

DEAF PEOPLE'S ACCESS TO NURSE EDUCATION

(A Monograph)

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SUMMARY

This paper discusses some of the educational issues of deaf people's education in post-16 hearing educational environments and a small survey relating to deaf people working in health care to help to provide evidence of deaf peoples' access to nurse education.

Deaf people have been recognised as disabled because of their inability to hear, and this has been seen as a reason to prevent individuals accessing the profession. Deaf people's education in 'hearing' educational environments is discussed, and although the amount of literature is limited and somewhat dated, it does indicate that deaf people can access courses and achieve similar academic grades to hearing students.

There is a very limited amount of literature about deaf nurses. Four articles are reviewed. The articles indicate that disability was focused upon, rather than ability. Despite obstacles from the profession these people have succeeded in their chosen career. Information from deaf people who are working in the health care is explored. As expected the response rate is small and comes from a variety of individuals working in a variety of settings. It appears that deafness itself is not a handicap, but nursing as a whole appears to focus on deaf peoples' disability rather than ability.

To address the balance the School of Nursing and Midwifery (University of Sheffield), in a collaborative project, was aiming to allow deaf students to access its Pre-registration programme. The funding for the project was never obtained and as noted later the project is to undertaken elsewhere.

INTRODUCTION

People with disabilities have struggled to become nurses and those people who qualify may have difficulty remaining in their posts. Gaze (1984) describes the uncaring behaviour of the caring profession to colleagues who are not given much opportunity to continue their profession. Even in the 90s it seems that the National Health Service (NHS) has an appalling record for employing disabled people. According to Taylor (1995) only 0.3% of the NHS is disabled which is in breach of the British Governments recommended quota of 3%.

The results of a survey amongst readers of *Nursing Times* demonstrated that the NHS is rarely a sympathetic employer, and many people, with disabilities, who became nurses did so after a *fight with the system* and with prospective employers. There also appears to be a difference in the support given to people who become disabled after they become employed or entering nurse education. Those people who are already in the *system* are treated more favourably than those who are trying to get into it (Trevelyan 1995).

One way of overcoming some of these difficulties may be to create a supporting environment where people with disabilities can access nurse education and placements to demonstrate their ability rather than a concentration on dis-ability.

Deaf people have been recognised as disabled because of their inability to hear, and this has been seen as a reason to prevent individuals accessing the profession. Some deaf people, particularly those whose first language is Sign have commented that deafness should not be seen as a physical disability, but as a linguistic difference (Finkelstein 1990).

A collaborative¹ project was set up between the School of Nursing and Midwifery (University of Sheffield), the Central England Mental Health Services for Deaf People, the National Centre for Mental Health and Deafness, the National Deaf Services and The English National Board (ENB). The ENB announced in 1996 that a small number of deaf people will be able to access the Advanced Diploma in Nursing Studies at the University of Sheffield (*Nursing Times* 1996).

Sheffield was unable to secure funding for the project and in 1999 it was announced that the project would be set up at Salford University (ENB 1999). The working group along with the ENB includes the three national centres for mental health and deafness. *The group wants to influence Education and Training Consortia which are geographically associated with the national centres*

¹ There were plans for other collaborators in the project, these are they were to be confirmed.

to release extra funding which would enable support for a small group of deaf people to access the existing pre-registration mental health nursing programme (ENB 1999).

Although the amount of literature is small and somewhat dated it does indicate that deaf people have, and continue to access courses with hearing people, often without specialist help and assistance and achieve similar academic grades.

There is a very limited amount of literature that is available about deaf nurses. Four articles are reviewed. The articles, about students, indicate that disability was focused upon rather than ability. Despite obstacles from the nursing profession these people have succeeded in their chosen profession. Following this a small scale investigation is described; seeking information from deaf people who are working in the health care professions. As expected the response rate is small and comes from a variety of individuals working in a variety of settings, one is from Australia and demonstrates some of the same issues that surround deaf people in the UK who wish to be nurses.

Overall it appears that deafness itself is not a handicap for individuals who have responded to the request for information, or to those individuals described in the literature. However, nursing as a whole appears to focus on deafness as a handicap and not the ability of individuals.

DEAF PEOPLE IN HEARING POST-16 EDUCATION: A REVIEW OF THE LITERATURE

This short review concentrates on literature that describes deaf people in post-16 education. That is where deaf people have joined a *hearing* establishment. Literature tends to be limited in volume and some of it is now quite dated. The older literature may now be invalid, but with little else available it was used as *current* evidence.

Historically deaf people have lagged behind their hearing counterparts in most major measures of work achievement and typically earn substantially less than hearing workers. Deaf workers experience more restricted occupational mobility than hearing people. This seems to undermine one of our most cherished ideals, as a free society; that people are masters of their own destiny. Highly valued are the opportunities to go where we will, to pursue our own career ambitions and be successful (Welsh & Walter 1988). They go on to say that;

... closely connected with the notion of control of our careers is the concept of occupational mobility. To have occupational mobility is to be able to select the type of work one will do and to have some choice as to the employer for whom we will work.

Welsh & Walter (1988)

To be able to have this occupational mobility it is necessary in our modern world to have an education that will demonstrate to employers that skills and knowledge required for employment are at a recognised standard. For this to be the case it is necessary, in most instances, for young adults to access post-16 education.

Before an individual goes to college/university they may or may not be prepared for the change in lifestyle and academic standards. There are several factors that need to be considered before an individual takes up a post-16 education course.

