

Challenges Facing Medical Practitioners in Communicating with the Hearing-Impaired Patients: A Case of Dodoma City Health Facilities

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Abstract: *The purpose of this study was to assess the challenges facing medical professionals in communicating with the hearing-impaired patients in selected health facilities using exploratory sequential design. The sample size of the study constituted sixty-seven (67) respondents from selected health facilities of which purposive sampling was adopted for getting the full picture of challenges facing medical professionals in communicating with the hearing-impaired patients in Tanzania. The study was conducted in Dodoma City in four health facilities namely: Dodoma Referral Hospital, Benjamin Mkapa Hospital, Hombolo Health Centre and Habiba Dispensary. The study results revealed: the existence of varied communication methods used between medical practitioners and the HIPs which included lip-reading, gestures, sign languages or use of interpreters. The challenges encountered were lack of facilities for HIPs in healthcare setting, absences of confidentiality, Lack of appropriate Methods of Communication used to attend the HIPs, Lack of communication training for Hearing-Impaired Patients among medical practitioners, and absence of established mechanisms to assist the HIPs as a special group that requires special attention in accessing health services. For effective communication between medical practitioners, and the Hearing-Impaired Patients the following is recommended include: the refinement of health service system that will accommodate all required medical facilities to enable the HIPs access health services, This should include professional interpreters, communication assistive devices, incorporation of the HIPs communication training to medical college curricula. Additionally, the government is advised to allocate sufficient funds for training and procuring facilities for HIPs in Healthcare Settings. From these highlighted factors, this study recommends further researches to be conducted on factors affecting Medical Professionals in Communicating with the Hearing-Impaired Patients by scaling the study scope.*

Keywords: Medical practitioners, Communication, Hearing Impaired Patients, Health and facilities

1.0 Study Background

Good communication between healthcare professionals and patients is essential for efficient and effective health services. Understanding patients' complaints, making accurate diagnoses, obtaining informed consent and explaining treatment requires medical professionals to communicate effectively with their patients. Effective communications between doctors and patients have positive impact on the health satisfaction of patients. Most barriers to effective communication are associated with the traits of both: healthcare providers and the patients. Therefore, effective communication between physician and patient is globally recognized as an important tool for high quality health services and has generally been linked to better health outcomes (Cohen *et al.*, 2017).

Hearing Impairment is one of sensory disorder which affects an individual's ability to capture uttered words. The term "hearing impairment" or "hearing loss" means loss of function of varying intensity to all parts of the ear and the auditory pathway (Ljubicic, Zubcic, & Sare, 2017). Hearing loss is also measured by the quietest sound a person can hear and a level by which a person can hear a tone is called threshold which is measured by decibels Hearing Level (dBHL). A threshold from 0-20 decibels is normal, 25-39 decibels Mild Hearing loss, 40-69 decibels Moderate Hearing loss, 70-94 decibels severe Hearing loss and from 95 and above decibels is profound deaf. (Reeves, Kokoruwe, B, & Dobbins, J, 2003).

The population of the hearing-impaired persons is estimated to be 360 million worldwide of which 80% is found in developing countries. Hearing loss disabilities is much more common to Sub-Saharan Africa than the developed parts of the World. The prevalence of hearing loss for adults in Sub-Saharan Africa is 15.7% whereas in high-income countries the prevalence is 4.9% (Mulwafu *et al.*, 2016).

Recently, there has been wide interest in studying doctor-patient communication particularly on the Hearing-Impaired Persons because of the global prevalence of the Hearing loss. It has been found that the use of effective Communication in healthcare settings is not only for transmission of information but it is an important factor for human inter-relations and remains a key tool in healthcare settings and beneficial to both the patient and healthcare personnel (Bello, 2017).

Literature show that the communication barriers between deaf patients and health care professionals may lead to different medical challenges like misinterpretation of patients' complaints which may lead into inaccurate diagnoses and improper treatment. For

example a study conducted in Brazil by (Al & Sordo, 2008) found that communication barriers between medical professionals and Deaf community considered to hinder smooth interactions between the two parties in healthcare settings caused health care personnel to provide the undesired services.

