Esc Anna Nery 2021;25(3):e20200341

CC BY

RESEARCH | PESQUISA

www.scielo.br/EAN

Potentialities and limits in the everyday life of undergraduate training in health care for deaf people[a]

Potências e limites no cotidiano da formação acadêmica no cuidado à saúde da pessoa surda

Potencias y límites en el curso diario de la formación académica en la atención médica para personas sordas

Lucas Andreolli Bernardo[1]
Adriana Dutra Tholl[2]
Rosane Gonçalves Nitschke[2]
Selma Maria da Fonseca Viegas[3]
Soraia Dornelles Schoeller[2]
Maria Ligia dos Reis Bellaguarda[2]
Daniela Priscila Oliveira do Vale Tafner[4]

1. Prefeitura Municipal de Bombinhas. Bombinhas, SC, Brasil.

2. Universidade Federal de Santa Catarina. Florianópolis, SC, Brasil.

3. Universidade Federal de São João del-Rei, *Campus* Centro-Oeste. São João del-Rei, MG, Brasil.

4. Universidade Federal de Santa Catarina, Programa de Pós-Graduação de Enfermagem. Florianópolis, SC, Brasil.

Corresponding author:
Lucas Andreolli Bernardo.
E-mail: lucas_a.bernardo@hotmail.com.

Submitted on 08/25/2020.
Accepted on 11/19/2020.

DOI:https://doi.org/10.1590/2177-9465-EAN-2020-0341

Abstract

Objective: to understand the potencialities and the limits in the daily training of undergraduate students in the health care of the deaf person. **Method:** it is a qualitative and interpretative study, based on Comprehensive and Daily Sociology, involving 18 students from a federal university in the South of Brazil of the undergraduate courses in Nursing, Pharmacy, Speech Therapy, Medicine, Nutrition, Dentistry and Psychology. The sources of evidence were individual interviews developed from October to November 2019. The data analysis involved preliminary analysis, ordering, key links, coding and categorization. **Results:** the potencialities in the daily training of students in health care of the deaf person are shown in the communication institute, the techno-sociality in care and the communicating in *Libras* and being able to integrate with the deaf community. The limits are shown in the models and training practices not inclusive, the impersonality of interpretation and lack of technical specificity in the *Libras* (Brazilian sign language) discipline. **Conclusion and implications for practice:** it is concluded that there is a need to reflect on the curricula of health courses, providing the inclusion of health care for deaf people in order to enable students to act at different levels of complexity.

Keywords: Deafness; Hearing-Impaired people; Students; Everyday Life Activities; Health Care.

Resumo:

Objetivo: compreender as potências e os limites no cotidiano da formação dos estudantes de graduação no cuidado à saúde da pessoa surda. **Método:** trata-se de um estudo qualitativo e interpretativo, fundamentado na Sociologia Compreensiva e do Cotidiano, envolvendo 18 estudantes de uma universidade federal do Sul do Brasil dos cursos de graduação em Enfermagem, Farmácia, Fonoaudiologia, Medicina, Nutrição, Odontologia e Psicologia. As fontes de evidências foram entrevistas individuais desenvolvidas no período de outubro a novembro de 2019. A análise dos dados envolveu a análise preliminar, a ordenação, as ligações-chave, a codificação e a categorização. **Resultados:** as potências no cotidiano da formação dos estudantes no cuidado à saúde da pessoa surda mostram-se na comunicação instituinte, na tecnossocialidade no cuidado e no falar Libras e poder integrar-se à comunidade surda. Os limites mostram-se nos modelos e nas práticas formativas não inclusivas, na impessoalidade da interpretação e na falta de especificidade técnica na disciplina de Libras. **Conclusão e implicações para a prática:** conclui-se que há a necessidade de se refletir sobre os currículos dos cursos da área da saúde, proporcionado a inclusão do cuidado à saúde da pessoa surda, a fim de capacitar os estudantes para a atuação nos diferentes níveis de complexidade.

Palavras-chave: Surdez; Pessoas com Deficiência Auditiva; Estudantes; Atividades Cotidianas; Assistência à Saúde.