PRE-COLLEGE PREPARATION

It is important that parents have knowledge of how deaf children and young adults are educated to help them understand the preparation that is required for entering Post-16 education, and students need to be educationally prepared for adult education (Breunig² 1965). Quigley, Jenné & Phillips' (1968) research found that a few parents actively discouraged their deaf children from entering college, this may be due to the fact that job training was seen as more important than '*a good education*'. However Brown & Foster (1991) have indicated that the number of deaf people accessing higher education is increasing. No evidence has been found to date that indicates the current number of deaf people in British educational establishments. There is no reason to believe

² Latham Breunig is a deaf man who graduated from a school for the deaf, completed his first degree at a 'hearing' university and later achieved a PhD.

that the number of deaf people accessing British education systems is not rising since there is a trend to offer courses to people with all types of disability, based on an equal opportunity policy.

The preparation an individual has in terms of entering post-16 education will depend on several factors such as the school they attend, the outcome of their elder peers as they leave school, parental attitude and school grades. Some authors have researched deaf people in post-16 education and have made comment about what makes a successful student who is deaf and attending with hearing peers.

Quigley, Jenné & Phillips (1968) also added that one of the most important factors that influenced planned attendance within the post-16 education system was individual's established career choices. This makes sense in that a degree in the current economic/social climate may be important in developing a career structure. This was also the case in the 1960s, when Quigley, Jenné & Phillips (1968) noted that deaf people work in occupations that are commensurate with their educational achievement, and success was often achieved with little or no special assistance.

QUALITIES FOR ATTENDING COLLEGE

Breunig (1965) outlines the qualities that deaf students have listed as being important in seeking an education in colleges with hearing people;

- Mental skills
- Communication skills
- Study attitudes
- Personal integrity
 - desire
 - courage
 - optimism
 - self dependence
 - stamina
 - perseverance
- Take the initiative in establishing social relationships
- Use extra curricula activities as ice-breakers

The last two qualities identified by deaf people appear to be significant. Brown & Foster (1991) have indicated that students with disabilities often experience poor social acceptance and a low or negative rate of social interaction with non-disabled peers, so that integration is not being realised, which is contrary to Bruenig's (1965) findings that a high degree of acceptance by hearing students of moderate to severe hearing impairment. This acceptance of students, according to Ladd, Munson & Miller (1984), is not true outside of the classroom where there is little contact between deaf and hearing students.

Pre-post-16 educational qualities that lead to success with hearing peers, have been researched and include;

- Self confident attitude
- Academic and social support from others
- Good study habits
- Academic and language aptitude
- Speech and lip-reading listed as relatively unimportant

(based on Quigley, Jenné & Phillips, 1968)

It is interesting to note that in 1968 some deaf people indicated that speech and lip reading were relatively unimportant. In stating that it is likely that these students had a good grasp of English as they also include academic and language aptitude in the skills that help deaf students succeed in further education.

DEAF PEOPLE IN THE ACADEMIC ENVIRONMENT

The classroom

The types of classes that deaf students attend vary widely. Quigley, Jenné & Phillips (1968) reported that students did not gravitate to any particular type of subject. They had also anticipated that deaf people would be concentrated in the smaller colleges and universities, which was not the

case. Breunig (1965) describes the success of a deaf student who encountered problems with access, enrolment and orientation who eventually finished university with two bachelor degrees.

Brown & Foster's (1991) research has shown that in general deaf people are accepted by their hearing peers, who made statements such as;

they have a right to be there, they are intellectually competent to complete the work, their presence does not interfere with my own education .. and ...the range of ability amongst the deaf is about the same as the hearing.

As well as these statements there tends to be some sensitivity amongst hearing students about the problems that deaf people may have, particularly in relation to the use of support services by deaf students (such as interpreters and note takers). However, there were a small number of students who suggested that deaf students had an unfair advantage with the use of the support services. This attitude subsided with greater understanding on the part of hearing students.

Hearing students also added that they thought that deaf students often needed more clarification and repetition than hearing students, they responded less to tutors questions and comments. The hearing students suggested that this may be due to inadequate interpreting and/or because of the slight time lag that is involved in interpreting.

One student found it difficult to analyse and compare deaf students comments/thoughts because all the deaf students used the same interpreter. This may reinforce generalisations about deaf people rather than outline their individual characteristics.

Brown & Foster (1991) indicate that deaf people in the classroom may miss vocabulary, they may not be cued to important information and often do not catch jokes and incidental events. Some deaf students have indicated that they often feel distanced from the tutor.

The reason for the lack of information gathering and distancing from the tutor may be because the classroom did not support interaction or provide opportunities to learn how to interact or overcome any of the uncertainties of the interaction processes. Seating arrangements may be partially responsible for the lack of interaction. In addition to this, hearing students can make casual contact and interact easily, but to interact with a deaf student, they needed prior contact (outside of the classroom) to develop and establish a *comfort level* (Brown & Foster 1991).

Despite these findings Brown & Foster (ib.id.) have indicated that generally deaf students were well integrated into the classroom situation. Teachers made few modifications or accommodations for deaf students and taught in the usual way. This prompted two types of comment. On a positive note; there did not appear to be any disruption of the general educational processes. The negative aspect was that there were failings to accommodate deaf students. Deaf students made a number of suggestions in the way in which problems, in the classroom, can be overcome, including;

- Using class mates to take notes
- Copying from neighbour
- Using notes from the tutor
- Made use of collateral reading
- Catching up after class
- Took own notes (mainly hard of hearing students - HoH)
- Borrowed notes from other students
- Access information via an interpreter
- Made tape recordings and listened after class (HoH)
- Made tape recordings and had them interpreted
- Used lip-reading (but some found this difficult)
- Made use of extra tutorials
- Made use of special tutors for deaf people
- Informing the tutor of any difficulties

(based on Breunig, 1965 and Quigley, Jenné & Phillips, 1968)

Other academic issues

Jacobs (1977) compared how well deaf and hearing students (who achieved similar grades) recalled lecture information. In an experiment, using *new material*, a test of 60 items was used to measure

short term recall. Deaf students achieved 84% of the hearing students score, this may be because of several factors such as the experience of the sign language interpreter, the amount of experience the students have in using an interpreter, the test method, which may have been bias to hearing students and how novel the *new material* was to the deaf students, compared to the hearing students.