In a bid to improve health service delivery to its citizens the government of Tanzania has undertaken several efforts which include, increasing human resources for health, establishment of Primary Health Development plan, establishment of health centers in every ward and dispensary in every village, and enhancing the availability of medical supplies through Results Based Financing.

1.1 Statement of the Problem

Unfortunately, despite these commendable efforts, medical professionals still experience difficulties in interacting with the HIPs in healthcare settings. Therefore, this study intends to evaluate factors hindering the medical professionals in communicating with the Hearing-Impaired Patients for the selected health facilities in Dodoma City since little is known on the communication challenges faced by medical practitioners when they encounter the Hearing-Impaired Persons in healthcare provisions.

1.3 Objective of the study

The objective of the study was to examine the challenges facing medical practitioners in communicating with the Hearing-Impaired Patients for the selected health facilities in Dodoma City.

1.4 Research question

What are the challenges faced by medical practitioners in communicating with the Hearing-Impaired Patients for the selected city health facilities in Dodoma City?

1.5 Significance of the study

This study specifically focused on the challenges faced by medical practitioners in communicating with the Hearing-Impaired Patients for the selected health facilities in Dodoma City and thus expected to provide useful contributions to the literature. Additionally, the findings will assist policy makers in designing and adopting an appropriate model for effective and efficient communication system between the medical practitioners and the Hearing-Impaired Patients from the highlighted challenges facing the existing system.

2.0 Theoretical and Empirical Perspective

Al & Sordo, (2008) on their study of Literature revision about the attendance of deaf patient by health professionals found lack of awareness of medical professionals on linguistic and cultural characteristics of Deaf community is among of the factor hindering smooth interactions between the two parties in healthcare settings. The implication is that, medical professionals regard deafness as pathological condition rather a linguistic and cultural minority group and differ from other disabilities because of their unique communication challenges.

Iezzoni *et al* (2004) in USA show that there are conflicting views between doctors and deaf or Hearing-Impaired patients on what constitutes effective communication such as lip-reading, writing notes and sign language interpreters. This situation has in most cases placed medical professionals in a dilemma of choosing the type of effective means of communication that could be beneficial to both parties.

Lunza & Nghitanwa, (2017) on communication between nurses and deaf patients in Namibia observed that lack of knowledge in sign language which is largely used by the Deaf community worldwide is the main factor hindering effective communication between health care provider and patients.

Agaronnik, Campbell, Ressalam, & Iezzoni, (2019) asserts that barriers to effective communication to people with disabilities is a universal challenge to healthcare professional and United States physicians are required to accommodate patients preferred communication method rather than depending on communication like note writing and lip reading which may not be sufficient.

Orrie & Motsohi, (2018) in South Africa found that healthcare workers had challenges in providing health service to HIPs due to communication limitations. This is because the HIPs interactions with the health workers were mostly dependent on the presence of escorts and interpreters.

Kuenburg *et al*, (2016) suggested that deaf people should be provided with powerful and visually accessible communication through the use of sign language, communication technologies, and cultural awareness trainings to all healthcare professionals.

3.0 Materials and Methods

3.1 Study Area

The study was conducted in Dodoma City in four health facilities namely Dodoma Referral Hospital, Benjamin Mkapa Hospital, Hombolo Health Centre and Habiba Dispensary. These four centers were selected because of the availability of data since

researchers worked in Dodoma. This study used descriptive method with the aim of exploring healthcare personnel communication experiences when handling the Hearing-Impaired Persons in healthcare settings in Dodoma City. The study population was the healthcare personnel from Dodoma Referral Hospital, Benjamin Mkapa Hospital, Hombolo Health Centre and Habiba Dispensary.

3.2 Research Design

The research adopted a case study design whereby descriptive and exploratory data were captured. Henceforth, both qualitative and quantitative data were collected. The research was designed to allow triangulation by using multi-methods of data collection.

