult in their care, since the health network does not have a significant number of LIBRAS (Brazilian Sign Language) interpreters who can assist in the outpatient environment (FERREIRA, *et al*, 2019).

Therefore, due to the need for an interpreter, the health professional should adapt by taking courses for a more humanized care that brings mastery for better care. It is also worth mentioning that communication is one of the basic instruments of caring for Nursing and other health professions, and is also considered a competence to be developed in prenatal care.

Adequate prenatal care, with the early detection and intervention of risk situations, as well as an agile hospital referral system, in addition to the qualification of childbirth care, are the major determinants of health indicators related to mother and baby that have the potential to reduce the main causes of maternal and neonatal mortality (RAMOS *et al*, 2018).

According to Ramos (2018), prenatal care aims at early detection of risk situations, however, pregnant women with hearing impairment often do not have adequate instructions on prenatal care, so they do not regularly seek the Basic Health Unit for routine consultations, due to the lack of preparation of professionals, making it difficult for both parties to understand.

Thus, it is important for health professionals to be aware of the scenario that surrounds these vulnerabilities that appear, for example, in the difficulties faced by women with disabilities to exercise their autonomy in daily life, in the obstacles to the experience of their sexuality, motherhood, lack of communicational and attitudinal accessibility in services, access to assistive



technology devices and health equipment and access to formal schooling and professional qualification (MINISTRY OF HEALTH, 2019).

Although there are Decrees and Laws exposed in the Brazilian legal system that determine LIBRAS as a means of communication and guarantee Deaf inclusion and comprehensive care in the various public services, such conducts are still not characterized as sufficient to extinguish the difficulties associated with communication barriers (FRANCISQUETI, *et al*, 2017).

This is because the absence of specific legislation on the need for interpreters during health care, as well as the obligation of a specific discipline of LIBRAS in the training process of health professionals, prevents this portion of the population from being contemplated during graduation and becomes a barrier to quality care (FRANCISQUETI, *et al*, 2017).

A study carried out in Paraná points out the importance of using LIBRAS during the care provided to deaf clients, aiming at the establishment of a more inclusive society, in which adequate care is offered to the deaf as well as to the entire population, the professionals also mention the relevance of the health unit having a professional trained in LIBRAS, as a reference to deaf individuals. (FRANCISQUETI, *et al*, 2017)

The objectives of the research were: To know the feelings reported by health professionals about the possibility of caring for a pregnant woman with hearing loss; and to discuss the professionals' view of their preparation for this quality care.

## **METHODOLOGY**

This is a qualitative descriptive research carried out with professionals who make up the nursing team (nurses, nursing technicians, nursing assistants and community health agents) of Basic Health Units (UBS) of a municipality in the mid-Paraíba region of the state of Rio de Janeiro.

The professionals were invited to participate in the research, which had the following inclusion criteria: being part of the nursing team and accepting to participate in the research, and the exclusion criterion being on vacation and/or sick leave, premium/maternity leave during the data collection period.

Data were collected in the first half of 2023 in the health units themselves, through the application of a recorded semi-structured interview, with a script of questions on the topic in question.

The interview questions are based on a study conducted in Paraná with nursing professionals (FRANCISCHETTI, *et al*, 2017) where the following questions are asked: How do you feel/would you feel when caring for a deaf pregnant woman? What do you think could be improved in the care offered in health services for deaf pregnant women?



The analysis consisted of floating reading; constitution of the corpus, through the search for exhaustiveness, representativeness, homogeneity and pertinence of the data listed. The formulation and reformulation of hypotheses (units of registration, context, form of categorization) and the phase of organization of the material that was analyzed were carried out, aiming to systematize the ideas and transform them into categories (BARDIN, 2011).

The project was submitted to the Research Ethics Committee of UniFOA and approved under Opinion No. 5,877,552, according to Resolution 466, which deals with research with human beings.

All study participants signed the Informed Consent Form (ICF) in two copies. In order to ensure the secrecy and confidentiality of the participants, the nurses identified by the letter "E"; nursing technicians by the letter "T"; nursing assistants by the letter "A", and; community health agents were assigned by the letter "C", followed by an Arabic number, according to the order of the interviews.

## **RESULTS AND DISCUSSION**

According to the data collection, carried out in 10 Basic Health Units, in the municipality of Volta Redonda/RJ of District II, with a total of 31 health professionals, it was possible to characterize them as: 14 community health agents, 1 man aged 50 years and 13 women, with ages ranging from 25 to 50 years. Other professionals approached in the interview were 10 nursing technicians, 1 49-year-old man and 9 women aged 23 to 59 years. The remaining professionals participating in the research were 7 nurses with ages ranging from 23 to 50 years.