If deaf students do score lower on short term memory testing but manage to equal the overall pass rate, compared to hearing students, it is possible that they are doing more private study to compensate for this difference. It has already been suggested that deaf students do as well as hearing students (overall). Quigley, Jenné & Phillips (1968) support the idea that deaf students spend more time than hearing students in study, and therefore less time in social and recreational activities. Other activities that students have identified as being helpful in the academic situation are given below. These include advice to hearing impaired and deaf students and may link to some of the suggestions above:

- Spend more time studying
- Learn not to be bashful in asking to borrow notes
- Do more outside reading
- Always sit in the front row
- Maintain/improve reading skills
- Don't waste time taking notes

Although a little dated, Breunig's (1965) research has shown that deaf people can and do succeed in post-16 education where deaf and hearing students attend the same classes/institutions. Breunig expected to find that most deaf students would require extra assistance with their academic studies. Most of the students in this research did not have extra support and attained creditable grades.

There are differences between deaf and hearing students. These differences are more salient in the social domain than the academic domain where deafness was relegated to a minor status. In social situations deafness was hard to ignore as it created, according to hearing students, a barrier and challenges to communication (Brown & Foster 1991).

DEAF PEOPLE AND POST-16 EDUCATION SOCIAL LIFE

The acceptance of deaf students, by their hearing peers, in the classroom environment, but not in the social environment is commented upon by Brown & Foster (1991) who indicate that deaf students were not invited to social events, such as parties, by their hearing peers. Deaf students seem to develop a parallel social system which is essentially separate from hearing students. Even where social gatherings did happen between deaf and hearing students, they tended to split into two groups.

Many of the hearing respondents described negative encounters with deaf students, which related to living accommodation. Positive interactions were also mentioned, but less often and usually involved those deaf students who were perceived as having similar backgrounds/interests to hearing students and were often lip-readers.

Brown & Foster (1991) also indicate that hearing students base their evaluation of deaf students on a hearing norm, so when a deaf person *fits in* it is because they are like a hearing person. One of the reasons for this is that the initiation of communication differs between deaf and hearing people and it is, from a personal view, important to understand these differences. Preempting any misunderstandings at initial stages of meeting may establish stronger ties and understanding. Brown & Foster (1991) found that many hearing students had indicated a need for deaf awareness from a linguistic and cultural aspect, not deafness as a disability.

Quigley, Jenné & Phillips' (1968) research led to a number of recommendations from respondents to improve deaf students access to the social life of a post-16 education setting. There are several ways in which an educational institution may be able to support deaf people's social life;

- Encourage campus clubs to invite deaf students to join
- Inform students and faculty about deaf students
- Use of volunteers to help orientate deaf students
- Provision of a speech/hearing centre
- Orientation programmes to campus life
- Encourage enrolment of deaf students on all courses

Quigley, Jenné & Phillips (1968) also have a number of recommendations for students themselves which include the following;

- Live with hearing students
- Have friends who will help keep you informed and introduce you to other people
- Have contact with hearing people before entering college
- Learn to break the ice by speaking to others first
- Join clubs and organisations
- Maintain/improve lip reading skills
- Be active in sports
- Tell people you are deaf/HoH when you meet them
- Try to keep up with jokes and humour

Given that there may be problems with two groups with different communication needs socialising together it is worth noting a personal experience of deaf students in Sheffield who not only share classroom communication, they also socialise with their hearing peers. There are times when, like most groups may do so, when the deaf student may want to mix with other deaf people, but on the whole my anecdotal observation is that deaf students mix well with hearing students both in the classroom and in the social context of the students life. This is partly supported by Breunig (1965) who briefly states that deaf students who took part in extra curricula activities felt they were accepted by their hearing peers.

It can be noted from this short discussion that education in primary and secondary education settings, parental attitude and support are a prerequisite for deaf people to succeed in post-16 education. Many deaf people successfully complete post-16 courses when they, like their hearing peers, are academically and psychologically prepared to do so. According to Brown & Foster (1991) hearing informants viewed deaf students as integrated into the academic context because deaf students participation and performance did not distinguish them from hearing students. A considerable number of deaf people who seek higher education graduate from hearing colleges and universities without specialist help and achieve similar grades to their hearing peers.

DEAF PEOPLE AS STUDENTS AND QUALIFIED NURSES: A REVIEW OF THE LITERATURE

A search of a number of data base bibliographies including CINAHL, MEDLINE, ERIC, ERIC International & Social Sciences Index and paper based bibliographies, including Index Medicus, The Nursing Bibliography (RCN) and the International Nursing Index resulted in only four articles being discovered that relate to deaf practitioners within nursing (Carlisle 1989; Chickadonz, Beach & Fox 1983; Egan 1994; Rice 1989). This is not surprising since deafness appears to be a barrier to the nursing profession. The information that is sent to prospective students often includes a statement as to what conditions may preclude them from entering the profession and deafness seems to be one of them. What little literature does exist in terms of deaf practising nurses/students, is anecdotal in nature.

The focus of this part of the discussion is to outline the difficulties three of the individuals had in accessing nurse education, the problems they face in practice and how the individuals have overcome the perceived problems. The fourth article looks at the story of a late onset deafened nurse. The following represents a summary of the articles, and as such outlines points being raised by the authors.

