

# THE SILENCE WITHIN: A HEARING IMPAIRED CHAPLAIN'S JOURNEY

REV. BETTY A. WHITE, M.DIV., BCC  
ACPE CERTIFIED EDUCATOR  
COORDINATOR OF CLINICAL PASTORAL EDUCATION

**Spirituality, Religion and Health Interest Group  
Hospital of the University of Pennsylvania  
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- ▶ A Chaplain's Experience
- ▶ Hearing Loss Simulation, "What's it Like?"
- ▶ Things to know about hearing loss
- ▶ Myths about hearing loss
- ▶ Communication Strategies
- ▶ Resources
- ▶ Discussion

## **OBJECTIVES**

“ The problems of deafness are deeper and more complex ,if not more important than those of blindness. Deafness is a much worse misfortune. For it means the loss of the most vital stimulus -- the sound of the voice that brings language, sets thoughts astir and keeps us in the intellectual company of man.”

Helen Keller

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against a blue background.

**For anyone trying to discern what to do with their life:**

**PAY ATTENTION**

**TO WHAT**

**YOU PAY ATTENTION TO.**

**That's pretty much all the info u need.**

Amy Krouse Rosenthal

The Art of Noticing: Rob Walker

**Sympathy**

**Empathy**

**Compassion**



“See with your ears and hear with your eyes”

Ken Kesey

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, positioned behind the name 'Ken Kesey'.

## SOUND IS MEASURED IN TWO WAYS:

- ▶ VOLUME –MEASURED IN DECIBELS (dB)
- ▶ PITCH (WHETHER ITS HIGH OR LOW)-  
MEASURED IN (Hz)
- ▶ <https://youtu.be/PbBZjT7nuoA>

**HEARING LOSS SIMULATION  
WHAT'S IT LIKE?**

- ▶ Hearing loss is an invisible condition; we cannot see hearing loss, only its effects. Because the presence of a hearing loss is not visible, these effects may be attributed to aloofness, confusion, or personality changes.
- ▶ In the United States hearing loss is the third most common chronic condition among older adults. (Reed, 2018)
- ▶ In adults, the most common causes of hearing loss are noise and aging. There is a strong relationship between age and reported hearing loss.

## THINGS TO KNOW ABOUT HEARING LOSS



- ▶ Almost 63% of adults over age 70 years , and as much as 80% of persons 80 or older experience age-related hearing loss. (ARHL)
- ▶ ARHL is associated with multiple negative outcomes, including depression, isolation, altered functional capacity, falls, and increased or inappropriate health care utilization (Wallhagen, 1996)
- ▶ 2 million people have hearing aids. 4 million people would benefit from using hearing aids but don't

**THINGS TO KNOW ABOUT HEARING LOSS**

- ▶ Patients with diabetes are more than twice as likely to have hearing loss, according to a recent National Institutes of Health (NIH) study. Overall, more than 40 percent of people with diabetes in the study had some degree of hearing loss.

**THINGS TO KNOW ABOUT HEARING LOSS**

- ▶ Hearing loss can be classified in many ways.
- ▶ Degrees of hearing loss: mild, moderate, severe, and profound. Type: sensori- neural or conductive.

The age at onset of the deafness- pre-lingual or post – lingual. The shape of the patient's audiogram- low frequency, flat or high frequency

<https://youtu.be/u-aGXaCk04M>

**THINGS TO KNOW ABOUT HEARING LOSS**

**“Blindness separates us from things  
but deafness separates us from  
people.”**


**Helen Keller**

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- ▶ The deaflinx site ([www.deaf-mall.net/deaflinx](http://www.deaf-mall.net/deaflinx)) recommends that one determines which culture your patient prefers to identify with by asking the patient or family member which one prefers.

## **DEGREES OF DEAFNESS CULTURE ISSUES:**



- ▶ **Deaf:** (Please note the capital "D".)
  - ▶ **deaf:** (Please note that the "d" is lowercase.)
  - ▶ **Hard of hearing:**
  - ▶ **Hearing impaired:**
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against the blue background.

