



DIFFICULTIES EXPERIENCED BY HEALTH PROFESSIONALS PROVIDING PRIMARY CARE FOR DEAF PEOPLE IN BELÉM/PA

DIFICULDADES VIVENCIADAS POR PROFISSIONAIS DE SAÚDE DA ATENÇÃO PRIMÁRIA À PESSOA SURDA EM BELÉM/PA

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ABSTRACT: The objective of this study was to describe the perceptions of professionals working in Primary Health Care regarding the care provided to deaf individuals. This was a cross-sectional, exploratory, descriptive, and quantitative study that used a semi-structured form to identify the difficulties faced by professionals when assisting deaf patients. A total of 31 professionals participated, of whom 83.87% (n = 26) reported feeling insecure during care, and although all acknowledged the importance of learning Brazilian Sign Language (Libras), 61.29% (n = 19) had not pursued any course or training, justifying this lack of engagement by limited time or opportunities. It was identified that the difficulties are not related solely to knowledge of Libras, but also to a lack of interest in learning about the linguistic, cultural, and personal particularities of deaf individuals, and it was observed that the different communication resources used by health professionals did not provide effective security in delivering comprehensive and qualified health care to this population.

KEYWORDS: Primary health care. Health care. Communication. Deafness. Sign Language.

RESUMO: O objetivo foi descrever a percepção dos profissionais que atuam na Atenção Primária quanto ao atendimento à pessoa surda. Estudo transversal, exploratório, descritivo e quantitativo, utilizando formulário semiestruturado para identificar as dificuldades enfrentadas pelos profissionais no atendimento à pessoa surda. Participaram 31 profissionais, entre os quais 83,87% (n=26) relataram insegurança no atendimento. Todos reconheceram a importância de aprender a Língua Brasileira de Sinais (Libras), porém, 61,29% (n=19) não se dedicaram a fazer um curso ou treinamento, justificando essa falta de dedicação pela falta de tempo ou oportunidades. Foi identificado que as dificuldades não se relacionam apenas com o conhecimento em Libras, mas também com o desinteresse em aprender sobre as particularidades linguísticas, culturais e pessoais das pessoas surdas. Observa-se que os diferentes recursos de comunicação utilizados pelos profissionais de saúde não proporcionaram uma segurança efetiva na prestação da assistência integral à saúde da pessoa surda.

PALAVRAS-CHAVE: Atenção primária à saúde. Cuidado em saúde. Comunicação. Surdez. Língua de sinais.

INTRODUCTION

Ordinance GM/MS N° 635, of May 22, 2023, establishes the Multidisciplinary Teams in Primary Health Care (e-Multi), while Ordinance GM/MS N° 544, of May 3, 2023, establishes guidelines for organizing the Primary Care Network. Furthermore, Ordinance GM/MS N° 635, of May 22, 2023, also emphasizes the importance of including professionals such as pharmacists, psychologists, physiotherapists, and nutritionists in multidisciplinary teams in order to offer comprehensive care and meet more complex health needs. In summary, the Primary Care Network is organized to provide accessible, community-centered health services focused on comprehensive care, promoting health, and preventing diseases at the local level.

Primary Health Care (PHC) is considered the main gateway to the Health Care Network (RAS), coordinating the care and demand for actions and services offered to its users. In this context, health professionals working at this care level should be trained to serve every user profile adequately¹. However, some health professionals are still not very sensitive and do not have the skills to humanely meet the special needs of deaf users, whose care becomes more distant from the principles that govern PHC, not only due to the lack of understanding of sign language by the health professional but also the lack of human resources and technologies that contribute to more humanized care according to their needs².

Notably, Presidential Decree N° 5.626 of December 22, 2005, aims to guarantee access to educational institutions for deaf people and the right to health. Its Art. 25 addresses the right of people with hearing impairment to comprehensive health care at several levels of complexity and medical specialties³. This standard is essential to meet the demand of deaf people, given the high incidence of this disability in Brazil.

According to data collected in the 2010 census conducted by the Brazilian Institute of Geography and Statistics (IBGE), 5% of the Brazilian population is made up of people who have some form of hearing impairment. This percentage means that more than 10 million citizens have hearing impairment, and 2.7 million are profoundly deaf, meaning they cannot hear at all⁴. The country had 2.3 million people (1.1%) aged 2 or over with hearing impairment, that is, with great difficulty or who could not hear at all. In 2019, we had 31 thousand children aged 2-9 with hearing impairment, and the number of people with hearing limitations increased with age: 1.5 million people aged 60 or over (4.3%) had hearing impairment⁴.