DEAF PEOPLE AS NURSING STUDENTS

The Chickadonz, Beach & Fox (1983) article is American and may not relate directly to British Nursing. American nurses work in a *hearing environment*, so the outline of communication that the authors represent could be similar to the British situation. The advantage to the American who wants to be a nurse is the that they can call on the American with Disabilities Act, to support them, if they believe that there is a case of discrimination.

The paper gives the perspective of the Dean, the Students and the Faculty Member. The Dean points out that admission was on a non-discrimination basis, although they knew a deaf individual was applying. It is an offence in American law to discriminate solely by *reason of the handicap*.

However in terms of nursing this is not as clear as it appears to be. In rulings reported by the authors colleges of nursing can expect students to be competent enough, physically and mentally to undertake the course if they met all of the programmes requirements in spite of the handicap.

Given that the college had accepted that some students may require supportive services which offset the handicap to allow the student to meet the course objectives. This means that the faculty could hold the student accountable for successful mastery of the knowledge and skills required for nursing practice. The college based its framework on Orem's (1980) self-care deficit theory of nursing, with which it is;

possible to focus on Julie's strengths, to regard her handicap as a limitation, and to leave open the possibility that her adaptability to mobilise her strengths would be adequate to compensate for her limitations ... its was [therefore] possible to address Julie's educational needs and to actively support and facilitate her learning.

(Chickadonz, Beach & Fox 1983 pp 329)

The student (Fox) became deaf at 2½ years of age and has a 90 decibel loss (a profound loss). She wears hearing aids that help her to hear sounds but she is unable to discriminate words. Her education was in a *regular school*. As she grew up she decided that she wanted to be a nurse. Fox states that she has developed many coping skills/mechanisms, including; catching conversations in reflective surfaces, lip-reading through windows, obtaining taped transcriptions of lectures, electronic stethoscope.

Fox entered a pre-nursing programme and despite being successful the Dean tried to persuade her to change her discipline. Following completion of the pre-nursing course, and attaining qualifications in Spanish, Fox was rejected by 15 nursing colleges, with a variety of reasons including; *We didn't realise the extent of your loss; classes will be too large; Work with the deaf; Work in a library* and one Dean told her how she may kill patients.

It took 1½ years to be accepted into a nursing programme. Fox goes on to describe her methods of coping in various situations such as groups, nurse-patient-staff interaction and where she has skills that are lacking in other members of the multidisciplinary team, such as those who use sign language, people who have difficulty verbalising their needs and those people who communicate through speech reading and lip-speaking.

Beach is the Faculty Member who relates mixed emotions on hearing that a hearing impaired student was joining the course. Other members of the faculty did not believe that Fox could meet the course objectives and they had concerns about patient safety. Beach found Fox to be more prepared for some sessions than her colleagues. When it came to using tapes (audio/visual) the faculty tried to get transcripts for Fox to read.

In general terms related to the academic components of the course Fox did as well as any other student. One of the major concerns was that of patient safety, and Beach deals with this in some detail going on to say that Fox became an effective, competent nurse. She met the objectives of the course and her ability to meet the clients needs surpassed the expectations of many.

In their conclusion Chickadonz, Beach & Fox (1983) reflect on the human factor of requiring judgment to make decisions about the extent to which a potential student possesses the prerequisite skills to be successful.

At some point the extent of the limitations become so great that chance for success is nonexistent. It is often beyond the ability of those of us without obvious physical impairment to imagine the adaptive mechanisms and compensating abilities possessed by the individual who has coped successfully with limitations for many years.

Julie Fox was an excellent test case for the School of Nursing. She broke barriers to the handicapped ... and will be a source of inspiration to other handicapped people ... in a society that does not yet understand.

(Chickadonz, Beach & Fox 1983 pp 333)

The Egan (1994) article is an anecdotal *day in the life of...* report of Kate Howard-Jones a third year British Student Nurse. Kate is from a family with a strong tradition nursing. She was diagnosed

as being deaf when she was 4 years old. although she always wanted to be a nurse she explored other options and worked as a secretary and went to drama school and was offered a place with a dance company.

At the end of the drama course she decided to apply for a place as a nursing student. She was offered an interview at all three of her selected colleges. She was offered a place at UCH and Middlesex hospital group, but had to send a copy of her audiogram. She does not indicate what this was for, but goes on to say that *None of them made a big deal about my hearing loss*. There is no indication to the degree of hearing loss, and she describes herself as hard of hearing.

On placement she does not tell patients about her deafness, but they soon realise when she explains the amplified stethoscope she uses. The only other concession she seems to have is an amplified telephone (which she is awaiting delivery of at the time of the article). although she does not tell patients, she ensures that staff are aware of her deafness. Communication is by lip-reading and speech, there is no indication as to if Kate uses sign language, but she does not appear to have any particular problems in either the theoretical or practical parts of the course.

The Carlisle (1989) article (written when Jane Newton was in the third year of an RMN course) gives an account of the problems that Jane had in finding a nursing college that would allow her to enter a programme. Eventually she entered a mental health programme, which was not her first choice. She like Kate Egan (1994) always wanted to be nurse but deafness was seen as a handicap. She completed a pre-nursing course at a local college and at the age of 18 started to apply to nursing schools.

