COMMUNICATING WITH HARD OF HEARING PATIENTS

CHRISTINE McARDLE

University Department of Medicine, Western Infirmary, Glasgow G11 6NT

Whilst studying communication problems in this hospital we found that a number of patients had difficulty in hearing. A survey showed that 10 per cent of the 350 in-patients had some degree of hearing loss. Further surveys over each of the following five months gave similar results. The majority of these patients were aged 60 and over.

Medical staff mentioned problems in history taking, during confidential interviews in the ward or giving instructions against a background of noise, as in the radiography department. The hard-of-hearing patients mentioned feelings of bewilderment, isolation or 'stupidity' at not understanding the medical staff.

Most of these patients did not have hearing aids when admitted, because they did not possess one, had forgotten to bring it in or it was not functioning properly. We therefore looked for a temporary solution to the problems described above.

We were loaned three different types of communication device for trial. The simplest was the Conversation Tube (Fig. 1) as supplied to the National Health Service. It needs no battery and can be carried in a white coat pocket. Patients with only a small degree of hearing loss found it clear and helpful but it was of little use to those whose hearing was more severely impaired. It costs approximately £6 from P. C. Werth Ltd., 17 Stratford Place, Oxford Street, London, or is available through hospital supplies.

The Communicator (Fig. 2) is a more sophisticated version of the Conversation Tube with a transistor amplifier and penlight battery. It is hygienic in that the earpiece does...
Communicating With Hard of Hearing Patients

Fig. 2. Communicator.

Fig. 3. Converser.
not enter the patient’s ear, but some elderly patients found difficulty in remembering to hold it next to the ear. There was some distortion of the voice particularly when used near electrical instruments—it proved unsuitable for use in the radiography department. It is easy to carry and ideal for short interviews. The cost is approximately £30 from A. & M. Hearing Aids Ltd., 7 Kelvin Way, Crawley, Sussex.

The Converser (Fig. 3) has a pair of earphones and a microphone which plug into a small transistorized box making it slightly more cumbersome to carry. We felt it to be suitable for lengthy discussions, e.g. history taking and psychiatric consultations. The earphones helped to eliminate much of the background noise as well as being more comfortable for the patient than having to hold the earpiece, as with the other two devices. The Converser costs approximately £60 from P. C. Werth Ltd., 17 Stratford Place, Oxford Street, London.

Twenty-three hard of hearing patients were interviewed with all three of these devices and asked to place them in order of preference. There was one tie in both the first and third choices and therefore the row sums do not total 100 per cent. Four patients disliked wearing the earphones on the Converser but three other patients said they could only hear with the Converser. Testing has shown that the Converser has a higher output and wider frequency response than the Communicator (see Table II). The output and frequency response of the Conversation Tube is governed by the voice speaking into it.

For certain types of deafness these devices are of limited use and are obviously of no help to totally deaf patients. Interpreters are available throughout Britain for deaf and dumb patients undergoing medical treatment and can be contacted through the Director of Social Services in the area.

The British Deaf and Dumb Association booklet Point to It has a page dealing with hospital situations. This costs 13p from the British Deaf Association, 38 Victoria Place, Carlisle CA1 1EX.

Finally, the most important point when talking to a patient with any form of hearing loss is to remember to speak slowly and clearly making sure that the patient can see the speaker’s lips.

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**REFERENCES**