Cristo et al. (2022) investigated patients with hearing impairment and found that communication is a challenge, resulting in barriers, discomfort, and anxiety in the nursing team that cares for these patients. The study shows that difficulties in communication affect professionals who care for deaf people, generating insecurity, discomfort, and even prejudice, which the patients perceive.

Furthermore, the problem in care is a two-way issue, as deaf patients, most of the time, do not understand what was said and do not ask for it to be repeated, generally for two reasons: first, they know that the professional will not be able to communicate adequately because they do not know Brazilian Sign Language (LIBRAS) or because they feel embarrassed to ask for the same explanation or information several times⁵.

According to Grimes et al. (2023), individuals with hearing impairments claim that pharmacists do not display sensitivity to their needs, with an overload of written information and a lack of adaptation to meet their communication needs.

Health professionals need to be trained to receive and provide more humanized care to the entire population, including the deaf community that uses LIBRAS as their first language to communicate. Communication barriers, both in linguistic terms and in misinformation about the culture of being deaf, currently hinder the care provided to these users².

Seeking to understand some adopted practice that favors the care of deaf patients, we could not find any data to support such research. On the contrary, a study states that there is no effective Health Program that meets the health needs of deaf people. This shows that the problem is not new, and even so, there are no indications in the literature that can point out ways to provide inclusive care for deaf people^{5,7}.

To identify the main communication barriers that hinder care and inclusion in health services, this study aimed to describe the perception of health professionals working at the Tapanã PHC Unit in Belém, Pará, Brazil, regarding deaf people care.

METHODS

This cross-sectional, exploratory, descriptive, and quantitative study was conducted from March to June 2024 with health professionals working at the Tapanã PHC Unit in Belém, Pará, Brazil. The study included 31 health professionals with higher education – nurses, pharmacists, doctors, dentists, social workers, nutritionists, physical educators, and psychologists – of both sexes, aged 18 or over, working in direct care for users in the neighborhood, accredited by the Municipal Health Secretariat, in the whole exercise of their functions. They voluntarily agreed to participate in the study by signing the Informed Consent Form. We excluded professionals who did not work in the health sector and those who, for any reason, were on leave or away from their duties, and those who voluntarily refused to participate.

The Tapanã PHC Unit, Tapanã Neighborhood, in Belém, Pará, is structured/organized in a territorialization model that aims to ensure access and coverage of health actions for the population. The territory is divided into coverage areas, where Family Health Teams (ESF) are allocated and responsible for health promotion, prevention, protection, and recovery.

These teams are made up of professionals from different areas, such as doctors, nurses, community health workers, and dentists who work together to meet community needs. Each team knows its own working area, considering its characteristics, demands, and epidemiological profile, which enables more effective and personalized care. The PHC Unit (UBS) in the neighborhood is staffed by ten teams from the Family Health Strategy (ESF) to develop these services.

The study was conducted with higher education health professionals working directly with users at the Tapanã PHC Unit who agreed to participate and signed the Informed Consent Form. We excluded health professionals on leave and those who did not agree to participate in the research. We applied a structured form with open-ended and closed-ended questions about the possible difficulties faced by professionals when providing care to deaf people. The questionnaire's guiding questions for conducting the study were:

(a) **Socioeconomic and demographic aspects:** gender (male and female), age (years), education (higher education, with or without postgraduate studies), profession (Nurses, Doctors, Pharmacists, Nutritionists, and others), and work seniority (years);

(b) **Aspects related to professional training for safe care:** knowledge of LIBRAS (yes or no); the importance of learning LIBRAS in the exercise of the profession (yes or no); attempt to take some course or training in LIBRAS (yes or no); safety when approaching a deaf person? (yes or no);

(c) **Aspects of care for deaf users:** difficulties in caring for the deaf, such as explaining the problem and treatment, using communication strategies, or other difficulties (or no difficulties); communication strategies used with the deaf, such as oralization, lip reading, LIBRAS, writing, pictures, mimicry, typing, dialogue with a companion or interpreter, or others; and whether the strategies adopted help the deaf user to understand the diagnosis and treatment (Yes, Not sure, or No).