- ▶ All hearing impaired people can read lips.
- ▶ Unusual speech is caused by mental impairment.
- ▶ Hearing loss has nothing to do with mental function and given the same educational opportunities as those with normal hearing, deaf and hard of hearing people can achieve any goal.

## **MYTHS ABOUT HEARING LOSS**

- ▶ In older people, a hearing loss is often confused with, or complicates, such conditions as dementia.
- ▶ Noise-induced hearing loss may happen slowly over time or suddenly. Being exposed to everyday noises, such as listening to very loud music, being in a noisy work environment, or using a lawn mower, can lead to hearing loss over many years.



- ▶ A person's ability to read lips or speech read depends on several factors. The degree of hearing loss, age of the onset of loss, education and many others...
- ▶ In English many phonemes are produced identically on the lips for example, f, and v, t and d, k, and g, p, b, and m make up almost half of the consonant sounds. A lip reader must also attempt to determine where one word ends and the next begins (Lotke 1995)
- ▶ A highly skilled lip reader can only understand 30 to 40 percent of spoken sounds by watching the lips of a speaker (Wood 1999).

## LIP READING

- ▶ Gain Attention First (remember turn the light on so patient can see you)
- ▶ Use nonverbal and verbal means of communication to convey a calm and caring presence.
- ▶ Reassure the patient that clarifying questions are expected and welcome.

(Funk 2018)

## **KEY COMMUNICATION STRATEGIES FOR HEARING-IMPAIRED OLDER PATIENTS**

- ▶ Position yourself at eye level with the patient, making sure the patient can see your mouth.
- ▶ Do not yell; instead speak clearly and drop your voice to a lower pitch.
- ▶ Offer a personal sound amplifier. If the patient has brought hearing aids , encourage the patient to use them.

(Funk 2018 )

## **KEY COMMUNICATION STRATEGIES FOR HEARING-IMPAIRED OLDER PATIENTS**

- ▶ Reduce extraneous noise by shutting off media devices and closing the room door.
- ▶ Do KIS (Keep it Simple). Use pictures and printed information to help convey information,
- ▶ Use the teach-back method- ask the patient to repeat or rephrase the information presented.

(Funk 2018 )

## **KEY COMMUNICATION STRATEGIES FOR HEARING-IMPAIRED OLDER PATIENTS**

## Sign Language Interpretation:

- ▶ Sign Language interpreters are provided by Deaf Hearing Communication Centre (DHCC) by using the CPUP request form. Please fill out the form (see link on this page) electronically and email to: [ird@dhcc.org](mailto:ird@dhcc.org) or print, fill out and fax to **610-604-0456**.
- ▶ Questions/inquiries about scheduled interpreters should be directed to DHCC at 610-604-0452.

## In-Person Language Interpretation:

- ▶ Quantum, Inc. 215-627-2251. Spoken language interpretation is available either telephonically or in-person from Quantum, Inc.

For in-person interpreter use the Quantum website:

<https://www.quantumtranslations.com/php/welcome.html>.

# Resources

- ▶ **Interpretation for Hospital-based services:**

- ▶ For HUP Hospital-based services:

- ▶ Interpreters are requested via the Patient & Guest Services website using the request form accessible via the Penn Medicine Intranet home page. On the request form, put the Hospital service where the patient has the appointment in the Department field (not the CPUP department making the request). For example, for an appointment in the Endoscopy Suite on 4 South Perelman, use Endoscopy Suite in the Department field, not GI. The contact person and phone number should be someone who the interpreter vendor can contact if there are questions/problems with providing an interpreter.

## Resources

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Wallhagen, Margaret I.(2018) Implications of Hearing Care Policy for Nurses. *Journal of Gerontological Nursing*; 44:9, 9-14.

Wallhagen, Margaret I.(2019) Hearing loss ; Effect on Hospice and palliative Care Through the Eyes of Practitioners. *Journal of pain and System Management*; 57:4,724-730.

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