3.3 Sampling Techniques and Sample Size

The study applied multistage sampling procedure whereby: Firstly, purposive sampling was conducted to select the four health facilities in Dodoma city i.e Dodoma Referral Hospital, Benjamin Mkapa Hospital, Hombolo Health Centre and Habiba Dispensary. Secondly, probability sampling was employed to select healthcare personnel who attend the Hearing-Impaired Persons. Thirdly, the proportional simple random sampling constituting Medical Doctors, Assistant Medical Doctors, Clinical Officers and Registered Nurses so as to have a varied communication experience.

3.4. Data Types and Sources

The research collected both qualitative and quantitative information as well as primary and secondary data. In primary data, the researchers intended to know the current situation and perceptions of the people who were interviewed by using questionnaires and focus group discussions. For secondary data, the researchers intended to get both the findings of other researchers regarding the system.

3.4.1 Questionnaire

Questionnaire is among widely techniques used in collecting structured information for different purposes. Basically, each respondent is required to respond to the directed questions in a pre determined order. In this study a total of 67 questionnaires were administered to the farmers at the selected districts. Questionnaires are very useful in drawing accurate information from the respondents in a logical sequence. Questionnaires were developed to capture information about the ages and the factors influencing the effectiveness of Warehouse Receipt System. The questions in the questionnaire relating to the farmers' problems and constraints were based on a five-point Likert scale as follows: 5 = strongly agreed, 4 = moderate, 2 = disagreed, 1 = strongly disagreed.

2.4.2 Focus Group Discussion

The follow-up interviews through Focus Group Discussion (FGD) to all medical practitioners were conducted to get clarification on some findings whereby a semi-structured interview approach was applied.

3.4.3 Documentary review

The secondary data were collected from four health facilities profile.

3.5. Data Analysis Plan

Data collected were categorized and coded according to a predetermined coding scheme. An effort was made to code the data at the point of collection to simplify work during the analysis stage. Descriptive data were coded after data collection since it is difficult to do so before due to the diversity of possible responses (Saunders *et al.*, 2003). The data were then entered into the Microsoft excel statistical data analysis software. Processed data and results were summarized and presented using appropriate statistical tables.

4.0 Results and Discussions

4.1 Respondents Involved

Sixty-seven respondents were involved and all questioners were collected as distributed to the respondents (medical practitioners) 100% of the respondents replied the distributed questioners.

4.2 Age of Respondents

Table:1 regarding respondent's age revealed that 47.7% of the respondents there are between 25-40 years while 31.3% their ages is between 41-50- years and 14% rages between 51 and above. The table tells us that majority of medical practitioners had their age ranging between 25 and 40 years. This suggests that majority of the medical practitioners are youth. During group discussion researchers noticed that nowadays young generation prefer medical education than other professional because of the availability of employment in the health sector.

Table 1: Age Group Distribution Respondents

Category (Age)	Frequency	Percentage (%)
25-40	32	47.7
41-50	21	31.3
51-60	14	21
Total	67	100

Source: Case study data, (2020)

4.3 Education Background

The distribution of responses based on the designation of respondents is shown in Table:2 The study showed that 21 of respondents equivalent to 31.3% are medical doctor, 5 respondents equivalent 7.5% are assistant medical officer, 17 respondents equivalent to 25.4% are clinical officers, 24 respondents equivalent to 35.8% are registered nurses. The study results shows the existence of even distributions of healthcare personnel in Dodoma city compared to other cities. The study results tell us that now the health sector in Tanzania is undertaken by professional medical practitioners.

Table 2: Designation of Respondents

s/n	Education background	Frequency	Percentage (%)
1	Medical doctors	21	31.3
2	Assistant medical officer	5	7.5
3	Clinical officer	17	25.4
4	Registered nurses	24	35.8
	Total	67	100

Sources: Case Study Data, (2020)

4.4. Sex of Respondents

The distribution of responses-based sex is shown in Table:3 The study showed that 34 of respondents equivalent to 51.75% are female and 33 respondents equivalent 49.25% are males. The study results alert us that the existences equal participation between female and male in provision of health services though majority of female are registered nurses and majority of medical doctors are males. This is an alarming gender imbalances in the health sector which calls for intervention.

