Application of Self-made Communication Card in the Communication of Surgery with Deaf-mutism Patients

Feng ZHAO, Huan ZHANG and Xue-Ying ZHOU*

China-Japan Union Hospital of Jilin University, Changchun, Jilin, China
fengye56100@163.com
*Corresponding Author

Abstract. purpose: To explore the application effect of self-made communication card in the communication of surgery with deaf-mutism patients, and to investigate the effective method of nursing in the operation room for deaf-mutism patients during the operation, so as to improve the quality of nursing for special populations in the operation room. Method: The object of study was 11 cases of deaf-mutism patients who underwent surgery in our hospital from March 2014 to October 2016. In the preoperative visit, preparation after entering the operation room, and during postoperative care, self-made communication cards were used by the nurse to communicate with patients in the operation room to establish effective information exchange interaction between nurses and deaf-mutism patients. Results: During the operation in 11 cases of deaf-mutism patients, self-made communication cards were applied to communicate with these patients, and the communication was effective without the occurrence of error and mistake. Besides, no obvious psychological disorder was found in the patient, and all patients recovered safely and discharged from hospital after operation. The treatment effect was satisfactory, and the nursing evaluation degree was high in the operation room. Conclusion: Application of communication card in the treatment of deaf-mutism patients during the operation can help to improve the effect and efficiency of communication between deaf-mutism patients and nurses in the operation room, indicating good application effect, which is worthy of popularization and application.

Instructions

Verbal communication is the most important mode of communication in nursing. Due to hearing loss of the surrounding environment induced by various causes of binaural hearing loss or hearing impairment, deaf-mutism patients have ineffective communication ability, poor understanding and acceptance. According to the related data, at present, there are over 60 million disabled people in China, including 21 million deaf-mutism subjects, among which illiterate and semi-literate population groups are the majority\(^{[1, 2]}\). Nursing problems of the special population in the surgical treatment gradually attract the attention of medical staff in the operation room. As the grade A class-three hospital attached to the Ministry of health, our hospital has an operation volume of about 34,000 units per year, and also deals with deaf-mutism patients in daily work. Communication disorders between nurses and patients are caused owing to the special status of patients. No matter the psychology of the deaf-mutism patients, or the preparation of the operation and the recovery of anesthesia after operation, patients cannot be fully understood, resulting in fear and communication barriers of the patient. At the same time, it also causes unsuccessful connection of each link, leading to the delayed and prolonged whole procedure. Based on these problems in the clinic work, self-
made communication cards were used to communicate with deaf-mutism patients in the operation room in our department, and achieved good results. It was reported as follows:

Information and Methods
General Information

The object of study was 11 cases of deaf-mutism patients who underwent surgery in our hospital from March 2014 to October 2016. Among them, there were 7 males and 4 females, with a mean age of (52.1±16.7) years. Meanwhile, there were 8 cases of literacy and 3 cases of illiteracy. Furthermore, esophageal carcinoma was performed in 1 case, pulmonary lobectomy in 2 cases, laparoscopic radical resection of rectal carcinoma in 2 cases, hernia repair in 1 case, transurethral resection of prostate in 2 cases, and lumbar surgery in 1 case.