Resumen

Objetivo: comprender las potencias y límites en la formación diaria de estudiantes de pregrado en atención a la salud de personas sordas. **Método:** se trata de un estudio cualitativo e interpretativo, basado en Sociología Integral y Cotidiana, que involucró a 18 estudiantes de una universidad federal del Sur de Brasil, de cursos de licenciatura en Enfermería; Farmacia; Terapia del lenguaje; Medicina; Nutrición; Odontología y Psicología. Las fuentes de evidencia fueron entrevistas individuales, desarrolladas de octubre a noviembre de 2019. El análisis de datos ha involucrado el análisis preliminar, el ordenamiento, las llamadas clave, la codificación y la categorización. **Resultados:** las potencias en la formación diaria de los estudiantes en la atención de la salud de los sordos se manifiestan en la instauración de la comunicación, en la tecnosocialidad en la atención y en hablar Libras y la capacidad de integrarse con la comunidad sorda. Los límites se muestran en los modelos y en las prácticas de entrenamiento no inclusivo, en la impersonalidad de la interpretación y en la falta de especificidad técnica en la asignatura de Libra. **Conclusión e implicaciones para la práctica:** se concluye que existe la necesidad de reflexionar sobre los planes de estudio de los cursos de salud, proporcionando la inclusión de la atención de la salud a las personas sordas, con el fin de capacitar a los estudiantes para trabajar en los diferentes niveles de complejidad.

Palabras clave: Sordera; Educación de Personas con Discapacidad Auditiva; Estudiantes; Actividades Cotidianas; Prestación de Atención de Salud.

INTRODUCTION

The deaf population does not have their health needs met. One of the responsible factors is that the deaf person has fewer opportunities to access intraining on prevention, treatment or health care. Interventions to reduce this exclusion and ensure that they have their rights of access to health services are still necessary[1].

According to the Brazilian Institute of Geography and Statistics[2] (IBGE), in Brazil there are about 9.7 million people with hearing loss (5.1% of the country's population) and, according to the World Health Organization (WHO), in 2018, there were approximately 466 million people, 6.1% of the world population, with some degree of deafness[3].

The quality of life related to health, for those who live with deafness, still needs to be perceived as an aspect of great importance in contemporary society, since deaf people are still excluded in health policies[4].

The Law No. 10.436, of April 24, 2002, recognizes the Brazilian Sign Language (*Libras*) as the second official language of the country and decrees that public institutions and health care service companies must ensure adequate care and treatment for people with deafness, according to the legal standards in force[5].

Considering the determinants of the quality of life, in relation to the health of people with deafness, is decisive so that the health conditions of this population can be improved[4].

Ministerial Ordinance No. 2.073, September 2004, ensures broad coverage in the care of people with deafness in Brazil, supporting universal access, equity, completeness and social control of hearing health[6]. However, the lack of effective communication between the health professional and the deaf person, the need for intermediation by the accompanier/interpreter and the unpreparedness of the professionals in the care of the deaf person make that the right to health is not contemplated[7]. In this current, "caring is more than an act; it is an attitude. Therefore, it includes more than a moment of attention. It represents an attitude of occupation, concern, responsibility and affective involvement with the other"[8:12].

The curricula of the courses that train health professionals do not involve skills and abilities related to the health care of deaf people. They are not trained to provide specific assistance to this population[9]. Health professionals, in practice, feel incapable, impotent, insecure and embarrassed due to the difficulty of communication because of the lack of preparation and for not knowing Brazilian Sign Language, named *Libras*[10]. In this sense, the study is justified by the evident need to assign to the training of undergraduate students the necessary skills for the daily health care of deaf people in different contexts, since during the training of students, there is no specific practice scenario for this clientele, but the deaf person is present in different health care contexts.

Daily life is understood as the "way of life of human beings that is shown in everyday life, expressed by their interactions, beliefs, values, symbols, meanings, images and imaginary, which delineate their process of living, in a movement of being healthy and sick, punctuating their life cycle. This journey through the vital cycle has a certain cadence that characterizes our way of living, influenced as much by the duty to be, as by the needs and desires of daily life, which is dominated as rhythm of life and living"[11:8].

