

Communicating with people who are hard of hearing

A series of patient information leaflets developed by patients and the public for staff

These tips are designed to help staff communicate effectively with people with a hearing loss whilst they are in hospital. This includes hearing aid users. The tips provide generic advice and do not take the place of personalised care planning.

This is often a hidden disability

People who are hard of hearing may not hear their name being called out. Hearing aid users are unlikely to have brought a supply of batteries with them or may have arrived in the Emergency Department without their hearing aids. Ask if they hear better in one ear and stand to that side.

Always face the deaf person and make it clear when you start and stop talking to them.

Sometimes the swap of conversation between patient, staff and back again is not clear and patients are left not knowing if the conversation is being directed at them. Make sure you have the patient's attention before you start speaking and maintain eye contact. If you turn your head or start to walk away at the end of a conversation, the conversation may have been completely missed by the patient.

Ensure your spoken voice is clear and slow, and that you articulate each word. You will need to be sufficiently loud, but do not shout.

Try not to cover your mouth, don't mumble or shout. Break long sentences down into easier-to-understand chunks of information. Vowels are often easier to hear than consonants and some people find a lower pitch voice easier to hear.

Many people are prepared to ask you to repeat things twice but often worried about causing you embarrassment if they ask for a third time.

If the person responds to you with a vague yes or no, a smile or a nod, the chances are, they have not fully understood your message. Keep trying. Don't end the conversation with a flippant 'don't worry, it doesn't matter'. Clearly it does!

Position

Standing too close to the patient reduces their opportunity to lip read. If the deaf person sits with their back to the wall, they have a greater chance of hearing what is being said in front of them.

Consider background noises that are often not filtered out effectively

This includes air conditioning, trolleys, bin lids, chatting, bleeps, alarms and the rustling of a pillow as the person turns their head to look at you. It's not just the noise level but the echo and reverberation. Without sound insulation from carpets and soft furnishings, hospital wards and departments can be extremely noisy.

A combination of background noises can take away all opportunity to hear. In the presence of background noise, please pause the conversation and try to move away from distractions.

Other barriers

Reception areas, particular those filled in with a security glass panel create a significant barrier. Some of the speaker systems in place create high levels of feedback, making hearing extremely difficult. Sometimes, the only solution is to bypass the reception area and move around to talk to the person face-to-face.

Talking in a group

When a group of people are talking, it is often difficult to differentiate who is saying what. For example, ward rounds, or having a discussion in a corridor. Take turns to speak. Allow natural pauses in conversation to allow the deaf person to catch up on conversation and to ask any questions.

Double check understanding and use other modes of communication to supplement the spoken word

Repeat or re-phrase the spoken word. Write the message down, draw pictures or use the pictures available in the ward communication folder

Tell me what's happening next

All staff should continue to reiterate the key messages to the most commonly asked questions: What's wrong with me? What's going to happen next? Am I going home today?

Contact details

For more information please contact the Patient Experience Team

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