

The use of the Brazilian Sign Language in promoting equitable and comprehensive health care

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Abstract— *The Brazilian Sign Language is characterized as a form of communication and expression based on gestures, being considered visual and motor. In some moments in health services, the deaf and / or mute individual is faced with situations in which there are no qualified professionals to meet their needs. As a result, it was decided to carry out a study on the subject in question, in order to describe the experience of academics facing a continuing education action carried out with health professionals. This study is an experience report based on the methodology of problematization Arco de Maguerez, resulting from the observation of the inadequacy in the communicative process between this clientele and the health professional. As a result, a continuing education action was carried out, through the teaching of basic LIBRAS. Finally, the need for investments in professionals is emphasized in order to continue implementing communication strategies that recognize the needs of these users and respect their particularities, resulting in an improvement in the quality of service.*

Keywords—*Health Care, Communication Barriers, Sign Language, Deafness, Health Personnel.*

I. INTRODUCTION

Since the proof of the ineffectiveness of oral practices for the development of communication for the deaf, sign language has become the communication method of greater scientific basis and promotion of autonomy for this audience (Vieira & Molina, 2018). In Brazil, the Brazilian Sign Language was established as a second language under Federal Law no. 10,436 (2002), defining itself as an

essential instrument for the social inclusion of hearing impaired people.

The Brazilian Sign Language is characterized as a form of communication and expression based on gestures,

being considered visual and motor. It has its own alphabet and is essential for proper communication between deaf and hearing people. Currently, it has been gradually disseminated in the curricular components of some higher

education courses, optionally, as a way of preparing professionals to maintain at least a basic dialogue, favoring the interaction between these audiences (Carniel, 2018). However, it is noteworthy that this measure is still relatively new, and it is common for the deaf to encounter situations in which there is no qualified professional to meet their needs.

Inside the essential services for the citizen, there is health care, which is supported by the Brazilian Constitution, in its article 196 (1988), which guarantees health as a universal right, as a duty of the state that must ensure that, in all your spheres, be established. However, as far as the deaf public is concerned, the lack of qualified health professionals for comprehensive care at the various levels of care is still routine, which can lead to serious health complications for these individuals, mainly due to the ineffective communication between the service user and these professionals (Chaveiro and Barbosa, 2005).

In this way, the importance of continuing education, especially for health professionals, aimed at teaching LIBRAS is ratified, since it is a fundamental process for updating these professionals and for guaranteeing safe and efficient care of procedures. , directly affecting the quality of the service provided and promoting the well-being of deaf patients, improving interpersonal interaction and the development of the care team (Silva and Seiffert, 2009).

In addition, the role of the academic, especially nursing, is highlighted as an active agent and modifier of the environment in which he is inserted, since this professional, because of his training, presents himself as an educator within the promotion of population health, being able to use continuing education actions aimed at understanding and teaching LIBRAS, thus helping other professionals in their assistance (Backes, Lino, Prado, Reibnitz, &Canaver, 2008).

Therefore, it was decided to carry out this experience report that aimed to describe a continuing education action carried out with health professionals from an oncology hospital in Belém-PA and nursing students, aimed at teaching the Brazilian Sign Language within the main communicative needs In the health area.

II. METHODO

It is an experience report based on the problematization methodology Arco de Maguerez, which starts from the principle of observing reality and defining a problem, covering 5 phases: 1- Observation of reality; 2 - Key points; 3 - Theorization; 4 - Solution hypotheses; 5 - Application to reality (Berbel, 2011).

In the first stage of the Arco de Maguerez, it was observed, from the practical experience of the curricular component of Semiology and Semiotronics, a physical examination with a deaf person, during which it was noted that the professional tutor of the practical class did not know how to deal with effectively, and may cause damage to the patient's health.

In view of this, the key points of the problem were raised, from which it was chosen to develop a training-type action, aimed at health professionals. Theorizing was carried out from searches on digital bases on the platforms: Scientific Eletronic Library Oline (SCIELO), Latin American and Caribbean Literature in Health Sciences (LILACS) and Virtual Health Library (BIREME). From that, a total of 9 articles developed with the same theme to list the action in health focused on LIBRAS were listed.

The next stage took place from the development of the hypotheses of solution, through the definition of the aspects that would compose the action of health education, with the professionals of an oncology hospital. It was decided that the registration to participate in the training would be published for three days and made electronically in a form on Google Forms. The disclosure took place through digital media, pamphlets and folders on the premises of the hospital, located in Belém.