It is a study of thematic relevance and can contribute to the undergraduate academic training in health care of deaf people in different health contexts and, consequently, benefit the deaf population, because it contributes to a more inclusive health care. Therefore, the aim of the study is to understand the daily academic background of undergraduate students in the health care of deaf people in health settings.

METHOD

Comprehensive and Daily Sociology was chosen as the basis for this study[12], considering that deafness is a phenomenon that affects the human being in their multidimensionality, especially in their physical, psychic, social condition, and specifically in their access to health, which reflects in their daily life and in their way of living and coexisting.

It is a qualitative and interpretative study having as its scenario a federal university in the South of Brazil located in the city of Florianópolis - Santa Catarina. The definition of the study scenario occurred due to the institution offering undergraduate courses in the health area. Eighteen undergraduate students participated in the study, who had already taken care of the health of deaf people, being: four students of Nursing; four of Pharmacy; four of Speech Therapy; three of Medicine; one of Nutrition; one of Dentistry and one of Psychology.

The invitation to participate in the study was made, first, to the students of the Nursing course, of the 9th phase, in class, by the principal researcher. From the first contact with the students of this class, the "snowball" technique was chosen for the data collection[13] in which the participants themselves indicated other new participants with desired characteristics and profile for the research.

The following criteria were considered for the inclusion of the participants: to be at least 18 years old; to be a student of the undergraduate courses in Physical Education (bachelor), Nursing, Pharmacy, Speech Therapy, Medicine, Nutrition, Dentistry, Psychology and Social Service and to have already provided health care to the deaf person in health environments at some time during graduation. As exclusion criteria, we considered the students who were locked in the registration and those who had not taken care of the deaf person. It should be noted that in the courses of Physical Education (baccalaureate) and Social Service, were not found students who had provided health care to the deaf person.

Data collection was performed by the main author of the study, after the participants signed the Free and Informed Consent Term (FICT), between October and November 2019. Eighteen interviews were conducted guided by a semi-structured script prepared by the author, based on two guiding questions: "What are the facilities and difficulties in health care of the deaf person?" and "During your academic training, did you have any preparation for health care of the deaf person in health settings?"

The suspension of the inclusion of new participants occurred when the data collected proved to be repetitive, thus determining that the primary data were sufficient to achieve the proposed objectives and understand the subject under study.

The interviews were audio-recorded, in depth, in a place preferably of the participants, with an average duration of 40 minutes, being later transcribed in full and the pre-analysis carried out. As a method of analysis, we used the Thematic Content Analysis model[14], considering the following phases: pre-analysis; exploration of the material; treatment of the results; inference and interpretation.

The research was developed after the approval by the Research and Ethics Committee, in September 2019, under the Opinion of No. 3,631,821, and followed the ethical precepts regarding research and care for human beings. To guarantee the anonymity of the participants, the letter "A", for academic, was used, followed by the initial letter of the course and the number of the order of interviews.

RESULTS

Among the research participants, four academics are from Nursing, four from Pharmacy, four from Speech Therapy, three from Medicine, one from Nutrition and one from Dentistry, totaling 18 students. The age range of academics ranged from 21 to 27 years, 12 female and six male.

The approach to daily life and the experiences of academics has enabled the understanding of the potentialities and limits in the daily training of graduates for the health care of deaf people. The results are presented in two categories: Potentialities in everyday life in the training of students in health care of deaf people and Limits in everyday life in the training of students in health care of deaf people.

Potentialities of undergraduate students' daily training in the healthcare of the deaf person

In the search for the completeness of the health care of deaf people, academics use the communication institution, represented by the communication of writing, mimicry, gestures, drawing and paused speech, to enable access to health.

> *He wrote and I wrote on paper too [...]. (AM11)*
>
> *[...] she (deaf person) was reading and I, gesturing and she, answering on the little paper for me [...]. (AFC14)*
>
> *[...] you have to speak calmly, speak slowly, and articulate very well, so he can do the lip reading. (AF5)*
>
> *[...] the drawings I made about the doses and to ask about the leftovers of medicines [...]. (AFC13)*

The use of Intraining and Communication Technologies (ICTs) is configured as a means of interpersonal interaction, facilitating access to health and social inclusion of the deaf person.