She was offered one place but turned down after the medical, although she was not given a reason for the failure, only that she failed the medical; that is she was not told it was because of her deafness. Communication is by lip-reading and uses vibrations in floors to help identify background noise. She describes herself as hard of hearing but does not indicate the level of hearing loss. Because of her failure to enter nurse education she went on to work as a care assistant in a care of the elderly unit, then as a mother's help in London. Jane was also turned down for a post of care assistant in a psychogeriatric hospital. Eventually she became a nursing assistant with a three month trial contract (not the usual six months that other nursing assistants had). For two years the contract was renewed every quarter. During this time she carried out what she describes as many *nursing duties*, yet no nurse training school would take her as a student.

Encouraged by others she applied to St. Crispin's School of Nursing, Northampton and was informed by the occupational health department that she had little hope of starting a course with such a profound hearing loss. Much to her surprise she was offered a place. Not only has she got to the third year of the course, she won the student of the year award. However there are times when she has found it difficult and has been grateful for the support of tutors and friends. Even though deafness has had its problems there have been benefits, according to Jane.

Admitting to patients that she is deaf, letting them know she has a problem has been a good way of breaking down barriers, and communicating with elderly deafened people. She does indicate that some Sisters and Charge Nurses still raise their voice to her and feels that it is inappropriate behaviour for nurses.

The fourth article (Rice 1989) is about a nurse who became deafened as an adult, so is not a true representative of a deaf student, but does demonstrate that the loss of hearing itself is not a barrier to continuing to work as a nurse. Mary lost her hearing fairly rapidly during 1986. She had measles when she was younger and had lost her hearing in one ear, the other had been *perfect*. At the time of going deaf Mary worked in a busy outpatient department. Because she did not lip read she took six months off work and took up a post in an X-ray department on her return to work. She did not think that she would be offered the post. She undertook a two month trial before being employed full time.

She outlines some of the situations that make life difficult as a lip-reader. Rice goes on to say that her ingenuity at adapting to life without sound is something many deaf people will recognise she uses all kinds of reflective surfaces to what is behind or to the side of here. It appears, in the text, that Mary uses an acoustic technique to take blood pressures. She, like the individuals above, report

that staff are often the people who are *too busy* to take an extra few seconds to speak clearly, and many nurses do not take time to help deaf people generally.

DISCUSSION OF THE ARTICLES

From this very short description of the available literature it does appear that deaf students and nurses are able to achieve the same standards as hearing students/staff in terms of academic and placement competencies. This is supported by the success of Jane Newton, Julie Fox and Kate Howard-Jones (Carlisle 1989, Chickadonz, Beach & Fox 1983 and Egan 1994). However more research may need to be undertaken to support this anecdotal evidence.

There are a number of similarities amongst the reports that are worthy of further comment. In spite of the struggle that each individual had in terms of becoming a student, and for Mary, continuing to work, each has proven competent and safe practitioners despite the fear of occupational health and other staff for patient safety.

In terms of education, the students required very little support and they demonstrated that deafness was not a barrier to them carrying out the skills and knowledge required by nursing practitioners, however they do describe what could be considered prejudiced and stigmatising attitudes from individuals within the profession.

These articles outline four individuals who are nurses or student nurses and the problems that they have had to overcome to be nurses with a hearing loss/deafness. The stories are somewhat similar and provide evidence that hearing loss is not itself a barrier to achieving the required Competencies to be a nurse.

There are a number of people who are deaf who work in health care situations in other roles other than nurses. A small survey was undertaken to compare their views to the literature.

DEAF PEOPLE WORKING IN HEALTH CARE: A SURVEY

The following discussion outlines an investigation into deaf people who work in health care. The four articles referred to above (Carlisle 1989, Chickadonz, Beach & Fox 1983, Egan 1994 and Rice 1989), only provide a small amount of information.

The overall aim of the investigation was to seek information from deaf people within health care settings. To do this has meant looking nationally for people who are deaf and working in health care settings. Although a national call for information was made only a few people responded.

One of the reasons for the lack of individuals to respond to the request for information is that deaf people have been discriminated against for years (Sainsbury 1986) and deaf people have difficulty accessing professions that many hearing people take for granted (with appropriate entry qualifications). There appear to be few deaf people who are working within health care situations of any sort. For this reason a *national trawl* for information has been undertaken. To date eight people have responded to the request for information. Full responses are given in the appendix.

AIM OF THE INVESTIGATION

To find if there is evidence, among the deaf population, that would suggest that deaf can and do work in a variety of health care settings with patients/clients safely and competently.

METHOD OF INVESTIGATION

Because of the little available data, on deaf people working in health care settings, a specific method of investigation needs to be able to find suitable respondents. A letter, for publication, was sent to the monthly journals for deaf people and the teletext pages that appear on BBC 2 and Channel 4. To date it has been published in the British Deaf News (March 1995, *Extra* [between pages 16 & 18]) and on Read Hear (Ceefax page 710).

The following questions were asked of individuals who volunteered information:

1. What type of communication do you use as your first preferred communication?
2. What work do you do and where you do it?
3. How you communicate in your work setting?

4. What problems have you come across - how did you and your colleagues/patients overcome them?
5. What support/assistive devices do you need to carry out your work in an equal way to hearing colleagues (eg, text telephone)?
6. What your qualifications are from school/college/university?
7. What, if any, were the problems you have had in getting work within the health care sector?
8. Have you ever wanted to be a nurse/applied to a college/school of nursing?
9. If you did apply, what was the response?
10. If you have not applied, was there any reason why you did not?

This type of methodology is not a recommended type of information search for most forms of research. It does not represent a rigorous, systematic enquiry (Clarke & Hockey 1989). However it is an attempt to access information that is not currently available in any other form. For the purposes of this enquiry, it is the only way to collect the information in the appropriate time frame.

FINDINGS OF THE INVESTIGATION

Eight people responded to the questionnaire in the time scale that was available to collect information. The responses are represented in table 1.