Table 3: Respondents Sex Distribution

s/n	Respondents' Sex	Frequency	Percentage (%)
1	Female	34	51.75
2	Male	33	49.25
	Total	67	100

4.5 Work Experience

Regarding the work experience of respondents table 4 indicated that 31 equivalents to 46.26% respondents their working experience is five and below five year and 36 equivalents to 53.74% of the respondents their working experience indicate to be more than five years. This work experience indicates high accumulation of practical medical knowledge and skills, which has significant impact on handling various categories of patients including HIPs

Table 4: Working Experience of Respondents

s/n	Respondents' Sex	Frequency	Percentage (%)
1	0-5years	31	46.26
2	Above five years	36	53.74
	Total	67	100

Sources: Case Study Data, (2020)

4.6 Challenges Facing Medical Practitioners in Communicating with the Hearing-Impaired Patients

4.6.1 Lack of Training of Hearing-Impaired Patients

Table: 5 shows that 40 equivalents to 59.7% of respondents strongly disagreed with the number of training on communication needs of HIPs, 15 equivalents to 23.4% disagreed with the training on HIPs training on communication needs of HIPs, 7 equivalents to 10.4% agreed with the number and the way HIPs training are offered and 5 respondent equivalent to 7.4% strongly agreed with the number and the way HIPs training are offered. These results reveal the absence of sufficient and appropriate training regarding hearing- impaired patients since majority of medical practitioners claimed that lack of appropriate training on communication needs of HIPs particularly at health centers and dispensaries. Respondents claimed that there are few numbers of training concerning the issue of HIPs and most of them are concentrated at referral hospital instead of dispensaries where majority of the HIPs reside. Additionally, for those who acquired the training, majority of them have claimed that the training offered are too general and theoretical instead of competency-based training. During the discussion, respondents argued that it is high time to incorporate HIPs issue in medical curriculum so as to accommodate communication needs of the HIPs. Based on that fact, medical practitioners claimed that absence of proper knowledge on how to communicate with HIPs impaired their ability to offer quality services to this special and marginalized group.

Table 5: Training of Hearing-Impaired Patients

Training in HIPs communication	Frequency	Percentage (%)
Strong agreed	5	7.4
Agreed	7	10.4
Neutral	0	0
Disagreed	15	23.4
Strong disagreed	40	59.7
Total	67	100

Sources: Case Study Data 2020

4.6.2 Lack of appropriate Methods of Communication used to attend the HIPs

Table: 6 shows that 35 equivalents to 52.3% of respondents strongly disagreed with the Methods of Communication used to attend the HIPs, 19 equivalents to 28.4% disagreed with the Methods of Communication used to attend the HIPs, 7 equivalents to 10.4% agreed with the Methods of Communication used to attend the HIPs and 6 respondent equivalent to 8.9% strongly agreed with the Methods of Communication used to attend the HIPs. During the discussion, 50 respondents equivalents to 74.6% claimed to use assistance from family members as the method of communication used to attend the HIPs, 7 equivalents to 10.4% of respondents claimed to use gestures, 4 equivalents to 5.9% of respondents claimed to use written, 3 equivalents to 4.5% of respondents claimed to use multiple responses, 2 equivalents to 3% of respondents claimed to use lip- reading and 1 equivalents to 1.5% of respondents claimed to use sign language. The study results indicate the uses of inappropriate methods of communication used to attend the HIPs since majority of them were dissatisfied with the use of assistance from family members which goes against the principal of confidentiality of the patient’s medical information. Not only that but also this method is time consuming because of the communication interactions which involves medical practitioners, the HIP and an interpreter.