> *I still use some applications [...] to communicate with them and remember some signs (AE16)*

For students, communicating in *Libras* is an essential condition for the health care of the deaf person by the possibility of interaction and resolution of their needs.

> *Libras is the main point to meet your need; if we do not have Libras, we cannot work in the context of the deaf child. (AF12)*
>
> *During graduation, I took the basic course of Libras and this helped me a lot to solve the need of that family. I was the only person who could communicate with the children directly, not having to talk to the parents [...]. (AE16)*

Even if the communication in *Libras* is not fluent between the deaf person and the academic, the possibility of being heard and understood in their needs enables a more affective interpersonal communication, therefore, effective.

> *[...] they are available enough to make you understand, they have enough patience. So, I saw that only from you [...] if you show "I want to hear you, I want to understand you" you have already given us to communicate well [...]. (AP6)*
>
> *[...] the patient was very understanding and calm. Because she was happy to communicate, so she had all the patience to repeat the gesture or to spell it out if we didn't understand, try to talk some other way, so that was very good. (AE17)*

To integrate to the deaf community is to understand the daily life of people in this condition. For academics, the contact with the deaf person helped them to understand the dynamics of the process of living and deaf culture. This contact has reduced the distance imposed by the barriers of communication, enabling a more qualified care.

> *Today, I have a lot of ease because I already got his way, even in his orality, I got a way [...] and, in the first sessions, it was just written to understand each other. (AF3)*
>
> *[...] being immersed in the deaf community, [...] within their context and bringing it into clinical practice brings us closer. (AF12)*
>
> *[...] having this contact with the community (deaf) and with the teachers [...] brought this approach, of being able to go there and ask what the technical terms are. (AE17)*
>
> *[...] for sure, these experiences (getting to know the deaf community) that I had helped a lot. (AF18)*

The academic seeks to learn *Libras* by affinity for the area or the perception of the need to learn from the first contact, aiming at the completeness of health care of the deaf person.

[...] I didn't know the deafness part, so I thought: "oh, to add, I will do the discipline of Libras", only I ended up liking it a lot [...] and ended up focusing on deafness and Libras. So, it was on my own, I was running after. (AP6)

[...] had a lot of impact on my other colleagues, after they had the experience of being together with us in the room and like: "ah, now I'm going to get why, right?" (AE17)

Limits in the daily training of students in the health care of the deaf person

From the perspective of academics, the training model is insufficient to meet the needs of the deaf community, which has its rights of access to health neglected by the lack of adequate and satisfactory communication in health environments.

[...] I think he understood the basics. It wasn't the way it should have been, if it was a consultation that had more effective communication. (AM11)

It is the number one, it is the communication. And, from the lack of communication, everything is difficult, right? (AM4)

I think the limit is really to understand what he is trying to say [...] the difficulty is to give instructions after the service. (AO9)

I think, in general, the course (undergraduate) has a very difficult competence in communication skills and cultural competences. Because you serve people who go beyond your cultural niche. So, in this case, the deaf community, this ends up applying well because you can neither communicate nor understand the culture that is behind that person. (AM7)

In postmodern times, academics thirst for the infinite, seek models and formative practices that give answers to their worries, no longer content themselves with traditional education, seek coherence, and elaborate themselves from the multiplicity and cultural diversity in the experiences lived.

We have a compulsory subject, which is Psychology and people with disabilities [...], we had a class about deafness, and that was it, if you want to learn Libras, you will run after. [...] how do I do it? There is no research of Psychology regarding the deaf person [...]. (AP6)

Unfortunately not. We don't have any mandatory material to give a preparation to attend this population. (AFC13)

[...]we have several communication classes with the patient, there are many. But it was never touched on the subject (communication with the deaf person) [...]. (AM11)

They were pointed out, as a limit in the training for health care of deaf people, the weak mobilization for students to attend the optional discipline of *Libras* and the lack of reflection on the communication process with the deaf person in health environments. Thus, the need to communicate in *Libras* becomes a necessity when students come across the deaf person in health contexts and does not have the competence to care for effective communication.

