

Enquiry of Hospital Emergency Practices on Patients with Hearing and Speech Impairment: Implications and Solutions

Albert Ulutorti Green
St. Paul Theological College Awka
green.albert@sptcawka.com.ng

Dr. Confidence Uchenna Gabriel
Prof.gabriel1@yahoo.com
Pharm Dr. Nwude Fumnanya Promise
nwudefumnanya@gmail.com

Dr. Umeoranefo, Isaiah Chukwuebuka
NnamdiAzikiwe University Teaching Hospital NAUTH Nnewi
elderstatesmanisaiah@gmail.com

Abstract

The study titled "Critical Enquiry of Hospital Emergency Practices on Patients with Hearing and Speech Impairment: Implications and Solutions" explores the challenges faced by individuals with hearing and speech impairments in emergency healthcare settings. These individuals often encounter significant communication barriers, leading to potential misdiagnosis, delays in treatment, and emotional distress. This research aims to critically examine current hospital emergency practices, identify the shortcomings in providing adequate care to these patients, and propose practical solutions to improve their healthcare experience. Using experience, the study gathers data through interviews, one-on-one discussion, on the spot scenarios and observations involving patients, healthcare professionals, and emergency room staff. From the observations made there seems to be lack of standardized communication protocols, insufficient training of healthcare providers, and inadequate accessibility measures. The study also highlights the emotional and psychological impact of these communication barriers on patients with hearing and speech impairments. The discussion section analyses these findings, linking them to broader ethical and legal implications, and suggests that comprehensive training programs, the use of assistive technologies, and the inclusion of sign language interpreters are crucial steps toward improving emergency care. Policy recommendations are provided to enhance the inclusivity of emergency practices, ensuring that the rights and needs of patients with hearing and speech impairments are adequately addressed

Keywords: Hearing Impairment, Speech Impairment, Hospital, Emergency Practice, Patient.

Introduction

From an accident scene, the victims (casualties) were rushed to a nearby hospital, some of the wounded persons were still conscious, most of them were receiving medical emergency attention, the researcher spotted a person with no aid or attention, getting to the location he found out that the person in question is a deaf person, the medical assistants were not able to help probably because they don't understand his gesture or his communication. The assistance of the researcher who is a sign language interpreter helped solve the problem. This scenario made the researcher seek the company of a serving doctor in order to come up with this research and proffer a solution for to this problem.

Patients with hearing and speech impairments face unique challenges when accessing healthcare services, particularly in emergency settings where communication is crucial for accurate diagnosis and effective treatment. The inability to communicate effectively can lead to misdiagnosis, inappropriate treatment, and increased anxiety for these patients. In many cases, hospital emergency practices are not adequately equipped to address the communication needs of patients with hearing and speech impairments, leading to suboptimal care and outcomes.

Understanding and addressing the communication barriers faced by patients with hearing and speech impairments in emergency settings is essential for ensuring equitable healthcare access and improving patient outcomes. This study is significant because it seeks to identify gaps in current emergency care practices, evaluate the impact of these gaps on patient care, and propose practical solutions to enhance communication and service delivery for patients with disabilities.

Current Hospital Emergency Practices and Procedural Protocols

Most hospital emergency departments have standard protocols for patient intake and care. However, these protocols often do not account for the specific needs of patients with hearing and speech impairments. For instance, few

emergency rooms have sign language interpreters readily available, and written communication tools may not be provided (Kuenburg *et al.*, 2016). This lack of tailored protocols can lead to delays in care and increased stress for patients. Hearing and speech impairments encompass a range of conditions that affect an individual's ability to hear or communicate verbally. These impairments can result from congenital conditions, diseases, injuries, or aging. The World Health Organization (WHO) estimates that over 5% of the world's population—about 430 million people—have disabling hearing loss, and many more experience milder forms of hearing impairment (WHO, 2021).

Research has shown that patients with disabilities, including hearing and speech impairments, often receive substandard care in emergency settings. A study by McKee *et al.* (2015) found that patients with hearing loss were more likely to report dissatisfaction with their care and to experience longer wait times. Another study highlighted the importance of training healthcare providers to communicate effectively with patients with disabilities (Iezzoni *et al.*, 2014).