Methods

Card production. Communication cards were composed of pictures or cartoon icons, text description, simple sign language schema. Its contents mainly included: ①Preoperative view card: It was made according to preoperative pattern list, such as self-introduction of nurses in the operation room, operation room environment introduction, operation process, preoperative and postoperative precautions, and various discomforts after anesthesia, including the discomfort caused by the catheter. ②Communication card after entering the operation room: After entering the operation room, a series of command coordination should be completed by patients. However, deaf-mutism patients could not communicate effectively with medical staff, and were unable to finish directive coordination behaviors such as taking off clothes, lying in the operating bed, etc.. Besides, medical staff could not fully grasp corresponding sign language. Therefore, there existed a serious barrier to communication between each other. Medical staff needed to spend a great deal of time explaining, however, deaf-mutism patients could not understand and cooperate accordingly, which in turn induced the tension and anxiety of patients. In this regard, by applying directive communication card, deaf-mutism patients could understand the intention of medical staff and then cooperate quickly, greatly shortening communication time and reducing the anxiety of the patient. Cards in this part included “Take off clothing, lie on the operating table, and perform venipuncture, etc.” ③Comfort chart: Due to the existence of communication disorders with the outside world, deaf-mutism patients were prone to occur anxiety, fear, worry, sensitivity, loneliness, uneasiness and distrust, etc.. Thus, much attention should be paid to psychological nursing care of deaf-mutism patients; communication card should also contain this part. The design of comfort card could alleviate the psychological problems mentioned above, and also exert satisfied cohesive function in the communication between medical staff and deaf-mutism patients. Comfort card mainly included “no fear, don't worry, relax, don't be nervous, I believe, we will always be with you, operation has been successfully completed, the operation was successful, etc. ④Demand card: Since deaf-mutism patients could not express their feelings directly by language, it would be difficult to describe them when they encountered physical discomfort or expressed their needs. Moreover, medical staff could not understand the intention of deaf-mutism patients in time, leading to the ignorance of the abnormal abnormality of the patient, even the change of the condition. Therefore, the production of the demand card was beneficial for medical staff to grasp sudden abnormalities of deaf-mutism
Clinical application

Preoperative Interview
One day before operation, preoperative education was carried out by circuiting nurses with preoperative view card, comfort chart and demand card. Firstly, nurses introduced themselves to patients using preoperative view card, and then described and explained the environment of the operation room, surgical procedure, postoperative precautions, as well as all sorts of discomforts that might be present after anesthesia, so that patients could understand the knowledge related to the operation, so as to cooperate with the operation. It could also alleviate the anxiety and fear of patients to relieve further tension. In addition, the nurse motioned to the deaf-mutism patients how to use the demand card to express their feelings and needs to the medical staff. Simultaneously, comfort card could be used to provide psychological comfort. Preoperative interview should be performed involving family members while communicating with patients, since family members were the only person that the patient could trust. The communication between family members and patients could provide patients with psychological support to keep the best physiological and psychological state. After the education, there was a need to repeat the key points by the medical staff to confirm whether the patient fully understood the content of education.

Preoperative Preparation
After entering the operation room, nurses should promote the completion of a series of directive coordination behaviors by deaf-mutism patients using communication card. Nurses in the operation room were responsible for the understanding of the patient about the operation, relevant cards should be provided to the patient to coordinate with the plans according to the requirements, such as taking off the clothes, lying on the operating table, and preparation of venipuncture, etc. At the same time, patients could express their demands with cards. Meanwhile, in the process of preparation preoperatively, nurses in the operation room should actively use cards to communicate with deaf-mutism patients. Attention should be paid to provide patients with psychological comfort, encouragement and counseling with the use of comfort cards. Moreover, patients should be asked in time by nurses whether there were symptoms and feelings of discomfort, combined with the use of gesture language when appropriate. In short, nurses should be given timely feedback to prevent mistakes. Nurses should keep calm and orderly during nursing procedure in an unrushed manner, and use eyes to communicate with patients constantly. After the completion of surgery, nurses should express their praise and affirmation with smiles and thumbs up to relieve discomfort and tension of the patient.

Postoperative Preparation
After the operation, patients should be wiped carefully and wore neatly. Comfort cards should be utilized to inform awake patients that the operation was completed successfully to relieve the patient. Meanwhile, patients should be escorted to the operation room gate to meet their families.
Statistical Methods

Apply the software of SPSS 19.0 to process the data. Count data is tested with t test with two samples. P < 0.05 means the difference has statistical significance.