[...] I had never thought that I could attend a deaf person until I attended a deaf person. So, this is up to a great limit, lack of example within the graduation. (AE1)

[...] the preparation of teachers also motivates students. (AE17)

[...] I see a lot that people, when they do the discipline (Libras), find it super cool, they get excited, but do the discipline of a semester. And since the course does not have a teacher who talks about it, the staff does the discipline and forgets. (AP6)

[...] we have the option and nobody talks about the importance to use. It is only offered there. But nobody touches the subject to make the option. (AFC15)

[...] teachers themselves say, in general, it has to include all communities, only there is no compulsory subject of Libras and no teacher speaks openly about it in class. The deaf community is not included in our course [...] it's very complicated because they say it has to include, but they don't show how to include. (AFC14)

The translation by the interpreter in the health care of the deaf person can be characterized, in the perception of scholars, as an impersonal practice, considering that, at a given moment; the interpreter may not express the true feeling / need of the person, making it passive in the process health-disease. The translation by the interpreter can also be configured as a practice with little secrecy due to the possibility of the interpreter being known by the deaf community, compromising the professional secrecy.

[...]regarding professional secrecy, having the deaf community interpreter ends up being an acquaintance of the person, [...] has some situations that get a little more delicate. (AF5)

The translation, by the interpreter, I think diminishes the autonomy (of the deaf person) because it holds the interpretation (of the interpreter) and does not necessarily reflect what the patient is wanting to express. (AM7)

The basic discipline of *Libras*, isolated from the technical experience of academics, is not seen by them as sufficient to meet the health needs of deaf people. In the area of health, it is necessary to know the signs of technical and specific terms to make themselves understood and share the necessary intraining, while in the introductory discipline of *Libras*, one learns the daily experiences.

Making the discipline of Libras was not enough. Not even close enough. There are some things, some terms, which are very complex, which is very specific [...]. (AF5)

[...] with the teacher (de Libras) was one thing and was the basic and there (pharmacy school) I had to know more technical, nay, medicine, with what I work. (AFC10)

[...] I had a fear because, we had Libras, but I will tell you that I do not know, I cannot keep up [...] because it was a semester and more or less. There is no way you get super [...] and I think my biggest difficulty was to pass what I wanted for him. (AF3)

DISCUSSION

The daily life of the deaf person is not just a scenario, but expresses the scenes of living and coexistence, showing themselves with their potentialities and their limits. The potentialities refer to the potentiality that comes from within each person, being the order of liberation and cooperation. The limits involve the notion of determination or commitment, being a mechanism of survival in face of everyday situations, that is, that which protects the person from certain events characteristic of the human condition[15].

Considering the potentialities revealed in the training for the health care of deaf people, communication as a foundation for the interaction between these people and health professionals in the health-disease process is highlighted.

In order to engender the integrality of health care for the deaf person, academics use organic solidarity, meaning the force that comes from within each person, which is of the order of instituted communication, expressed by written communication, mimicry, gestures, drawing and paused speech, which is based on affective social bonds, on the basic ambiguity of symbolic structuring, guaranteeing the "cohesion" of the group, the exchange, the sharing of values, places, ideas, as opposed to mechanical solidarity, which is of the order of the institute[16].

It is through communication that thinking and feeling are exposed, revealing the need that the person has at the moment. However, the number of health professionals who know how to communicate in *Libras* is quite small[17]. With this, health professionals, by not communicating through *Libras*, seek other possibilities, potentialities to communicate with users with deafness such as writing, gestures or lip-reading[18].

To break down communication barriers, it is necessary to improve communication between the deaf and the health professional in order to ensure mutual understanding and provide quality care[19]. *Libras* allows competence to the health professional to recognize the needs of this population in its entirety and thus improve the relationship between the professional and the deaf person[20].

Because deaf people find daily barriers to communicate, which leads them to social exclusion, these people work to make their own inclusion, self-inclusion, strive to learn and understand, seeking to interact with listeners[21].

The academic, by inserting himself in the daily life and recognizing the differences and specificities experienced, the outline that comes from within, in the community he serves, will be able to train himself and build a new meaning to the spaces, with a perspective of encouraging, in the deaf person, the sense of inclusion and recognition of their specificities[22].