The training was organized by thematic axes related to the concept, history and legislation of the Brazilian Sign Language (LIBRAS), basic knowledge of LIBRAS, specific knowledge in the health area and evaluation of activities. The choice of thematic and content of the training was based on the theoretical and practical classes of the curricular component Brazilian Sign Language in the undergraduate course in Nursing at UEPA. oral exhibition, with the aid of audio visual resources and support materials (handouts) during the spaces.

The last stage of the Arco de Maguerez occurred through the application of the action in the observed reality, in the non-academic period of 2019, in an auditorium provided by the Hospital, being aimed at an audience of 20 health professionals, for 5 days (July 29 until the 3rd of August), in the morning shift from 9am to 1pm. Its development counted on the participation of nursing students, who had already gone through the optional component in graduation, and the collaboration of LIBRAS Professors from the State University of Pará.

III. RESULTS

In the initial observation of the Arco de Maguerez, it was noted that the respective professionals, located on the day

of observation, had a deficit to establish a therapeutic dialogue with deaf and dumb users. Communication between user and professional was notoriously impaired, given that the professionals knew little about LIBRAS, as it is not a typical everyday situation and they do not have training for it. In view of the situation, a failure of communication due to lack of knowledge in the language of signs for possible work situations, impairing the therapy of the users in question.

The choice of the training-type action, aimed at health professionals, was due to the need to promote access to permanent education in LIBRAS to promote equitable assistance to users. Regarding the articles found on digital platforms to support the action proposal, it was evidenced that studies in the health area focused on LIBRAS are scarce, with little availability of projects aimed at training professionals, hindering work with people the public concerned.

The division of teaching by class days was carried out due to content complexity, starting with the most basic: history, context and concept of LIBRAS; medium: basic knowledge of LIBRAS signals; intermediate: specific knowledge of LIBRAS in the health area; and, the complex: completion and evaluation of activities. The classes took place during the morning shift, based on the content cited and exposed through lectures, directed studies and debates, which stimulated the construction and participation of knowledge, with practices for the preparation of signs every day.

Subsequently, the professionals were instructed about the evaluation that would be carried out on past contents, which would take place through the elaboration, in groups, of a playful activity of theatrical category for the evaluation of techniques and demonstration of the absorption of learning that occurred during the training. The activity was carried out by dividing the participants into four teams of five people, leaving them free to develop their theater representing a consultation with a deaf and / or deaf patient. All the teams were successful and were satisfied, since they demonstrated the necessary capacities for therapeutic assistance with the users in question, exposing this, later, through thanks to the team involved in the action.

On the last day, the certification for Training in Basic LIBRAS in Health was also delivered, making up the 25-hour workload, which was validated by the coordinating teachers. Furthermore, emphasis is placed on the gratification for the elaborating team, since the exchange of experiences, as well as the active participation and the speeches of the employees about the acquired knowledge,

reached the established objective, having been positive for both parties.

Finally, the importance of teaching LIBRAS was ratified through the speech of some participants, who evidenced the fact that these actions are relevant within the hospital environment, since many do not have time for realization of the external courses. In this way, the role of the academic as an educator and a modifier of reality is emphasized, as well as the value of continuing education to promote equitable and integral health.

IV. DISCUSSION

The access of people with deafness to public health services is guaranteed by Brazilian legislation through the Federal Constitution article nº. 196 (1988) and in the Organic Health Law nº. 8,080 (1990), which define universality and equality in health actions and services. Unfortunately, when we go to the Brazilian reality, it is clear that access and care for the deaf person is a challenge for health professionals and for the deaf himself, creating restrictions for the deaf public to achieve the benefits guaranteed by laws (Pereira, Caldas, & Cabral, 2016; Marques & Pereira, 2017).

When reporting to access and care in public health services, the person with deafness realizes the great difficulty regarding the communicative interaction with professionals, which makes it difficult to create the bond between professional and user (Lopes, Vianna, & Silva, 2017). Studies reveal that health professionals have a lack of knowledge to care for people with deafness, as well as a lack of preparation to diagnose health problems and interact with this clientele (França, Pontes, Costa, & França, 2016).

The lack of adequate communication for this public in health services, violates the principles of the Unified Health System (SUS), especially those referring to equity and integrality of access. Equity aims to reduce inequalities, despite the fact that all people have rights to services, people are not equal and, therefore, have special needs (Barros, & Souza, 2016). Integrality, on the other hand, considers the individual as a whole, meeting all his needs (Kalichman, & Ayres, 2016). It is important to point out that the breach of these principles results in damage to health, considering that the state must guarantee to all people, including the deaf and / or dumb, quality health care (CarvalhoFilha, Silva, & Lando, 2015).