Communication challenges in health care settings

Communication barriers is one of the primary challenges faced by patients with hearing and speech impairments in emergency settings. Research indicates that such barriers can lead to misunderstandings, misdiagnoses, and inadequate treatment (Iezzoni *et al.*, 2015). Patients with hearing and speech impairments often rely on non-verbal communication, lip-reading, or sign language interpreters. However, emergency departments are frequently not equipped with the necessary resources to facilitate these forms of communication (McAleer, 2006).

For instance, a study by McKee *et al.* (2015) found that deaf patients often experienced difficulties when seeking medical help in emergencies due to a lack of interpreters or staff trained in sign language. Furthermore, the study revealed that emergency staff often lacked awareness and understanding of the specific needs of these patients, leading to frustration and delays in care (McKee *et al.*,

2015). Another challenge identified is the lack of visual aids and written communication tools in emergency settings, which could facilitate better communication with hearing-impaired patients (Barnett *et al.*, 2011).

Communication Challenges in Healthcare Settings

Effective communication is a cornerstone of quality healthcare. Patients with hearing and speech impairments face significant challenges in healthcare settings, especially in emergency situations where timely and accurate communication is critical. These challenges include difficulty understanding spoken information, inability to express symptoms clearly, and reliance on written communication, which may not be effective for everyone (Ali *et al.*, 2018). Other challenges in healthcare setting especially when dealing with the persons with hearing and speech impairment are as follows

Inadequate Training

- **Staff Training:** Doctors emphasize the need for better training of emergency staff on how to interact with and care for patients with hearing and speech impairments. This includes learning basic sign language, using visual aids, and understanding the unique needs of these patients.
- **Awareness:** There is a general lack of awareness among healthcare professionals about the specific challenges faced by these patients, which can lead to sub-standard care.

Emergency Protocols and Accessibility

- **Non-compliance with Protocols:** Doctors point out that many hospitals do not have standardized protocols for handling emergencies involving patients with hearing and speech impairments, leading to inconsistent care.
- **Accessibility of Information:** Written instructions or information might not be in accessible formats (e.g., using simple language, pictures, or text-to-speech), making it difficult for these patients to understand their medical conditions or treatment plans.

Patient Safety Concerns

Increased Risk of Adverse Events: Communication barriers and inadequate practices can lead to medication errors, misunderstandings regarding allergies or previous medical history, and inappropriate medical interventions.

Lack of Patient Autonomy: Without proper communication tools, patients may not fully understand their medical choices, leading to a lack of informed consent.

Psychological Impact

Anxiety and Stress: Being unable to communicate effectively in a high-stress environment like an emergency room can lead to increased anxiety and stress for patients with hearing and speech impairments.

Feelings of Isolation: These patients may feel isolated or ignored if their needs are not adequately addressed, which can affect their overall experience and trust in the healthcare system

Impact of Communication Barriers on Patient Outcomes

Communication barriers in healthcare can lead to misdiagnosis, inappropriate treatment, and increased risk of medical errors. For patients with hearing and speech impairments, these barriers can result in a failure to receive timely and accurate information, leading to poor health outcomes (Iezzoni *et al.*, 2014). Additionally, the stress and anxiety caused by communication difficulties can exacerbate patients' conditions, further complicating care.

There are strategies to be used to impact and improve communication between the special need persons and the healthcare professionals, especially the speck and hearing impaired. Strategies are:

Language Services

Providing effective language services is critical in healthcare for deaf individuals. These services include the provision of qualified sign language interpreters, captioning services, and visual aids to facilitate clear communication. Healthcare providers can also employ video relay services

(VRS) or video remote interpreting (VRI) for real-time interactions, ensuring timely access to care (National Association of the Deaf, 2020; McKee *et al.*, 2022). Investing in these resources not only enhances patient understanding but also ensures compliance with legal mandates like the Americans with Disabilities Act (ADA).

Cultural Competence Training

Cultural competence training equips healthcare providers to understand and respect the unique needs of deaf patients. This training emphasizes understanding Deaf culture, recognizing linguistic barriers, and avoiding biases that may affect care delivery. When healthcare professionals are culturally aware, they can build trust and improve patient outcomes (Glickman, 2021; Smith & Pollard, 2020). Such training fosters inclusivity and reduces misunderstandings in clinical interactions.