DISCUSSION OF FINDINGS

The findings are to some extent predictable. I have been studying deaf people's access to health care for some time (Wright 1993). Often deaf people report discrimination and stigma among the caring professions. This is supported by the work of other researchers such as Sainsbury (1986) and Phoenix (1988). It is not, therefore, surprising that several of the respondents report various amounts of stigmatisation and prejudice. Respondent one, although not reporting any particular discrimination has reported the problems that others have faced which has prevented her from applying to nursing colleges and schools. Respondent three, outlines very strongly the fight she has had to face in becoming a qualified nurse.

All respondents appear to have appropriate academic qualifications to allow them to enter nurse education if they desired to (depending on individual Colleges and Schools entry criteria).

Respondent one, has indicated that she could provide a testimonial from her employer if it would be useful. She is also about to commence an NVQ in health care, so there must be some support from her employer/colleagues that she is able to achieve within a health care environment. If she is able to carry out some of the tasks of her job description (for HCA) then she may succeed in a nursing programme.

Respondent two, has obtained a nursing qualification. This means that she must have passed the local college's assessment of competence for level one registration. This was obtained after struggling to get a place as a student. Generally this respondent did not find the occupational health department very helpful.

Respondent three, indicated that she has had no real problems within health care settings as an Occupational Therapy Assistant (OTA). My own understanding of Occupational Therapy and Nursing is that they share many skills, due to them both related to the nature of caring.

Respondent four, has reapplied to the college of nursing because of the refusal of the occupational health department to pass the respondent as fit. To support their case, the respondent, has forwarded a copy of an article referenced in this work (Egan 1994). However the respondent indicates that the occupational health department does not seem to be aware of the abilities of deaf people, only the disabilities. This individual, at the time of writing, has been offered a place on a nursing programme after what is described as *a two year battle*.

Respondent five is an experienced first level nurse with experience abroad as well as in the UK. This respondent reports that staff were helpful. She did not receive favours and was expected to perform to the same standard as any other nurse.

Respondent six works in a specialist unit for deaf people, as does respondent eight (Australia). These people do not report any significant problems, as they are working in an environment that

supports deaf people generally. However the Australian nurse has been able to identify what can be described as prejudiced behaviour from other nurses.

Respondent seven is a nurse who became deaf after achieving qualification. Any problems described are minor but this respondent does indicated that hearing itself is not necessary to continue as a nurse.

The evidence supplied by these respondents does indicate that deaf people are succeeding within health care settings, and further research may support these findings. It is interesting to note that many of these deaf people have had some difficulty in getting into health care. Respondent two, more so than than respondent one, who has not yet applied to nurse education establishments because of the experience of her colleagues.

Respondent three has indicated that she did not perceive her deafness as the barrier to working as an OTA, yet, with four 'A' levels, she appears qualified to start many university courses³. This being the case it is strange that she had problems finding a post within health care.

Many of the respondents have indicated that entry to nursing programmes has been difficult. One referring to herself, the other that she would not respond because of what had happened to her friends. To further the investigation I spoke to an Occupational Health doctor who has responsibility for the medical recommendation of student nurses admission to a nursing programme.

The occupational health department has a responsibility to ensure that staff employed within local NHS services are fit for work, to advise employees on health issues, help to educate staff in terms of maintaining health and to support the local NHS services in producing guidelines on the suitability of individuals for employment in terms of their health/fitness.

The overall response of OH is that deafness is a bar to being a nurse. This is in accordance with the guidelines set out by the Regional Health Authority and Placement providers. If a deaf student were to apply to enter nursing *there may be problems in defining their fitness to work* in using the current specification laid down in the guidelines.

CONCLUSION TO THE SMALL SCALE INVESTIGATION

It appears from what the respondents state and, the literature discussed earlier (Chickadonz, Beach & Fox 1983, Egan 1994) that deaf people are able to succeed within a nursing, sometimes with the support of assistive communication equipment to enable alarms to be responded to and with amplified telephones.

Communication does not appear to be a restriction to the respondents, although group meetings can be difficult to lip read and concentrate on. Where this is the case one of the respondents used a one-to-one debriefing to make sure that everything was understood.

Overall the respondents support the fact that, despite having to *struggle*, deaf people can and do succeed as carers within health care settings and as nurses.

CONCLUSION

This investigation has reviewed deaf people's access to higher education within what can be considered to be a hearing environment. Although some of the information is dated it does indicate quite clearly that deaf people can and do succeed academically. There are some areas in higher education that need to be specifically addressed in preparing deaf people for higher education and in preparing hearing students and lecturers so that they enable the deaf student in a way that creates learning opportunity within hearing environments. Deaf people have also identified ways in which they can improve their learning within hearing educational environments.

³ In her letter she has indicated that she is to start a university course 1995 (has not indicated what she will be reading), after finding a university that would support her as a deaf student. In her own words she says *I can say from my experience as far as universities go, there is no such thing as 'Equal Opportunities'*.

A very limited amount of literature exists about deaf people as nurses or nursing students. What is available demonstrates that deaf people have been seen as a group of people who would not be able to nurse. That is the caring professions have looked at the disability of a group of people not individual ability. Each of the articles about the student nurses demonstrate that deaf people can practice as nurses and achieve the required Competencies required by the UKCC for registration as first level nurses.

Each of the students, in these articles, have described the difficulties that they have had to overcome in terms of prejudice and stigmatisation of deafness within health care. The small research project also supports the literature that deaf people have problems in accessing nursing as a profession. Those deaf people who have *battled* to achieve a place as a student have proven themselves capable of being practitioners. However, they also demonstrate that discrimination of deaf people does continue to exist without looking at individual ability.