Professionals could justify their answer at the end of each question. The results of the questionnaire are presented in this article and focused on the expectations of some professionals. The professionals were classified under the order stipulated by the researchers when collecting the responses, receiving the letter "P" followed by the corresponding number. Ex.: P1 – Corresponding to the first teacher in the questionnaire.

The data were processed in a Microsoft® Excel 2017 spreadsheet, and descriptive statistics were applied for quantitative analysis. Initially, a descriptive analysis of the variables studied was performed using absolute and relative frequency distributions. The means and standard deviation ($\pm$ SD) of the variables were calculated: working years and work seniority.

The study met the ethical criteria of Law N° 14.874 of May 28, 2024, which provides for human research, with the consent of the Belém Health Secretariat and approved by the Ethics Committee of the Federal University of Pará under Consolidated Opinion N° 6.630.765 and CAAE N° 74437023.5.0000.0018.

RESULTS

Thirty-one (75.61%) of the 41 (100%) professionals working at UBS Tapanã participated in the research, with a mean age of 44 years ($\pm$ 12.2), a minimum age of 24, and a maximum of 72. The mean work seniority was 9 years ($\pm$ 10.85), where the minimum work seniority was 7 months and the maximum 38 years. Table 1 presents the percentage distribution of the characteristics of health professionals, where 74.19% (n=23) were female, 45.16% (n=14) were aged 25-40 years, and 38.71% (n=12) had higher education and specialization. Nurses (48.71%) and doctors (25.81%) were the most frequent in the study.

Table 1. Characteristics of higher education professionals at UBS Tapanã, Belém, Pará.

VARIABLES	N (31)	% (100)
GENDER		
Female	23	74.19
Male	8	25.81
AGE GROUP (YEARS)		
25-40	14	45.16
41-55	12	38.71
56+	5	16.13
SCHOOLING		
Higher Education	19	61.29
Specialization	12	38.71
PROFESSION		
Nurse	12	48.71
Doctor	8	25.81
Social worker	4	12.90
Dentist	3	9.68
Pharmacist	1	3.22
Physical Education Professional	1	3.22
Nutritionist	1	3.22
Psychologist	1	3.22
WORK SENIORITY (YEARS)		
< 1	5	16.13
1-10	12	38.71
10+	14	45.16

Note: n=31. Time frame: March to June 2024. Source: Prepared by the authors.

Professionals participating in the study were four social workers (100.0%), one psychologist (100.0%), one nutritionist (100.0%), one physical education professional (100.0%), one pharmacist (50%, n=2), three dentists (50%, n=6), 12 nurses (92.31%, n=13), and eight doctors (61.5%, n=13). Furthermore, 14 (45.16%) had more than 10 working years in the profession (doctors, nurses, and dentists), and 5 (16.13%) had less than one year.

Table 2 presents the percentage distribution of variables related to the level of linguistic skill required by health professionals to address the peculiarities of communicating safely with deaf people.

Table 2. Linguistic skills and peculiarities for communicating with deaf people.

VARIABLES	Yes		No	
	n	%	n	%
Knowledge of LIBRAS	0	0	31	100
Attended to at least one deaf user	25	80.64	6	19.35
Only attended to deaf people when accompanied	9	29.03	22	70.97
Considers LIBRAS important in the profession	31	100	0	0
Tried to take a course/training in LIBRAS	12	38.71	19	61.29
Safety when approaching a deaf person	5	16.13	26	83.87

Note: n=31. Time frame: March to June 2024. Source: Prepared by the authors.

All professionals did not have training in LIBRAS but considered learning it important for the exercise of their profession. Nineteen (61.29%) did not attempt to take any course or training in LIBRAS in their professional life. Twenty-five (80.64%) have already served at least one deaf user, and 9% (29.03) served deaf people accompanied by a hearing person.

Due to linguistic and cultural ignorance, 26 (83.87%) felt insecure because they were not qualified and did not master LIBRAS to provide effective communication. Five (16.13%) considered themselves confident and stated that they made an effort to make themselves understood, and two (6.45%) felt confident due to the presence of a hearing companion. The following justification was highlighted by the professional, which is very enlightening for the research: she stated that she became nervous when she was unable to provide “feedback” to the patient (P9).

Figure 1 shows the healthcare professionals’ difficulties when caring for deaf users, highlighting that 20 (64.52%) cannot explain the diagnosis and treatment to the patient. Seventeen (54.84%) were unsure whether they managed to provide information to the deaf person with the same effectiveness as they would to a typical patient.

