



Position Statement #7

Equitable Healthcare and Education for Deaf and Hard of Hearing Populations

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Introduction and Background Information

It is estimated that 350,000 Canadians are profoundly deaf and 3.2 million are Hard of Hearing (Canadian Association of the Deaf, 2015). There is no universal sign language, but there are hundreds of sign languages around the world, just as there are spoken languages (Olson & Swabey, 2017). The main sign languages in Canada are American Sign Language (ASL), French Sign Language (Langue des Signes Française) and Indigenous Sign Language (Gessner, Herbert, & Parker, 2017). While some Deaf and Hard of Hearing Canadians receive speech therapy or undergo surgery for cochlear implants, their primary language is ASL (American Psychological Association, 2013).

To provide accessible healthcare, understanding Deaf culture is critical. Direct translation from English is not enough to properly communicate. There is a lack of culturally competent sign language interpreters that understand both medical terminology and Deaf culture (Canadian Hearing Society, 2019). Deaf culture encompasses the rules, traditions and behaviours of Deaf people (Rosen, 2007). Their rich culture impacts the understanding, values and beliefs of Deaf people in healthcare settings (Gallaudet University, 2015). Inaccessible healthcare leads to poor health assessment, limited prevention services, culturally inappropriate treatment, and poor health outcomes (Olson & Swabey, 2017).

According to the United Nations (2018), access to education and health care services is a human right. Yet Deaf and Hard of Hearing populations do not receive equitable healthcare or education in Canada. Deaf and Hard of Hearing Canadians face educational barriers in post-secondary education. Systemic barriers and discrimination prevent nursing and medical students from becoming health care providers and accessing post-secondary education. This population experiences marginalization, poor employment conditions and inadequate mental health resources (Olson & Swabey, 2017).

The Position



The Canadian Nursing Students Association (CNSA) supports and advocates for equitable healthcare for all Canadians (CNSA, 2016). This extends to Deaf and Hard of Hearing Canadians who face healthcare inequalities. The lack of culturally competent medical interpreters is only one problem contributing to disparities in this population. The lack of preventative medicine, poor communication and misdiagnoses contribute to poor health outcomes. These issues are relevant for future nurses to understand.

The CNSA strives to strengthen relationships and create new partnerships (CNSA, 2016). The Canadian Hearing Society and the Canadian Association of the Deaf are key resources for the CNSA to collaborate with. In order to break down barriers this population faces, we all must work together. It is not the responsibility of the Deaf or Hard of Hearing students alone to advocate for inclusion and integration.

The CNSA advocates for cultural safety and accessibility (CNSA, 2016). Providing basic education on Deaf culture and sign language is essential to bridging the gap between hearing nurses and Deaf patients. Nursing students should learn basic, medical signs. Communication barriers pose safety risks to patients when health care professionals cannot sign basic words. Currently, there is no requirement for nursing schools to provide this type of education. A basic education should be added to nursing curriculum immediately to advance nursing students for their practice. This education will increase nursing students' awareness and promote inclusion for all patients. Deaf and Hard of Hearing individuals should lead the development of culturally appropriate curriculum. By advocating for this curriculum, the CNSA follows its objective of advancing and influencing nursing education (CNSA, 2016).

The CNSA is the national voice of all nursing students, and supports the education of Deaf and Hard of Hearing nursing students. Regardless of hearing function, all students can become nurses and should be encouraged to pursue post-secondary education and qualifications. Providing equal opportunity to nursing students who require interpretation is necessary. Integration of all nursing students who sign is encouraged by the CNSA. It is the responsibility of hearing people to work with Deaf and Hard of Hearing populations to make nursing school accessible. One barrier to nursing is using a stethoscope. However, Deaf doctors in Canada are already using electronic stethoscopes with visual displays (Kozicka, 2014). While there are still many barriers, the CNSA advocates for innovation and research (CNSA, 2016). Finding creative solutions for every barrier is possible and necessary.

Conclusion and Restatement of CNSA Position

In order to address the healthcare inequalities in this population, nursing students need to

learn about Deaf culture, inequalities this population faces, and basic sign language. Deaf and Hard of Hearing nursing students should be able to attend nursing school and become healthcare providers. Nurses who are Deaf or Hard of Hearing will improve health outcomes of these populations. To achieve healthcare equity in this population, it is critical to improve nursing curriculum and advocate for future Deaf and Hard of Hearing nursing students.

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