Table 6: Appropriateness of Methods of Communication used to attend the HIPs

Appropriateness of Methods of Communication used to attend the HIPs	Frequency	Percentage (%)
Strongly agreed	6	8.9
Agreed	7	10.4
Neutral	0	0
Disagreed	19	28.4
Strongly disagreed	35	52.3
Total	67	100

4.6.3 Satisfaction with the medical information provided by HIPs

Table: 7 indicated that 43 equivalents to 64% of the respondents strongly disagreed with the Status of Medical Information Provided by HIPs, 14 equivalents to 21% respondents disagreed with the Status of Medical Information Provided by HIPs and 10 equivalents to a 15% were neutral. The study results discovered the insufficient and confusion of the medical information provided by HIPs. For instance, during discussions, researchers observed that 85.1% of the respondents indicated surprised, 14.9% were interested. This implies that majority of medical practitioners had little knowledge on handling HIPs cases signaling lack of training in medical training colleges. Most of them argued that most of the information provided by HIPs is confusing and does not medically make any sense which may lead to poor diagnosis and treatments.

Table 7: Status of Medical Information Provided by HIPs

Status of Medical Information Provided by HIPs	Frequency	Percentage (%)
Strongly agreed	0	0
Agreed	0	0
Neutral	10	15
Disagreed	14	21
Strongly disagreed	43	64
Total	67	100

4.6.4 Confidentiality when Interpreter is Involved

Table: 8 indicated that 53 equivalents to 79.1% of the respondents strongly disagreed with the confidentiality when interpreter is involved 14 equivalents to 20.9% respondents disagreed with the involvement of interpreters. Additionally, researchers observed that majority of medical practitioners were uncomfortable when a third party was involved in handling HIPs medical cases due to a threat of disclosing patient’s medical information which is contrary to medical ethical profession.

Table 8: Level of Confident when Interpreter is Involved

Level of Confident when Interpreter is Involved	Frequency	Percentage (%)
Strongly agreed	0	0
Agreed	0	0
Neutral	0	0
Disagreed	14	20.9
Strongly disagreed	53	79.1
Total	67	100

4.6.5 Lack of Facilities Available for HIPs in Healthcare Settings

Table: 9 indicated that 63 equivalents to 94% of the respondents strongly disagreed with the communication means available for HIPs in healthcare settings and 4 equivalents to 6% respondents agreed with the communication means available for HIPs in healthcare settings. This implies that HIPs communication needs have not been given much importance in many healthcare settings.

Table 9: Communication Means Available for HIPs in Healthcare Settings

Status Communication Means Available for HIPs in Healthcare Settings	Frequency	Percentage (%)
Strongly agreed	0	0
Agreed	4	6
Neutral	0	0
Disagreed	0	0
Strongly disagreed	63	94
Total	67	100

Conclusion and Recommendation

Conclusion

This study explored the challenges faced by medical practitioners when they encounter the Hearing Impaired Persons in healthcare provisions which included: the existence of varied communication methods such as lip-reading, gestures, sign languages or use of interpreters; lack of facilities for HIPs in healthcare setting, absences of confidentiality, Lack of appropriate Methods of Communication used to attend the HIPs, Lack of Training of Hearing-Impaired Patients, and the lack of mechanisms established to assist the HIPs as a special group that requires special attention.

Recommendation

The government should restructure the healthcare system by accommodating all required medical facilities to the HIPs which could include provision of auxiliary aids, like interpreters to HIPs to enable them access health services like other citizens. In addition to that, HIPs communication methods should be incorporated into medical college curricula and training on HIPs communication especially Tanzania sign Language (TSL) to all medical practitioners must be compulsory. Furthermore, the government is advised to allocate funds for training both medical practitioners and Deaf patients to enhance effective and efficient communication between the two parties. The authority is advised to allocate funds to procure facilities for HIPs in Healthcare Settings. From these highlighted factors, this study recommends further researches to be conducted on communication challenges faced by medical practitioners in Communicating with the Hearing-Impaired Patients by scaling study scope.

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