Patient-Centered Communication

Patient-centered communication involves tailoring interactions to the individual needs of deaf patients. Providers should prioritize clear, concise, and accessible communication methods, such as using visual aids, plain language, and appropriate interpreting services. This approach fosters collaboration and improves patient satisfaction and health outcomes (Kushalnagar *et al.*, 2019; Pizzo & Chilton, 2021). By actively involving patients in their care, clinicians can ensure better understanding and adherence to treatment plans.

Emotional Support

Deaf individuals often face unique challenges in healthcare settings, necessitating the provision of emotional support. Healthcare providers should create an empathetic and understanding environment, addressing feelings of isolation or anxiety (Steinberg *et al.*, 2020; Lane *et al.*, 2022). Support groups or counseling services specifically tailored for the Deaf community can also offer additional reassurance and improve mental health outcomes.

Use of Technology

Technology plays a pivotal role in enhancing healthcare services for individuals with hearing and speech impairments. Innovations such as hearing assistive devices, telehealth platforms with built-in accessibility features, and mobile health apps with sign language interfaces improve communication and care delivery (National Deaf Center, 2021; World Health Organization, 2023). These tools help bridge gaps in service delivery, particularly in remote or resource-limited areas.

Confidentiality Practices

Maintaining confidentiality is paramount when interacting with deaf patients. Providers must ensure that interpreters adhere to professional codes of conduct, including confidentiality agreements. Additionally, private communication methods, such as written notes or secure digital platforms, should be employed to protect patient information (American Medical Association, 2022; Hauser *et al.*, 2020). These practices foster trust and compliance with ethical standards.

Implications of Poor Emergency Practices

The inadequate handling of communication needs in emergency departments has serious implications for the quality of care received by patients with hearing and speech impairments. Miscommunication can lead to errors in medical history taking, resulting in inappropriate treatments and potentially life-threatening situations (Iezzoni *et al.*, 2015). Moreover, the lack of effective communication can cause significant emotional distress for these patients, increasing their anxiety and feelings of isolation during emergency situations (Kuenburg *et al.*, 2016).

Research also suggests that the inability to communicate effectively can impact the trust and rapport between healthcare providers and patients with hearing and speech impairments. This mistrust can discourage these patients from

seeking medical help in the future, further exacerbating their health issues (Jaiswal, 2019).

Deaf individuals often exhibit negative reactions to seeking medical care due to significant communication barriers in hospitals, which can lead to inadequate responses from healthcare professionals. In many healthcare settings, the lack of accessible communication methods such as sign language interpreters or written communication tools severely limits the ability of Deaf patients to convey their symptoms effectively. This communication gap fosters feelings of frustration and anxiety among Deaf individuals, causing reluctance to visit hospitals even when faced with critical health issues (Iezzoni *et al.*, 2021). Without proper communication, misdiagnosis or delayed treatment becomes a recurring problem, further discouraging Deaf individuals from accessing medical care.

The emotional distress caused by communication barriers in hospitals exacerbates the negative reactions of Deaf individuals toward healthcare services. Research indicates that when Deaf patients cannot fully engage with healthcare professionals, they often feel marginalized and disrespected, leading to a loss of trust in the healthcare system (Kritzing *et al.*, 2020). This sense of exclusion not only impacts their willingness to seek care but also contributes to a negative perception of hospital environments. As a result, Deaf individuals may opt for alternative care options or self-manage their conditions, which can result in poorer health outcomes.

Additionally, the absence of legal mandates in many countries to provide accessible communication in hospitals further compounds the issue. While certain regions have enacted policies requiring healthcare providers to accommodate Deaf patients, enforcement remains inconsistent (Barnett *et al.*, 2019). This systemic neglect heightens the fear among Deaf individuals that their needs will not be adequately addressed in medical settings. To bridge this gap, hospitals must adopt inclusive practices, such as providing trained sign language

interpreters and ensuring healthcare workers receive training in Deaf culture and communication.

To address these challenges posed by the imbalanced communication between the persons with hearing and speech impairment and healthcare professionals, which limits responses and care towards them during emergency, several solutions have been proposed in the literature. The use of sign language interpreters is one of the most commonly suggested solutions. Providing access to qualified interpreters can significantly enhance communication and improve the quality of care for patients with hearing and speech impairments (McKee *et al.*, 2015). Emergency departments should ensure the availability of interpreters, either in-person or through video remote interpreting services, to meet the communication needs of these patients.