The dialogue between professional and user mediated by LIBRAS is not always effective, since health professionals have a lack of knowledge due to the lack of preparation to

dialogue and interact with this audience (França, Pontes, Costa, & França, 2016). Without effective communication, it is not possible to identify and solve the user's needs, in this case, assistance provided may not be effective, since the individual may not understand what the professional wanted to pass on, thus impairing their self-care (Oliveira, Costa, Coura, Cartaxo, & França, 2012; Nóbrega, Munguba, & Pontes, 2017).

Communication barriers in some situations require the participation of third parties, who can be an interpreter of the health unit and friends or family members of the user, aiming to mediate the communicative process. The presence of another individual may inhibit the deaf's responsibility for their health, as it transfers control over information about themselves to another person and further corroborates the omission of user information to the professional due to the lack of privacy. In view of this, it is clear that these individuals prefer to be assisted by professionals who know and have skills with LIBRAS (Oliveira, Celino, & Costa, 2015; Neves, Felipe, & Nunes, 2019).

It is speculated that the deficit of knowledge added to the skills of health professionals in using LIBRAS may be related to their academic training, since Higher Education Institutions (HEIs) do not integrate the discipline of LIBRAS in the curriculum and projects pedagogical courses of undergraduate health courses, and when offered, it is optional, which does not generate interest to students in taking it, as it is not mandatory for their training (Oliveira, Costa, Coura, Cartaxo, & França, 2012; Moura et al., 2019; Sanches, Bispo, Santos, France, & Vieira, 2019).

For professionals who lack the knowledge and skills to use LIBRAS in their work routine, investments in continuing education are necessary, since this method aims at personal and professional development through the improvement of skills, as well as greater vision of the reality that they are inserted in order to improve their service, offering an effective service and guaranteeing the User an equitable, integral and humanized service (Vieira, Caniato, & Yonemotu, 2017; Cavagna, Silva, Braga, & Andrade, 2017).

When providing health care, the professional develops interpersonal relationships with the user, which requires communication skills for mutual understanding between professional and user (Nóbrega, Munguba, & Pontes, 2017). As a result, investments in professionals are needed to put in place measures and strategies that recognize the demands of users, respect their particularities and act as needed (Ramos, & Almeida, 2017; Santos & Pontes, 2019).

In addition, the role of the undergraduate student in health is confirmed as having the transforming agent of the environment in which he / she is inserted, in which he / she must be able to propose measures and solutions for a certain problem in society, promoting the development of reality in which it is inserted. In addition, through health actions, the academic becomes critical and reflective, which corroborates the provision of humanized assistance under ethical and legal principles that support his profession (Berbel, 2011; Sanches, Bispo, Santos, France, & Vieira, 2019).

V. CONCLUSION

The Brazilian Sign Language is still not present in all professions in an effective and continuous way, and there are still few literature about LIBRAS in the health field, as well as in the education of professionals who already work in assistance. Most health professionals did not have access to undergraduate courses or training courses in LIBRAS, thus, communication between professionals and deaf patients proved to be impaired.

The failure in communication between professional and patient decreases the effectiveness of health care, directly interfering with its humanization, since, without effective communication, it is not possible to identify or solve all the user's needs. As a result, it is necessary to invest in continuing education, carrying out actions to promote training, especially aimed at teaching LIBRAS.

In view of the training carried out in this report with health professionals, there was a need to address the use of LIBRAS in the hospital environment. It was noticed that the vast majority did not have management with this audience and had a deficit in the linguistic approach. Thus, the action was able to promote an improvement in the quality of service to the deaf public, giving rise to an equitable, humanized and satisfactory assistance within the rights of these individuals.

It is important to note that the approach used proved to be effective, showing that the majority obtained a significant improvement in communication in LIBRAS, being able to perform a service with a deaf or dumb person. The domain of professionals in relation to LIBRAS is of fundamental importance for the good performance of professional assistance, through communication in LIBRAS, it is possible to promote holistic attention to the client.

Furthermore, the academy has a primary role in training ethical and trained professionals in their proper professions. More and more students in the health area are realizing the importance of continuing education, thus

leading to actions that help so much in their developmentplementary training of the professional. Thus, it was evaluated that the approach of academics in actions of the type is of paramount need, helping in the qualification of both parties.

Therefore, it is necessary the presence of academics and collaborating entities in educational actions for the provision of professional training within the relevant subject, as well as training and updates aimed at continuing education, as well as somatic factors necessary for advances assistance to the people.

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