

Hearing Loss and Deafness

Definition

The term **hearing loss** includes a wide variety of impairment. The degree of loss differs from person to person. An individual may be completely deaf, mildly hard of hearing, or somewhere in between.

Background Information

Many conditions can result in difficulty hearing. Infections, medications, older age, and injuries can all damage the ability to hear. Hearing loss can also be genetic. Not all hearing loss can be “fixed” with hearing aids, surgery, or other treatments.

Depending on how and when patients experience a hearing loss, they will communicate in different ways. Some patients are able to read lips. Some might use American Sign Language (ASL). Some patients may communicate using a combination of ASL, lip reading, and speaking. Speech varies based on the age at which a person lost their hearing. The ability to speak does not correlate with mental intelligence.

Accommodating Patients with Hearing Loss and Deafness

- ▶ Try to **find out ahead of time how they communicate** and what sort of assistance they may require, for example, sound amplifiers or special (TDD) telephones.
- ▶ **Ask the person whether they read lips and whether they use ASL.** “What’s the best way for us to talk?” is a good general question.
- ▶ If the patient uses ASL, **make sure an ASL interpreter is available.** This is essential when clinical information is being exchanged and details must be correct. As with any type of language barrier, always talk directly to the patient, not to the ASL interpreter or anyone else who is present.
- ▶ **Select a quiet place to talk with minimal background noise.** Turn off radios and TVs that may drown out your voices.
- ▶ If the patient can read lips, make sure you **position yourself so you are facing each other. Speak clearly but normally.** Over-enunciating your words will distort your lips and make you harder to understand.
- ▶ **To get the person’s attention, say their name.** If they do not respond, touch their shoulder lightly.
- ▶ The type of hearing loss associated with old age decreases the ability to hear high-pitched sounds. **If you are speaking to an elderly patient, be loud and clear, but don’t yell.** Keep your voice low-pitched.

Avoiding Common Pitfalls

- ▶ **Do not assume a person with a hearing impairment communicates in a specific way.** Ask if they read lips, use ASL, or prefer another method.
- ▶ **If you do not understand the person’s speech, find another way to communicate.** Explain that you are having difficulty, and ask if it’s possible for them to write it down instead.

- ▶ Just because someone has a hearing loss, **do not assume that they cannot do everyday activities** such as work or drive a car.
- ▶ **Remember that deafness does not affect intelligence.**

Clinical Scenario

Christina has had severe hearing loss for most of her life. Her phone is adapted so a light flashes when she gets a message. She has a service dog to warn her of smoke alarms and sirens.

Today she is at a walk-in clinic for a cough. The nurse calls Christina's name in the waiting room. When there's no response, she approaches Christina and gently touches her shoulder to get her to turn around. "Are you Christina?" she asks. The nurse walks around the row of chairs so she is facing Christina directly, and says, "The doctor can see you now."

Resources

AgingCare

www.agingcare.com/Health-Conditions

Hearing Loss Association of America

www.hearingloss.org/

Mayo Clinic

www.mayoclinic.com

World Health Organization

www.who.int

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Inclusive Health Care was developed by the Institute for Community Inclusion at the University of Massachusetts Boston and Boston Children's Hospital. We have decades of experience in workforce training and specialized consultation related to disability inclusion.