Other difficulties were reported besides the lack of knowledge of LIBRAS, as exemplified by the professional, who stated that he had cared for an oral deaf person who could lip-read but, because it was the first wave of COVID-19, could not remove the mask, having to use written resources (P6).

Figure 2 presents the strategies used by the health professional to communicate with the deaf user during the service, observing that 17 (58.01%) speak to the hearing companion and use mimicry or gestures during the services.

Tapanã is a suburban neighborhood where the companions of deaf people are usually hearing family members or friends due to the high cost of an interpreter and the delay in getting care from a public agency with an interpreter. When a health professional says that he uses dactylology as a strategy, he is often referring to writing done on a cell phone and not necessarily to the LIBRAS alphabet.

Figure 3 presents the strategies that healthcare professionals adopt to help deaf patients understand the diagnosis and prescribed treatment, where 13 (41.93%) consider that their communication strategies work, as they use different resources for dialogue.

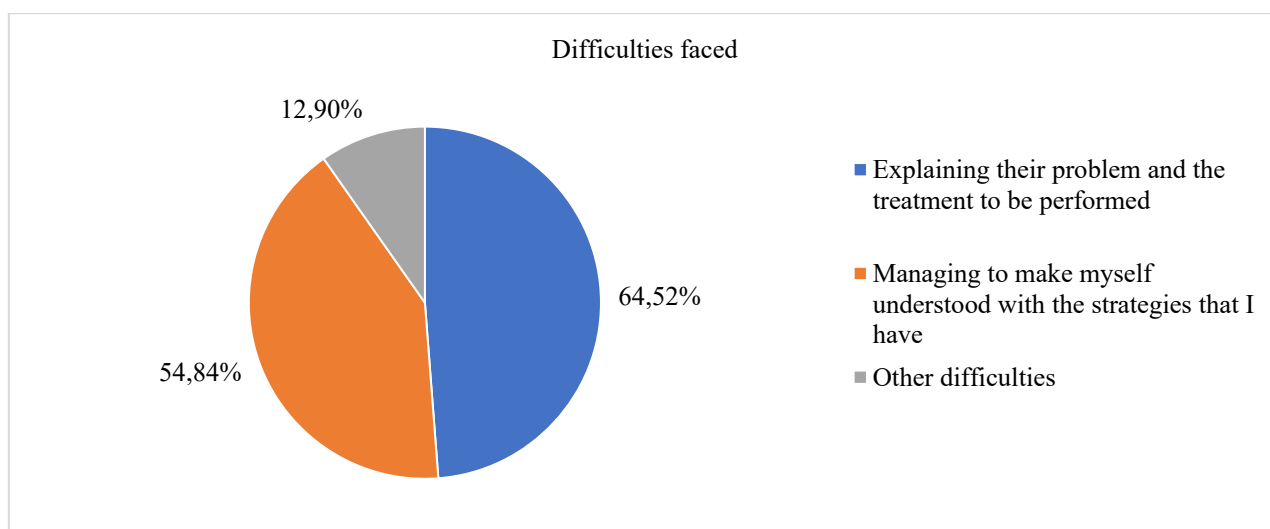


Figure 1. Difficulties faced by healthcare professionals when assisting deaf users.

Note: n=31. Time frame: March to June 2024. Source: Prepared by the authors.