Another proposed solution is the implementation of training programs for emergency staff to raise awareness of the needs of patients with hearing and speech impairments and to equip them with basic communication skills, such as the use of visual aids and simple sign language (Iezzoni *et al.*, 2015). These programs can help healthcare providers better understand and empathize with these patients, ultimately leading to more effective and compassionate care. Additionally, incorporating technology, such as text messaging systems and mobile apps, can facilitate communication between healthcare providers and patients with hearing and speech impairments (Barnett *et al.*, 2011). These technological tools can provide an alternative means of communication, especially in situations where interpreters are unavailable.

Conclusion

The study shows that most emergency rooms lack specific protocols for handling patients with hearing and speech impairments. Communication tools such as sign language interpreters or assistive devices are not consistently

available, leading to reliance on ad hoc methods such as lip reading or written communication.

Healthcare professionals often lack training in alternative communication methods, and there is a lack of standardized protocols for communicating with patients with hearing and speech impairments. This results in inconsistent communication practices and can lead to misunderstandings and miscommunication.

Patients with hearing and speech impairments often face physical and communication barriers in accessing emergency services. The lack of visual cues, signage, and accessible communication tools can make it difficult for these patients to navigate the emergency room environment and understand the information provided.

There is high significant gaps in current emergency practices for patients with hearing and speech impairments. The lack of standardized communication protocols and training for healthcare professionals contributes to miscommunication, misdiagnosis, and suboptimal care. These acts are consistent with previous research indicating that patients with disabilities often receive lower-quality care in healthcare settings (Iezzoni *et al.*, 2014).

The results of this research align with the findings of previous studies on the challenges faced by patients with hearing and speech impairments in healthcare settings. Similar to the findings of McKee *et al.* (2015), this study found that patients with hearing loss experience longer wait times and report dissatisfaction with their care. The need for improved training and awareness among healthcare professionals, as identified in this study, is also supported by the literature (Ali *et al.*, 2018).

The study underscore the importance of effective communication in ensuring quality care for patients with hearing and speech impairments. Communication barriers can lead to misdiagnosis, inappropriate treatment, and increased anxiety, all of which negatively impact patient outcomes. Addressing

these barriers is essential for improving patient care and ensuring equitable access to healthcare.

The study identified several barriers to effective communication, including a lack of standardized protocols, inadequate training for healthcare professionals, and limited availability of communication aids. These barriers contribute to misunderstandings, misdiagnosis, and suboptimal care for patients with hearing and speech impairments.

Failure to provide adequate communication support for patients with hearing and speech impairments raises ethical and legal concerns. Patients have the right to access healthcare services and to receive information in a manner they can understand. Hospitals have a legal obligation to provide reasonable accommodations for patients with disabilities, and failure to do so can result in legal action.

This study found that current emergency practices in hospitals often fail to meet the needs of patients with hearing and speech impairments. Communication barriers can lead to misdiagnosis, inappropriate treatment, and increased anxiety for these patients. There is a need for improved training, protocols, and resources to support effective communication and care.

This study contributes to the understanding of the challenges faced by patients with hearing and speech impairments in emergency settings. It highlights the need for tailored communication strategies and provides practical recommendations for improving care for these patients.

Recommendations

- i. Improving communication and accessibility in emergency settings will enhance the patient experience and lead to better health outcomes. Hospitals should prioritize patient-centered care and work to create a welcoming and inclusive environment for all patients.

- ii. Hospitals should have sign language interpreters available either on-site or through video remote interpreting services. Interpreters can facilitate communication between healthcare providers and patients with hearing impairments, ensuring that patients receive accurate information and care.
- iii. Hospitals should invest in assistive technologies, such as hearing aids, communication boards, and text-to-speech devices, to support communication with patients with hearing and speech impairments. These technologies can help bridge communication gaps and improve patient outcomes.
- iv. Healthcare professionals should receive training on effective communication strategies for interacting with patients with hearing and speech impairments. This training should cover basic sign language, the use of assistive technologies, and techniques for clear and compassionate communication.
- v. Hospitals should conduct regular workshops to raise awareness of the challenges faced by patients with hearing and speech impairments and to promote empathy and understanding among healthcare professionals.
- vi. Hospitals should develop inclusive policies that address the needs of patients with disabilities. These policies should outline the responsibilities of healthcare providers and the resources available to support patients with hearing and speech impairments.
- vii. Hospitals should regularly evaluate their emergency practices to ensure that they are meeting the needs of patients with hearing and speech impairments. This evaluation should include feedback from patients and healthcare professionals and should inform continuous improvement efforts.
- viii. Every hospital should employ the service of a steady sign language interpreter or interpreters, to enact the inclusive practice and to properly serve the persons with hearing and speech impairment.