7 (22,58)

Variable	N (%)
Interviewed	31 (100)
Nurses	7 (22,58)
Nursing Technicians	10 (32,25)
Community Health Agents	14 (45,16)
Basic course in pounds	
Yes	5 (16,12)
No	26 (83,87)
Experience in caring for hearing impaired pregnant women	
Yes	4 (12,90)
No	27 (87,09)
Sex	
Feminine	29 (93,54)
Masculine	2 (6,45)
Age years	
23 - 33	14 (45,16)
34 - 44	7 (22,58)
≥ 45	10 (32,25)

Source: Survey data, 2023.



## CATEGORY 1: FEELING OF POWERLESSNESS WHEN CARING FOR A HEARING IMPAIRED PREGNANT WOMAN

In this first category, the team's concern about the impossibility of providing qualified and efficient care to pregnant women with hearing impairment is clear, in the absence of preparation to assist them using the language of LIBRAS. The following statements convey this feeling:

- “(…) feeling of powerlessness because there is no specific preparation within the network to assist these people.” (ENF 1)
- “It's a feeling of impossibility of not being able to attend, the difficulty in attending.” (CHA 6)
- “(…) I feel helpless, because it's going to make it very difficult for you to be able to help this person.” (TEC 9)
- “(…) feeling of powerlessness, inability to provide care in the way it should be” (TEC 10)

The care of deaf people is a challenge for health professionals and for the deaf themselves. The absence of a companion is a barrier to the care of deaf users, which makes it difficult and vulnerable to clients at the time of care. The presence of a companion during consultations should be encouraged to facilitate communication and engagement of the client during prenatal care (NARCIZO *et. al*, 2022).

One of the main objectives of primary care is to attribute social visibility to the construction of inclusion, minimizing prejudices, guaranteeing rights, establishing support networks, creating opportunities for socialization and thus providing improved access to health services. (PEREIRA *et. al*, 2020).

There is an urgent need for other means to communicate with these users. The communication barriers encountered by health professionals and deaf patients, in most cases, are detrimental to the diagnosis and treatment of these patients' diseases. In health care, only through good communication can patients' needs be identified and resolved in a humanized way. For the nursing team, communication with these patients may be impaired with regard to the exchange of information, lacking skills in transmitting information about their health and thus impairing the confidentiality of the consultation. (NARCIZO *et. al*, 2022).

Despite the rarity of recent studies that describe the negative feelings of health professionals in the care of hearing-impaired pregnant women, some previous studies demonstrate the difficulties of health professionals in the care of the hearing impaired, reporting their dissatisfaction and lack of mastery by them in the adequate and broad care of women.

The feeling of powerlessness when caring for a hearing impaired pregnant woman is understandable, even so there are other ways and resources, such as writing and the use of illustrative materials, so that her needs are met, allowing the pregnant woman to feel understood, welcomed and well cared for during this period.



## CATEGORY 2: FEELING OF SADNESS IN THE FACE OF THE CARE OF A HEARING IMPAIRED PREGNANT WOMAN

Health professionals who provide care to people at all stages of their lives experience diverse feelings, most of the time positive, but when they do not achieve their goals, they may experience sadness in the face of the impotence to promote care effectively. This is what can be observed in the statements below, where the research participants report sadness and frustration in the face of the impossibility of providing adequate care and communication.

“(...) I find myself with a feeling of incapacity, difficulty in communication” (ENF 2)  
“I’m a little embarrassed, it hasn’t happened yet, but I’d be very uncomfortable” (CHA 3)  
“Sadness, frustration” (CET 1)  
“I’d be a little sad not to know, I don’t even know how to speak her language, that’s how I would feel, with difficulty dealing with her” (TEC 8)

There are improvements in the field of care for people with hearing impairment (AD), but they face social vulnerabilities related to low socioeconomic and educational level, as they deal with barriers to access to dignified living conditions and the search for health care. Added to this, they have difficulties to establish effective communication with health professionals, and the promotion of social inclusion in the care of the deaf by health professionals becomes a priority element for the quality of the service provided, considering that the absence of effective communication does not provide humanized care, aligned with the principles of the Unified Health System (SUS). (KINGS *et. al*, 2020).

In addition, it is through communication that professionals understand the user as a holistic being and understand their social insertion and their worldview, being able, from this moment on, to raise their anxieties and needs, developing adequate care, so that the discomforts of this process can be minimized. (KINGS *et. al*, 2020).

Even with the failure in communication when the institution does not have a LIBRAS interpreter, the hearing impaired seek ways to make this communication ideal with health professionals, for example, gestures, drawing and writing according to their level of knowledge.