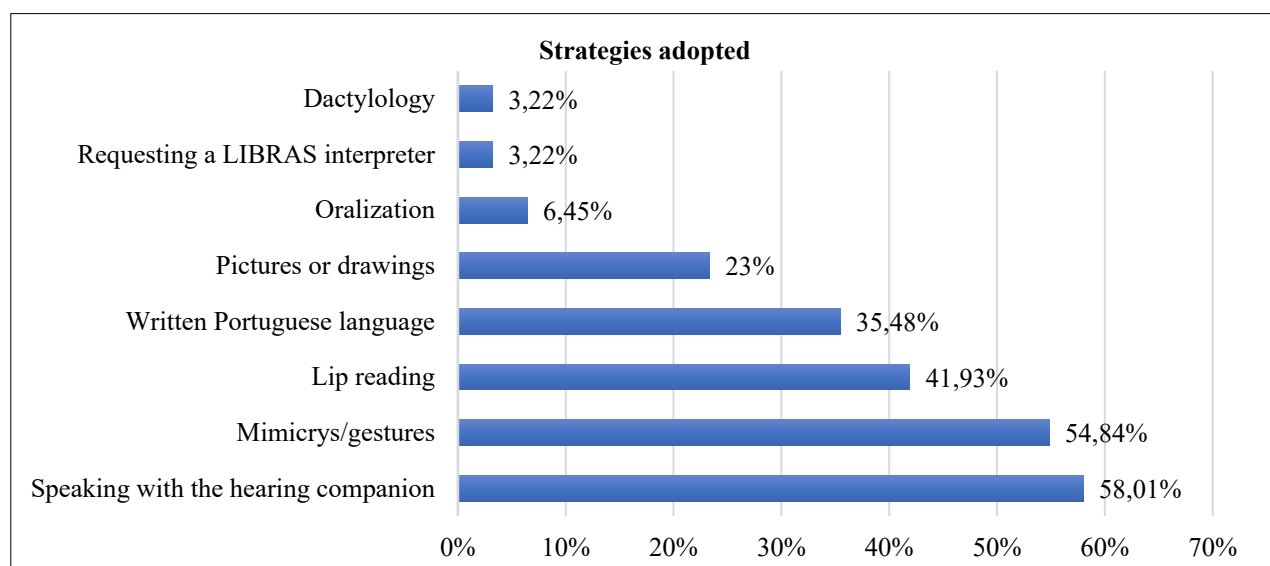


Figure 2. Strategies used by health professionals to communicate with deaf users.

Note: n=31. Time frame: March to June 2024. Source: Prepared by the authors.

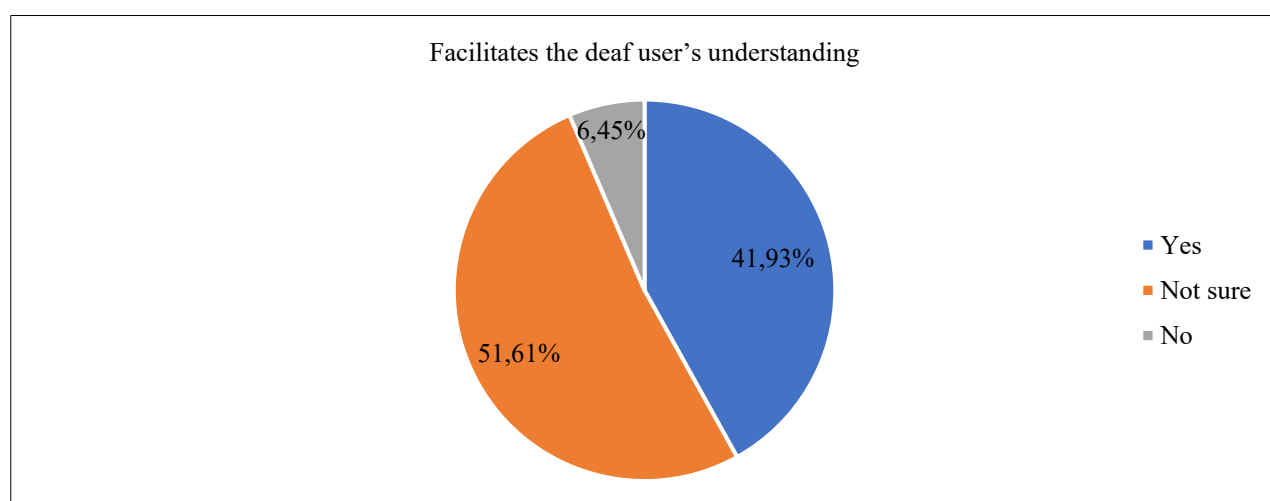


Figure 3. The health professional's strategies to facilitate the deaf user's understanding of their diagnosis and treatment.

Note: n=31. Time frame: March to June 2024. Source: Prepared by the authors.

The 16 (51.61%) health professionals who were unsure whether their strategies were effective claim that the companion does not always inform whether the guidance was adequate or whether they really understood the information.

DISCUSSION

The results of the questionnaire revealed that most health professionals were women, with a mean age of 44.5 years (± 12.1). These professionals do not know LIBRAS, and a significant portion (61.29%) show little interest in training in sign language. Approximately 83.87% of those who have served at least one deaf person report feeling insecure due to the lack of training to offer this differentiated care.