Results

During the operation, in the 11 patients’ deaf-mutism, self-made communication cards were applied to communicate with patients, and the communication was effective with no error and mistake. Furthermore, no obvious psychological disorder was found in the patient, and all patients recovered safely and discharged from hospital after operation. The information feedback system showed that our nursing work has been highly praised by the patients and their families.

Discussion

Importance of Language Communication

Language is the main way for communication, affective interaction and expression of thinking results in human beings. As a lifelong disease, deaf-mutism cause auditory or perceptual channels to be completely or seriously blocked, resulting in aphasia. In such way, the access of individuals with deaf-mutism to external information ability is much lower than normal individuals, seriously hampered their ability to accept social information and communication with the community. There are appropriate 60 million disabled people in China and 13 million of them are deaf-mutism. They are a large group of vulnerable groups, with many unimaginable hardships and obstacles in learning, working and living, which deserve more care and assistance from the society.

Communication with Deaf-Mute Patients

As a kind of strong stimulus, surgery can cause physiological and psychological stress reaction in individuals (Increased metabolism, higher heart rate, elevated blood pressure, anxiety, nervousness, fear, etc.), thus weakening the resistance and tolerance to the operation, directly affecting the healing of patients postoperatively. Mental and physiological defects caused by aphasia may be associated with the lack of understanding of the disease and following coordination. During the operation, it is easier to produce strong stress reaction, and even interfere with the normal operation of anesthesia and other medical activities. In addition, operation room is a special environment that the normal people may have a sense of fear. Deaf-mutism patients rarely accept relevant information, not to mention the strange operation room, which may have a more profound impression on their memory. In view of this kind of special nursing object, it is the direction for the medical staff in the operation room regarding how to realize the humanized nursing of deaf-mutism patients, how to make the patient receive the optimum nursing in the special environment of the operation room. Moreover, the nursing of the special population can highlight the significance and value of nursing work, and measure the quality of nursing work.

The Effect of Quality Nursing Service in Operating Room

Operation room is an important place for patients to accept surgical treatment. The primary issue is communication barriers in the nursing process of deaf-mutism patients.
Deaf-mutism patients, as special groups, cannot communicate with doctors and nurses directly due to their physical defects. Medical staff cannot master the main communication methods of deaf-mutism systematically simultaneously. In this way, information communication between nurses and patients cannot be carried out in a timely and effective manner. More importantly, due to physical defects, deaf-mutism patients tend to bear heavier pressure than the normal people. Due to the poor communication, deaf-mutism patients cannot understand the intention of nurses in the operation room, and cannot discriminate what they need to do and what doctors do, not to mention next steps. The above, in turn, delay the whole operation process, but also exacerbate the sense of fear, anxiety in these patients, and affect following procedures such as nursing, anesthesia and surgery in severe cases. On the other hand, nursing staff in the operation room cannot timely receive the information of deaf-mutism patients, resulting in the ignorance of physical abnormalities of patients, and even condition changes. Therefore, the way of communication between nurses in the operation room and deaf-mutism patients is the central link to solve various problems. The self-made communication card for the communication with deaf-mutism patients intraoperatively overcomes the obstacle of communication between nursing staff and deaf-mutism patients in the operation room. Text, icons, common sign language is involved to convey information, which contribute to wider audiences of patients on the basis of diversified information combination. Illiterate patients or deaf-mutism patients who fail to understand sign language can achieve barrier free communication, thereby reducing the anxiety caused by poor communication. Besides, it also solves the problem that sign language cannot express the scene specifically. For example, the production of cards such as operation bed, shadowless lamp, anesthesia machine, and operation staff can promote further understanding of the working scene of the surgical staff, reduce the strangeness after entering the operation room, and improve trust of deaf-mutism patients. In addition, the use of communication card can achieve communication and interaction between nurses and patients quickly, so as to shorten the utility time of the intermediate link during the operation. The practice has proved that the self-made communication card can play an effective role in the communication of surgery with deaf-mutism patients.

References