Some of these people have required minor modification to their working practice in terms of communication, which is not a great problem with the current technology available. Other than these modifications deaf people can bring into nursing skills that may be lacking in other health care professionals, not in the least an understanding of the communication needs of deaf and hearing impaired people.

Most of the respondents in the research and the students reviewed in the literature have noted that there were lots of reasons being given as to why they could not be nurses, the institutions had already made up their mind. As Chickadonz, Beach & Fox (1983) point out ... *handicapped people [are]faced with roadblocks in a society that does not yet understand* (pp 333).

Once these *roadblocks* are identified, and deaf people are seen as able, they can and do succeed as nurses.

REFERENCES

- Brown P & Foster S 1991 **Integrating hearing and deaf students on a college campus** *American Annals of the Deaf* 136(1) 21-7
- Bruenig H 1965 **An analysis of a group of deaf students in colleges with the hearing** *Volta Review* 67 17-27, 94
- Carlisle D 1989 **Deaf, but not disabled** *Nursing Times* 85(47) 66-7
- Chickadonz G, Beach E & Fox J 1983 **Educating a deaf student nurse** *Nursing & Health Care* 4(6) 327-33
- Clarke J & Hockey L 1979 **Research for nursing: a guide for the enquiring nurse** HM Plus London
- Egan D 1994 **Kate's on casualty** *See Hear* Nov. 10-1
- ENB 1999 **Educational opportunities for deaf people** *ENB News* April pp 6.
- Finkelstein V 1990 **'We' are not disabled, 'You' are** In Gregory S & Hartley G (Eds) **Constructing deafness** Pinter London & Open University Milton Keynes Section 7.6 265-71
- Gaze H 1984 **The plight of the disabled nurse** *Nursing Times* 80(6) 16-8
- Jacobs L 1977 **The efficiency of interpreting input for processing lecture information by deaf college students** *Journal of Rehabilitation of the Deaf* 11(2) 10-4
- Ladd G, Munson H & Miller J 1984 **Social integration of deaf adolescents in secondary-level mainstreamed programs** *Exceptional Children* 50(5) 420-8
- Nursing Times 1996 **Nurse training for deaf students set up** *Nursing Times* 92(28) 6
- Orem D 1980 **Nursing: concepts of practice** (2nd ed) McGraw Hill New York
- Phoenix S 1988 **An interim report on a pilot study of deaf adults in Northern Ireland with detailed reference to their educational experience, employment and social situation** Northern Ireland Workshop with the Deaf
- Quigley S, Jenné W & Phillips S 1968 **Deaf students in colleges and universities** AB Bell Association for the Deaf Washington DC
- Rice T 1989 **The quiet life** *Nursing Standard* 26(3) 36-8
- Sainsbury S 1986 **Deaf Worlds** Hutchinson London
- Taylor A 1995 **Shattered dreams** *Nursing Times* 91(40) 26-9
- Trevelyan J 1995 **Rough justice** *Nursing Times* 91(49) 46-9
- Welsh W & Walter G 1988 **The effect of postsecondary education on the occupational attainments of deaf adults** *Journal of the American Deafness and Rehabilitation Association* 22(1) 14-22
- Wright D 1993 **Deaf people's perception of communication with nurses** *British Journal of Nursing* 2(11) 267-71

APPENDIX

Responses from the questionnaire

Each number corresponds to one respondent (ie. each number '1' is the same respondent's response to each question)

What type of communication do you use as your first preferred communication?

- 1 Lip-reading and speech with hearing people, sign with deaf signers.
- 2 Speech and amplified hearing, with some lip reading to augment limited hearing.
- 3 Speech and amplified hearing.
- 4 Speech and amplified hearing.
- 5 Lip reading and sign language.
- 6 British Sign Language/Sign supported English/Speech.
- 7 Speech with some signs to 'cue' the spoken word.
- 8 Speech/oral and Auslan (Australian Sign Language), some marginal hearing.

A description of the work undertaken

- 1 Health care assistant in a private hospital, caring for patients who have undergone surgery, rehabilitation and caring for people with long term illness, such as M.E.
- 2 Qualified nurse (Level 1). Trained as a Project 2000 student nurse and is now a 'D' grade staff nurse on a medical and E.N.T. ward.
- 3 Occupational Therapy Assistant. Not indicated in what type of environment.
- 4 Not stated (but has recently been refused entry to a Nursing College because of hearing impairment).
- 5 Registered General Nurse (two years post registration experience).
Experience in Rumania - working in a psychiatric hospital teaching Rumanian Nurses.
Care of the Elderly Assessment and Rehabilitation
Philadelphia (USA) - Health Centre Supervisor in a children's camp.
Currently D grade staff nurse undertaking BSc (Hons) in Applied Bio-Sciences.
- 6 Nursing Assistant in psychiatric unit for deaf people
- 7 Allocation officer to a College of Nursing & Midwifery (all courses) and Counsellor on personal matters.
- 8 Hostel supervisor, mixed clientele (culturally deaf and acquired hearing loss)

How do you communicate in the work setting?

- 1 Speech and sometimes use a note pad.
- 2 Speech and sometimes use a note pad.
- 3 Speech.
- 4 Not stated, but uses telephone so presume speech and hearing (amplified).
- 5 Lip-reading.
- 6 Depends on who the communication is with.
- 7 Not stated, but appears to be speech, with communication support for telephone use.
- 8 Mixed communication depending on clientele need.

The following two questions have been linked together because all respondents responded by linking them.

What problems have you come across - how did you and your colleagues/patients overcome them? &

What support/assistive devices do you need to carry out your work in an equal way to your hearing colleagues?

