

## Research Paper

## Nurses' knowledge, attitudes and behavior toward Deaf patients

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## Abstract

**Background:** Deaf sign language users experience severe health disparities which could be decreased with the modification of some factors associated with health professionals' attitudes, knowledge and behaviors. Relevant research referring to nurses is almost inexistent.

**Objective:** This study aimed to examine Greek nurses' knowledge, attitudes and practices toward Deaf people and determine the factors that influence these parameters.

**Methods:** The sample consisted of 200 randomly selected nurses working in 2 public hospitals and 2 public health centers in Attica, Greece. Data was collected from November 2010 to May 2011, using a questionnaire inquiring for demographics, previous contact with Deaf people or other people with disabilities, relevant education, practices, feelings and self-efficacy for caring for Deaf patients, knowledge and attitudes toward them and interest in being educated in such issues.

**Results:** A lack of relevant knowledge and education was observed. Relevant education was found to be positively correlated with knowledge ( $\rho = 0.225$ ,  $p = 0.003$ ). Self-efficacy was found to be positively correlated with the contact with Deaf people score ( $\rho = 0.358$ ,  $p < 0.001$ ). The participants who have avoided caring for Deaf patients had a statistically significantly lower mean score of self-efficacy ( $p < 0.001$ ). No correlation was found between the contact and knowledge scores and between relevant education or contact and attitudes. The majority (64.8%) were interested in attending a relevant educational program.

**Conclusions:** Our findings support that appropriate educational programs, including contact with Deaf people, could contribute to the improvement of nurses' knowledge and behavior toward Deaf people and would be welcomed by the majority. © 2015 Elsevier Inc. All rights reserved.

**Keywords:** Deaf; Nurse; Health care; Attitudes; Knowledge

According to the WHO report on disability,<sup>1</sup> people with disabilities experience severe health disparities which could be decreased, among other, by providing appropriate training to health professionals (HP). Such training should improve the health care provided to people with disabilities by modifying some of the factors associated with HP' knowledge, attitudes and skills related to caring for these people.<sup>2</sup> Several studies have examined HP' and students' knowledge, attitudes and experience toward disability in general or toward specific disabilities.<sup>3–11</sup> Yet, such literature may not have direct applications to deafness. For example, according to Lewis et al,<sup>12</sup> nurses reported less positive attitudes and fewer positive emotions, in response to caring for a patient with an intellectual disability, compared to a patient with a

physical disability, while according to Owioye et al<sup>5</sup> medical students have different perceptions toward blindness, deafness and deafblindness.

Also, the deaf population consists of subgroups with different cultural and communicational characteristics,<sup>13,14</sup> which need to be separately examined. According to the Canadian Association of the Deaf<sup>15</sup> the term “the deaf” (small d) is acceptable and refers to medically deaf people who “do not necessarily identify with the Deaf community,” while capital D is used to refer to those “who identify with and participate in the culture, society, and language of Deaf people, which is based on Sign Language” (SL). The term “person who is deaf,” though acceptable, is considered as “overly sensitive substitute.”<sup>15</sup> This study refers to Deaf people as they experience health inequities to a large extent<sup>16</sup> and their access to health care is more limited than that of other groups of people with hearing loss.<sup>17</sup> Deaf people face difficulties in their communication with physicians and are generally less health literate than people without hearing loss.<sup>14</sup>

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Respectively, physicians face greater difficulties and feel less comfortable when communicating with Deaf patients and they are to a great extent unaware of their obligations toward them.<sup>18</sup> While physicians know that signing should be the initial method of communicating with Deaf people, they use writing more frequently.<sup>19</sup> Some studies indicate that exposure to Deaf patients may have a positive impact on cultural competency<sup>20</sup> and attitudes toward Deaf people.<sup>21,22</sup> Moreover, training on issues related to Deaf people was found to be associated with increased knowledge on such issues<sup>20</sup> and more positive attitudes toward Deaf patients.<sup>22</sup> Attitudes of genetic counselors toward Deaf people have been found to affect their level of comfort when interacting with them and probably even their personal feelings about genetic testing for deafness.<sup>21</sup> This suggestion is an indication that HPs' attitudes toward Deaf people, may affect the provided services.