It is through routines and customs that all forms of being together are assured; in this discernment, the common saying, which allows the understanding of being in its totality beyond the logical determinations[23]. The experience of the collective bases the individual experience, even if conflicting, strengthening the group, bringing the form, the contours from within, the limits and the necessity of the situations and constitutive representations of daily life, as Maffesoli says[24].

In a study conducted with medical students, the reasons that encouraged them to learn *Libras* were curiosity, proximity to the deaf person, whether family, friend or others, and to break the communication barrier that exists between health professionals and people who communicate in *Libras*[25]. The contact with the deaf person sensitizes and enhances the motivation to learn *Libras*[26].

Learning *Libras* contributes to the training of the student, enabling the development of critical, reflective and creative capacity in health care of deaf people, in addition to nurturing responsibility and commitment to social changes, citizenship and health promotion, also contributing to the construction of knowledge.

Techno-sociality[27], expressed by ICTs, is another potentiality in the training of students, in the health care of the deaf person in the health spaces, by stimulating the protagonism of that person about the understanding of the health-disease process.

Technology, as in the case of applications, promotes the inclusion of the person with disability, since it enables the improvement of communication between deaf and hearing, which directs the technology to be a tool in promoting social transtraining[28].

The lack of knowledge of *Libras* configures itself as a limit in the training of the undergraduate student. The barriers in communication prevent the sharing of intraining by both parties, both for the deaf person, who cannot be understood, and for the health professional, who cannot follow up the necessary intraining, implying an ineffective communication, which puts at risk the safety of the person in care.

The lack of effective development of communication skills leads to the existence of a communication barrier, making it difficult to establish the relationship between the professional and the deaf person, generating frustration and infrequency of the deaf community in health care[25].

The absence of an effective communication, the need of intermediation by the accompanier and the unpreparedness of the professionals are examples of difficulties that lead to the blocking of communication, thus damaging a possible link between the professional and the deaf person, which consequently compromises the care[7].

The intermediation of communication between the health professional and the deaf person results in negative implications, because from the moment that someone answers for the person, it becomes notorious the loss of his/her autonomy, due to the exclusion of the communication process with the professional, which also has ethical implications in relation to his/her privacy and breach of confidentiality about intraining that the person does not wish to share[29].

The current models and training practices have been considered by academics as something that needs to be rethought in order to guarantee universal access to health services without exclusion. There is an emerging need to include, in the graduation curricula of health courses, mandatory subjects that address disability and rehabilitation, considering that 23% of the Brazilian population has some kind of disability[2].

Although people with disabilities have in their favor the guidelines of the National Policy for the Health of the Person with Disability[30] which, in partnership with the Ministry of Education, recommend the inclusion of curricular components in the undergraduate curricula of health professions, which focus on prevention, care and rehabilitation of people with disabilities, the promotion of research and extension projects in this area of knowledge, the qualification of human resources and the reorganization of services, it is still noticeable the noncompliance of these curricular components in the undergraduate curricula, configuring a gap in the training of students.

In post-modern times[31], a social bond is sought, a just to the environment, respecting different rhythms and multiple identities. The university does not have to be only a professional school, but also to implement a transversal vision of the world.

Health courses need to improve the academic curriculum in order to better prepare graduates for the health care of deaf people[32]. The lack of preparation of health professionals to attend the deaf person is related to the lack of knowledge, few skills and absences on the subject during the academic training.

This knowledge gap shows the need to include, in the academic curriculum, contents related to the health care of deaf people in order to enable future health professionals to exercise an effective care with specificities of this group, as well as with quality[33].

The teacher has a decisive role in proposing new teachings to his students, by being in daily and direct contact with them, and can encourage the academic to learn *Libras*[34].

The introductory subject of *Libras* gives a good initial basis, although insufficient, because it does not allow contemplating all the content provided in the menus of the undergraduate courses[35]. The discipline of *Libras* in Higher Education generally has a small workload for the effective learning of *Libras* by academics[36].