In a consultation, it is necessary to implement educational actions to better understand this public, so the health professional should seek means for adequate and humanized communication, and that guarantees the rights of the pregnant woman when being attended during prenatal care. In this way, allowing the promotion of the health of the mother and child binomial and preventing complications that may be present in the gestation process.

According to Aires (2019), feelings such as shame can be placed in relation to the other, as mentioned by health professionals, some have the feeling of shame in a possible care for the hearing impaired pregnant woman. As a result, some professionals feel fear, insecurity, difficulty, frustration, sadness and shame for not being able to provide quality care. This reality demonstrates commitment



on the part of the professionals, who know that something is missing for their care to be complete and effective for their hearing loss, and for this reason they report feelings of shame and frustration.

It is essential that professionals are trained for this care, being efficient and inclusive for all hearing impaired people, because through permanent education in health it is possible to reverse gaps in knowledge, attitudes and professional practices, allowing the construction of skills to care for people with disabilities.

### CATEGORY 3: LACK OF TRAINING TO CARE FOR A HEARING IMPAIRED PREGNANT WOMAN

Continuing education in health services can minimize difficulties in the day-to-day life of professionals who serve the community, and it is necessary to meet the demands as explained in the statements below, the lack of knowledge, training and practice related to the use of LIBRAS during the care of pregnant women, when necessary.

"It's trying to welcome into my reality and hers without training, right? Because I wouldn't have the technical knowledge to do that, but they help us much more than we do" (NFL 6)  
"Actually, there's no preparation, right? Then there would be no quality precisely because we are not prepared, we are not oriented, we do not know how to do it in her situation" (CHA 1)  
"We didn't have this preparation here, so I don't understand anything about sign language, I'm going to have a difficulty, but I'll try to serve in the best way" (CHA 6)  
"I don't have any qualifications to be able to do this care with a hearing impaired patient. Even more so a pregnant woman here in the unit for not having had this training. We didn't have the opportunity to have this training here at the unit or by the city hall, which varies with us adding more value to our knowledge" (CHA 9)  
"(...) I prepare 0, I would try to serve in the best way, but I am not prepared" (TEC 3)

Permanent Health Education (EPS), inserted by the Ministry of Health as a health policy in Brazil through Ordinances No. 198/2004 and No. 1,996/2007, aims to guide the training and qualification of professionals inserted in public health services, with the purpose of transforming professional practices and the organization of work based on the needs and difficulties of the system. (FERREIRA *et. al*, 2019).

In the field of health, EPS is defined as a pedagogical process that analyzes the daily routine of health work or education, based on the assumption of meaningful learning that allows health professionals themselves to reflect on the reality they live and the health care models in which they are inserted, as well as the problems they face. Thus, it is understood that the EPS has, in the scenario of practices, the work process as an object of transformation, starting from the critical reflection of the professionals about what is happening in the daily routine of the services and seeking solutions together with the team to the problems encountered. (FERREIRA *et. al*, 2019).





Thus, we can observe that many professionals mentioned that they do not have the qualification for this care, when the institution does not provide the professionals with a qualification, it is rooted in the traditional model and with the non-inclusion of these patients.

Thus, it is necessary that educational processes are inserted in the daily routine of professionals, so that the services are prepared to provide adequate care to the different audiences that need care. In this sense, it is important to think of health work as a key element for this process to become a reality in the Unified Health System (SUS), because health work is considered a "living work in action". Thus, instruments, knowledge and relationships are essential for the work process to be effective in the production of care and in the organization of health care.

That said, it is necessary to unite the team and participate in the context of Permanent Health Education, meetings to discuss educational actions for the care and inclusion of these patients. Many professionals perform care in a non-humanized way, where they approach the patient and do not understand the importance of quality care.

With EPS we can enhance the desire to acquire new knowledge. During the weekly meetings of Primary Health Care, the difficulties faced in the care of hearing-impaired pregnant women can be addressed, bringing experiences and experiences for the collective construction and resolution of the difficulties faced by the team.

## CONCLUSION

This study uncovered the practice of health professionals when dealing with pregnant women with hearing loss, and demonstrated weaknesses in this practice.

It was concluded that professionals do not feel prepared to deal with this public, feel powerless and sad in the face of care for hearing-impaired pregnant women and do not feel able to provide safe and quality care.

Paths are pointed out aimed at the qualification and permanent education in health of the teams to face challenges when serving specific groups and allow the inclusion and respect for the rights of all pregnant women to quality prenatal care, with safe information that leads to the safety of pregnancy, childbirth and postpartum.

This study has as limitations the small number of participants who had effective contact and experience with pregnant women with hearing impairment and the scenario restricted to a health district of a municipality in the interior of the state of Rio de Janeiro, so new studies are suggested that broaden the vision of professionals regarding the care of this public in order to provide an opportunity for discussion and support for more humanized and safer nursing practices.



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