Yet, while literature data exist concerning knowledge, attitudes or practices toward Deaf people of physicians,<sup>18–20</sup> mental HP,<sup>22,23</sup> genetic counselors<sup>21</sup> and medical students,<sup>5,20</sup> throughout our literature review, no study describing such issues was found with reference to nurses.

The objective of this study was to examine Greek nurses' knowledge, attitudes and practices toward Deaf people and determine the factors related to these parameters.

## Methods

The study was designed as a cross-sectional and correlational one.

### Participants

The target sample consisted of 200 nurses working in 2 public hospitals and 2 public health centers in the Prefecture of Attica, Greece, which were selected randomly from the lists of public general hospitals and health centers in Attica. The participants were randomly selected from the nursing staff lists of these institutions. Two nurses were excluded because of retirement. Self-completion questionnaires including a message giving information on the study were distributed to 198 nurses, who were contacted by the researchers at their workplace. Questionnaires were distributed and collected from November 2010 to May 2011. The study was approved by the ethical committees in all participating institutions. Participation in the study was voluntary and anonymous. The participants interested in attending a relevant educational program filled out a separate form with their contact details.

### Questionnaire

For the purpose of the study a questionnaire was designed to collect demographic data, data regarding previous contact with Deaf people or other people with disabilities, education on issues related to deafness or other disabilities, practices,

feelings and self-efficacy for caring for Deaf patients, knowledge and attitudes toward Deaf people and interest in being educated in such issues. An Expert Panel (EP) consisting of a Deaf psychologist working as teacher of Greek SL, an experienced hearing translator of Greek SL, a hearing adult with Deaf parents and an experienced nurse in the design of measures contributed to the development of the questionnaire. All questions and scales developed or adopted are based either on relevant literature, or the EP's comments, trying to take into consideration what Deaf people expect from HP. According to the philosophy of the attitudes scale of Cooper et al,<sup>23</sup> the questionnaire does not focus on deafness as a medical condition but as a characteristic related to several cultural, linguistic and rights-based concerns.

Questions on standard *demographic* data such as age, sex, marital status, work experience, working in a clinic of low, average or high communication-contact with patients, were included. Previous contact with Deaf people was assessed by several questions measuring the kind, duration and frequency of such contacts and how recent they were.<sup>6,20–22</sup> No distinction was made between contacts with Deaf colleagues of different status, despite being suggested by Cooper et al,<sup>22</sup> because a small number was expected. The score of previous contact with Deaf patients varies from 0 to 20. Education on issues related to deafness was assessed by questions on previous participation in courses on deafness/SL, working experience at institutions or departments related to deafness (e.g. ENT) or close contact with hearing persons learning SL. The score referring to education on deafness varies from 0 to 20. Relevant questions referring to disability in general were also included in the questionnaire to assess previous contact with persons with disabilities or previous education on disabilities. The score referring to such contact and education varies from 0 to 15. Nurses' *practices* were assessed by questions focusing on the communication method used<sup>19</sup> and on whether the nurse had ever avoided caring for a Deaf patient because of their deafness. This last question was added, because a member of the EP claimed that such a behavior exists. Each question referring to nurses' practices corresponds to an ordinal variable with 3 or 4 categories (i.e. never, rarely, frequently, always). Nurses' feelings related to the provided care to Deaf patients (*positivity or negativity of the experience*)<sup>22</sup> were examined by 5 questions measuring embarrassment, unease, pleasure, interest and satisfaction. The score for each question varies from 1 (negative) to 4 (positive) and the total score varies from 5 to 20 (Cronbach's  $\alpha = 0.97$ ).

To assess *knowledge* on issues related to Deaf people, a scale of 13 multiple choice questions was designed. The first version of the scale including 10 questions was based on related literature.<sup>18,19</sup> It was completed and improved by 28 post-graduate nursing students and the EP to ensure high content-related validity and face validity.<sup>24</sup> Therefore, these 10 questions were improved and 3 more were added. The scale consisted of 6 items on Deaf people and their right

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