Regarding the communication strategies adopted, half of the professionals adopted resources such as the presence of a hearing companion, mimicry, gestures, lip reading, or written Portuguese. However, they still have doubts about the effectiveness of these strategies in conveying all the information during the appointment, which can compromise privacy, especially when a companion is present.

Sign language is a visual-spatial language recognized as the first language used by the deaf community, and therefore, it is the right of deaf or hearing-impaired people to communicate in their natural language. The lack of preparation of health professionals and employees who make up a PHC team in caring for deaf people weakens the communicative bond. This fact constitutes an important gap, since health professionals' lack of knowledge of LIBRAS originates from their academic training⁸⁻¹⁰.

The report by some health professionals in ensuring that their communication strategies facilitate the understanding of the diagnosis and treatment for the deaf person may probably be because they use different communication strategies such as mediation through a hearing companion, lip reading, or writing (in Portuguese)⁸⁻¹⁰. However, we should underscore that these communication strategies cannot be applied to every deaf user, since in deaf people who use LIBRAS or not, we can also find individuals with deafness who are illiterate or have a low schooling level².

A scoping review study by Galvão, Soler, and Siqueira (2024) on pharmaceutical services or pharmaceutical care applied to deaf users did not find robust records on techniques and strategies that provide effective communication with deaf and hearing-impaired users adopted by pharmaceutical professionals.

As for professionals using the presence of hearing companions when assisting deaf people, this is an attempt to "avoid" their linguistic issue; it is not always appropriate or effective, as the user may be unaccompanied or wish to keep their appointment confidential. Notably, this transfer of responsibility to third parties can generate even greater problems⁹. In most cases, the participation of this third person in the appointment may result in embarrassment when obtaining clarifications, doubts related to the life and health situation of the deaf user, and the lack of knowledge of the hearing companions about medical terminology².

Brazilian legislation guarantees adequate care for deaf or hearing-impaired people in the SUS service network, with professionals trained in LIBRAS or translation and interpretation. It also mentions support for the training and education of professionals in the SUS service network in LIBRAS and in translation and interpretation³.

Ribeiro-Ossada et al. (2021) recognize the importance of seeking ways for deaf people to interact socially in their daily lives through the use of communication products and services, highlighting the importance of providing a LIBRAS interpreter, training and qualification of the professionals involved and implementing remote videoconferencing services to mediate interpretation. In the case of medicine leaflets, they suggest the development of a sign language version or the use of images with visual,

photographic, or augmented reality resources to visually illustrate the use of the product within public services, hospitals, and doctors' offices.

In a scoping review on assistive technologies in health education for the rational use of medicines for deaf people, Galvão, Soler, and Siqueira (2024) highlight the importance of assistive technologies in health services for the deaf population. Encouraging the growth and expansion of this support for the deaf improves the viability of the communication process for adequate care. It contributes to humanized access to information on therapeutic strategies, promoting the rational use of medicines.

Based on the data presented and supported by relevant scientific articles, communication between health professionals and deaf users in primary care clearly faces significant challenges, mainly related to the lack of training in LIBRAS and accessible resources. These difficulties impact care quality, humanized care, and effective health interventions. Therefore, it is essential to implement educational, structural, and technological resource actions that promote effective communication, guaranteeing the right to health equitably and inclusively for this population^{13,14}.

The need to seek comprehensive and humanized health care between the health professional and the deaf user contributes to new research that can raise the issue and lead to a proactive direction so that there is no continuation of the discrepancies experienced by the deaf community in public institutions.

CONCLUSION

There is a potential limitation to the application of the form due to impediments such as the professionals' workload, leave, and lack of familiarity with the topic. In addition, there may be potential bias caused by the method, the tool used, and the analyses performed.

Including this population in the same healthcare model applied to other citizens requires a paradigm shift in how health services are structured. Continuous training of health professionals, strengthening deaf culture, and adopting visual and technological resources can transform the current backdrop, promoting greater autonomy, participation, and respect for the linguistic and cultural rights of deaf people. Finally, there is a need to expand research related to inclusion and humanization in PHC regarding the comprehensive care offered by health professionals to deaf people.