References

- Ali, N., Glenney, A.-M., & Rixon, L. (2018). Communication strategies in healthcare for patients with hearing loss: A systematic review. *BMC Health Services Research*, 18, 1-12.
- American Medical Association. (2022). Ethical guidelines for communication with hearing-impaired patients.
- Barnett, S., Klein, J. D., Pollard, R. Q., Samar, V., Schlehofer, D., Starr, M., & Pearson, T. A. (2011). Community participatory research with deaf sign language users to identify health inequities. *American Journal of Public Health*, 101(12), 2235-2238.
- Barnett, S., Klein, J. D., Pollard, R. Q., Samar, V., Schlehofer, D., Starr, M., & Pearson, T. (2019). Community participatory research with deaf sign language users to identify health inequities. *American Journal of Public Health*, 109(7), 1-6.
- Glickman, N. (2021). *Deaf mental health care*. New York: Routledge.
- Hauser, P. C., et al. (2020). Barriers to healthcare access for deaf patients: Confidentiality concerns.
- Hearing Loss Association of America (HLAA): <https://www.hearingloss.org/>
- Iezzoni, L. I., O'Day, B. L., Killeen, M., & Harker, H. (2014). Communicating about health care: Observations from persons who are deaf or hard of hearing. *Annals of Internal Medicine*, 140(5), 356-362.
- Iezzoni, L. I., O'Day, B. L., Killeen, M., & Harker, H. (2021). Communication barriers for deaf patients in hospital settings: A mixed-methods analysis. *Health Affairs*, 40(2), 219-225.
- Jaiswal, J. (2019). Whose responsibility is it to dismantle medical mistrust? Future directions for researchers and health care providers. *Behavioral Medicine*, 45(2), 188-196.

- Kritzinger, J., Schneider, M., Swartz, L., & Braathen, S. H. (2020). Barriers to health care for Deaf people in South Africa. *Disability and Rehabilitation*, 42(1), 107-114.
- Kuenburg, A., Fellingner, P., & Fellingner, J. (2016). Health care access among deaf people. *The Journal of Deaf Studies and Deaf Education*, 21(1), 1-10.
- Kushalnagar, P., et al. (2019). Patient-centered approaches to improve deaf health outcomes.
- Lane, H., et al. (2022). Emotional well-being and healthcare access for the Deaf community.
- McAleer, M. (2006). Communication is the key: Improving access to health care services for hard of hearing and deaf patients. *Journal of Clinical Nursing*, 15(3), 372-377.
- McKee, M. M., Barnett, S. L., Block, R. C., & Pearson, T. A. (2015). Impact of communication on preventive services among deaf American Sign Language users. *American Journal of Preventive Medicine*, 41(4), 381-389.
- McKee, M. M., Winters, P. C., Sen, A., Zazove, P., Fiscella, K., & Pearson, T. A. (2015). Emergency department utilization among deaf American Sign Language users. *Disability and Health Journal*, 8(4), 573-578.
- McKee, M., et al. (2022). Language access in healthcare for deaf and hard-of-hearing individuals.
- National Association of the Deaf (NAD): <https://www.nad.org/>
- National Association of the Deaf. (2020). Best practices in healthcare for Deaf individuals.
- National Deaf Center. (2021). Technology and accessibility in healthcare for the Deaf.
- Pizzo, T., & Chilton, M. (2021). Enhancing communication in clinical settings: A focus on deaf patients.
- Smith, R. P., & Pollard, R. (2020). *Cultural competence in Deaf healthcare*.

Steinberg, A., *et al.* (2020). Addressing mental health disparities in Deaf patients.

World Health Organization (WHO). (2021). Deafness and hearing loss. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss>.

World Health Organization. (2023). Accessibility tools for improving healthcare services globally.