

Communication barriers for d/Deaf people with cancer: a scoping review

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1. BACKGROUND

- Over 430 million people worldwide are deaf or hard-of-hearing
- d/Deaf individuals experience significant healthcare disparities, including communication challenges during interactions with healthcare professionals (HCPs) and communication support professionals (CSPs)
- How these issues impact on their quality of cancer care is relatively under-researched and reported

2. REVIEW AIM

A scoping review of publications on communication barriers was conducted to help inform an educational programme, using the following questions:

- What are d/Deaf cancer patients' communication experiences and unmet needs in healthcare settings?
- What are the experiences and educational needs of HCPs and CSPs working with d/Deaf cancer patients?

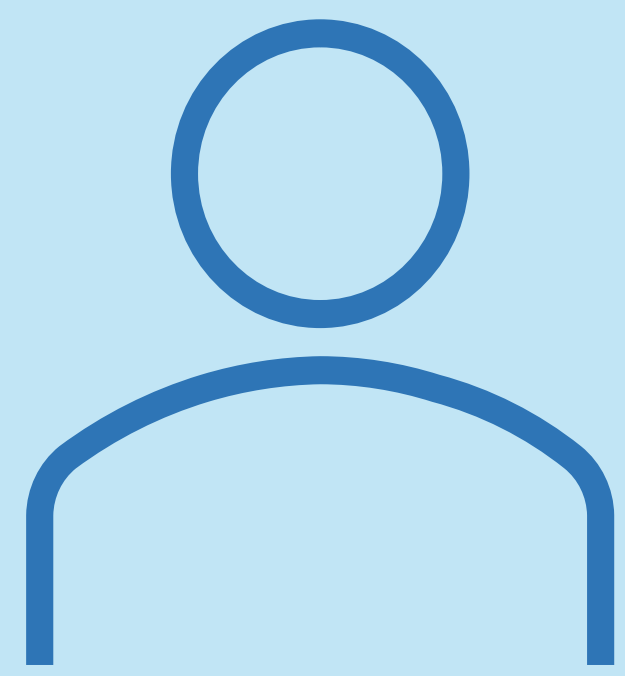
3. METHODS

- Papers were evaluated by 2 reviewers following the Joanna Briggs Institute & PRISMA-ScR guidelines
- PsycINFO, PubMed, Embase, Scopus and grey literature were searched
- Qualitative findings were then thematically analysed by 3 reviewers

4. RESULTS

- 2,013 titles and abstracts were screened, followed by 56 full text reviews
- 8 studies involved d/Deaf cancer patients' experiences of communication
- 3 themes and 9 subthemes were identified
- 1 study explored HCPs' experiences, none reported on CSPs' experiences

PATIENTS' EXPERIENCES OF COMMUNICATION



PATIENT LEVEL FACTORS

- Many d/Deaf patients had difficulty understanding their cancer care journey and following verbal instructions about medications
- Some d/Deaf cancer patients felt disconnected or lacked trust in HCPs due to previous negative healthcare experiences

"I respected my doctor but not always trust him fully"



SYSTEM LEVEL FACTORS

- Interpreters often not present during cancer consultations
- Concerns about interpreter accuracy, affecting treatment decisions
- Numerous logistical issues, e.g. inadequate room set up, inability to request interpreters through patient portal

"It was awful because no one would try to communicate with me and [I] couldn't read their lips. I felt like I wasn't treated like a human"



INTERPERSONAL FACTORS

- d/Deaf cancer patients felt HCPs lacked deaf awareness and understanding of their communication needs
- HCPs showed negative attitudes, e.g. impatience, frustration
- Poor communication practices e.g. quick speech, lack of eye contact

"I felt that I would have gotten more detailed information if I have a qualified and certified interpreter present at this medical appointment"

CONCLUSION

There were multiple communication barriers that compromised the quality-of-care d/Deaf patients faced when accessing cancer services. Evidence supports Deaf awareness programmes for HCPs, use of qualified medical interpreters and the creation of accessible cancer-related educational interventions for d/Deaf individuals