REFERENCES

1. Brasil. Ministério da Saúde. Portaria nº 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS). Diário Oficial da União. 2017. Disponível em: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436_22_09_2017.html
2. Sampaio BG, Paredes HDMT, Souza IL, Paiva RS, Anchieta EVB, Alvarez AB. Percepção de profissionais no atendimento ao usuário surdo em um centro de especialidades médicas. Revista Recien [Internet]. 7º de junho de 2022 [citado 24º de fevereiro de 2025];12(38):3-13. <https://doi.org/10.24276/rrecien2022.12.38.3-13>
3. Brasil. Presidência da República. Decreto nº 5.626, de 22 de dezembro de 2005. Regulamenta a Lei nº 10.436, de 24 de abril de 2002, que dispõe sobre a Língua Brasileira de Sinais (LIBRAS) e o art. 18 da Lei nº 10.098, de 19 de dezembro de 2000. Diário Oficial da União. 2005. Disponível em: https://www.planalto.gov.br/ccivil_03/_Ato2004-2006/2005/Decreto/D5626.htm
4. Instituto Brasileiro de Geografia e Estatística (IBGE). Pesquisa Nacional de Saúde (PNS): 2019: percepção do estado de saúde, estilos de vida, doenças crônicas e saúde bucal: Brasil e grandes

regiões. Rio de Janeiro: IBGE; 2020. 113 p. Disponível em:

<https://biblioteca.ibge.gov.br/visualizacao/livros/liv101764.pdf>.

5. Cristo Érica A, Durans KCN, Marques DS, Ferreira APF, Miranda DMS, Pasklan ANP. Deaf person's perception of care in health services. RSD [Internet]. 2022May28 [cited 2025Feb.24];11(7):e36611730237. <https://doi.org/10.33448/rsd-v11i7.30237>
6. Grimes T, Marcilly R, Bonnici West L, Cordina M. Medication-Related Outcomes and Health Equity: Evidence for Pharmaceutical Care. *Pharmacy (Basel)*. 2023;11(2):60. Published 2023 Mar 22. <https://doi.org/10.3390/pharmacy11020060>
7. Medeiro DL, Oliveira EG. Os desafios da Atenção Farmacêutica às pessoas com deficiência auditiva. Revista de Atenção à Saúde. 2023. 21:|e20238944. <https://doi.org/10.13037/ras.vol21.e20238944>
8. Chaveiro N, Duarte SBR, Freitas AR de, Barbosa MA, Porto CC, Fleck MP de A. Instrumentos em Língua Brasileira de Sinais para avaliação da qualidade de vida da população surda. Rev Saúde Pública [Internet]. 2013Jun;47(3):616–23. <https://doi.org/10.1590/S0034-8910.2013047004136>
9. Santos AS, Portes AJF. Percepções de sujeitos surdos sobre a comunicação na Atenção Básica à Saúde. Rev LatinoAm Enferm. 2019;27:e3127. <https://doi.org/10.1590/1518-8345.2612.3127>.
10. Vieira DA, Silva LF, Machado MED, Brandão ES, Chagas HMA. Estratégias de comunicação dos profissionais de saúde com pessoas com deficiência auditiva: revisão integrativa. Cogitare Enferm [Internet]. 2023;28:e84359. <https://doi.org/10.1590/ce.v28i0.84359>.
11. Galvão A, Siqueira ML, Soler O. Pharmaceutical assistance and/or pharmaceutical care applied to deaf users: Scope review. RSD [Internet]. 2024Jan.18 [cited 2025Feb.24];13(1):e8013144813. <https://doi.org/10.33448/rsd-v13i1.44813>
12. Ribeiro-Ossada SA, Ossada KT, Ossada-Junior JC, Issa B. A colaboração de Software para auxiliar na comunicação de surdos em hospitais. Rev Bras TI [Internet]. 2021;3(1):2-13. ISSN: 2675-1828. Disponível em: <https://www.fateccampinas.com.br/rbti/index.php/fatec/article/view/56>.
13. Galvão AC, Soler O, Siqueira MLS. Tecnologias assistivas na educação em saúde para o uso racional de medicamentos à pessoa surda: revisão de escopo. Cad. Pedagógico [Internet]. 2º de outubro de 2024 [citado 24º de fevereiro de 2025];21(10):e8571. <https://doi.org/10.54033/cadpedv21n10-017>
14. Rezende RF, Guerra LB, Carvalho SAS. The perspective of deaf patients on health care. Rev CEFAC [Internet]. 2021;23(2):e0620. <https://doi.org/10.1590/1982-0216/20212320620>