- 1 People speaking when they are not looking at me. Group meetings where several people may be talking at once. Not being able to respond to alarms and patient call systems. PACT provided me with assistive devices that enable me to respond to alarms and call systems (vibrating pager linked to the alarm/call systems). Told people about being deaf, and explained my communication needs - proved to be useful. Even taught some staff some basic sign language and that is used, particularly finger spelling to support speech.
- 2 Use hearing aids with radio loops, amplified telephone and vibrating pager linked to call system and alarms.
- 3 No problems with communication, but there seemed to be a problem with the attitude of some staff. They seemed to think that my deafness will be a problem to them, but they soon realised that most of the time I was the same as them.
- 4 Applied for nurse training, turned down because wearing hearing aid means respondent can not use stethoscope. The respondents consultant does not believe that the respondent would have any problems as a nurse.
- 5 Use a *Converse* telephone at work (powerful amplification). Often asks other people to convey calls. Usually not a problem as staff are understanding. No problem with buzzers, as the ward where respondent is working has a good visual system. Communication was not a problem as respondent went to wards to let them know about deafness. Would have liked more lip-reading classes during training to support professional activities.
- 6 Problems tend to be small and related to communication. Sometimes need to repeat/have repeated what is being said. Uses Text telephone, visual alarms for fire, patient call and vibrating pagers for emergencies. A sign language interpreter is often present in the building.
- 7 Few problems with communication, mainly relating to communicating with 100 students at a time (?lecture theatre). Use of a communication assistant for telephone and sometimes a text telephone.
- 8 Peer prejudice, taking of BP, using stethoscope and telephone (prior to the Relay Service). Deafness, according to this respondent, automatically disqualifies people from accessing nurse education in Australia. Left nursing because of peer pressure (at that time was a Director of Nursing Services of Nursing Home and Hostel).

What were your qualifications on leaving school/college/university

	EXAM TYPE	GRADE	SUBJECT
1	A/S	E	Textiles
	GCSE	B	Textiles
		C	English
		C	Sociology
		C	Human biology
		C	Religious studies
		C	History
		D	Maths
		D	Biology
		E	French

NB. About to commence NVQ in health care.

- 2 Not given, but must be equal to a minimum of 5 GCSE passes at level 'C', the minimum for entrance to nurse education. Currently undertaking a degree with the Open University and the ENB 998 course (education and supervision within the clinical setting).

3	'A' level passes - grades not given		Psychology Communication studies Human biology General studies
	GCSE passes - grades not given		English literature English language Maths Geography Music French Home economics Science (double award)
4	Not listed, but must be academically qualified for nursing as respondent was accepted subject to medical.		
5	No response to this question		
6	GCSEs		
		C	English
		C	Maths
		C	Geography
		C	Child development
		C	Cookery
		C	Sociology
		C	Psychology
		D	History
		D	Biology
	Cambridge Information Technology	Certificate	Computer literacy
		Certificate	Word processing
		Certificate	Elementary typing
	BTEC		
		Nat. Dip.	Diploma in Caring Services

Non certificated courses include, introduction to mental health and deafness, disability and integration, basic counselling skills, deaf identity and youth work.

7	UKCC	RGN	
	RCN	RCNT	
	OU	BA Social History	
	Not stated	Cardiac/Thoracic Nursing Certificate	
8	Not stated	Registered Nurse (if others not stated)	

What, if any, were the problems you have had in getting work within the health care sector?

- 1 No problems getting current job. The matron took me on for a trial period and at the end of the time let me stay.
Have not yet applied to nurse training. I know it is difficult for deaf people to be accepted because some of my friends have tried and failed.
- 2 Had to be persistent to get a place in nurse training. Occupational Health were not helpful. The College gave me a place over their heads. The college refused to give me support. Had to get the union and local MP to support me - I said that the College and ENB were flouting their own rules on equal opportunities policies.
Even then things were not satisfactory - some tutors refused to use the microphone for my hearing aid loop. If it was not for a senior tutor I might have give up.
I had always wanted to be a nurse, I did not believe the amount of prejudice and stigma I met in the *caring* professions.
- 3 I had no problems getting into health care.
I was turned down many times to start with, but I thought it was other factors not my deafness. I do not wish to enter nurse training.
- 4 Not stated.
- 5 Not stated.

6. No difficulty getting current post, considering doing RMN, but not yet applied.
7. None, hearing loss occurred after attaining nursing/HE educational qualifications.
8. Now cannot re-enter nursing because of deafness.

Other information offered by respondents

1. People are encouraging me to continue into a nursing career.
The Matron is willing to provide a written testimonial if it would be required.
Has enclosed a copy of her job description.
2. Doing the ENB 998 will enable me to support students, on placements, as a mentor.
The OU course is helping me with my own assertive skills and I am now more able to let people know what I need to work as an equal.
I had to be tough to face the discrimination. I would not choose to repeat the experience.
4. Ask to be reconsidered for nurse education and forwarded a copy of the Egan (1994) article to the College of Nursing in support of application.
5. None
6. Kept being rejected when applying for posts for being too young (20 years) and not having enough experience, or not having the right qualifications, until the current post.
7. ... there are a number of staff and students who will not be sympathetic, though I found that these were heavily outnumbered.
Took early retirement due to reorganisation of education services.
8. My observation over the past 12 months is that there has not been a great shift in the nurses attitudes that I experienced in the 70s despite much publicity re disability discrimination. The pervading sense that deaf people are inferior continues to be quite strong, the greater the level of deafness, the greater the perceived inferiority.
Since leaving nursing I have been considered unable to perform the tasks of a registered nurse.