In this sense, it highlights the importance of the compulsory discipline of *Libras* in undergraduate courses in the area of health so that you can lower the barriers of language with the deaf person, enabling speech and be understood, see and not just see, feel and not just touch the process health-disease.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

By understanding the potentialities and the limits in the daily activities of the training of undergraduate students in the health care of deaf people in health environments, it was possible to evidence that the communication institute is a potentiality for academics who, when trying to communicate, use sensitive reason through writing, mimicry, gestures, drawing and paused speech.

Communicating in *Libras* is an essential condition for approaching the person, conferring the competence in the care and satisfaction of the professional/person by the possibility of interaction and resolution. Even if communication in *Libras* is not fluent, the possibility of being heard and understood in their needs enables a more affective interpersonal communication, therefore, effective and empathetic. In this sense, learning *Libras* and integrating with the deaf community is a potentiality in training, enabling the development of critical capacity, reflective and social commitment.

The techno-sociality, as communication technologies, is another potentiality in the communicative process between the deaf person and health professionals for stimulating protagonism and self-care. It provides social insertion and promotes interpersonal relationships, facilitating the adherence to the health care of deaf people.

As for the limits, it is observed that the current models and educational practices are insufficient to meet the needs of access to health of deaf people. The deaf community has its rights of access to health neglected by the lack of adequate and satisfactory communication in health environments, putting at risk its safety.

The limitations of this study are related to the specific evidence of the studied group, which belongs to a reality that may differ from another, which prevents the generalization of results. However, based on the results found, intentional sampling may be considered representative in populations and similar conditions.

The contribution of this study consists in the possibility of reflecting on the importance of inserting academics in research and extension projects that involve the health care of deaf people, favoring the communication process in health environments and the knowledge of the technical and specific terms of their respective professions.

AUTHOR'S CONTRIBUTIONS

Study design. Lucas Andreolli Bernardo. Adriana Dutra Tholl. Soraia Dornelles Schoeller. Daniela Priscila Oliveira do Vale Tafner.

Data collection or production. Lucas Andreolli Bernardo. Adriana Dutra Tholl.

Data analysis. Lucas Andreolli Bernardo. Adriana Dutra Tholl. Daniela Priscila Oliveira do Vale Tafner.

Interpretation of results. Lucas Andreolli Bernardo. Adriana Dutra Tholl. Daniela Priscila Oliveira do Vale Tafner. Rosane Gonçalves Nitschke. Selma Maria da Fonseca Viegas. Soraia Dornelles Schoeller. Maria Ligia dos Reis Bellaguarda.

Writing and critical revision of the manuscript. Lucas Andreolli Bernardo. Adriana Dutra Tholl. Rosane Gonçalves Nitschke. Selma Maria da Fonseca Viegas. Soraia Dornelles Schoeller. Maria Ligia dos Reis Bellaguarda. Daniela Priscila Oliveira do Vale Tafner.

Approval of the final version of the article. Lucas Andreolli Bernardo. Adriana Dutra Tholl. Rosane Gonçalves Nitschke.

Selma Maria da Fonseca Viegas. Soraia Dornelles Schoeller. Maria Ligia dos Reis Bellaguarda. Daniela Priscila Oliveira do Vale Tafner.

Responsibility for all aspects of the content and integrity of the article published. Lucas Andreolli Bernardo. Adriana Dutra Tholl. Rosane Gonçalves Nitschke. Selma Maria da Fonseca Viegas. Soraia Dornelles Schoeller. Maria Ligia dos Reis Bellaguarda. Daniela Priscila Oliveira do Vale Tafner.

ASSOCIATE EDITOR

Marcelle Miranda da Silva

REFERENCES

1. Kuenburg A, Fellinger P, Fellinger J. Health care access among deaf people. J Deaf Stud Deaf Educ. 2016;1(21):1-10. http://dx.doi.org/10.1093/deafed/env042. PMid:26405210.
2. Instituto Brasileiro de Geografia e Estatística. Censo demográfico 2010 [Internet]. Rio de Janeiro: IBGE; 2010. [citado 2020 Nov 19]. Disponível em: https://censo2010.ibge.gov.br/resultados.html
3. World Health Organization. Prevention of blindness and deafnes: estimates [Internet]. Genebra: WHO; 2018. [citado 2020 Nov 19]. Disponível em: https://www.who.int/deafness/estimates/en/
4. Tsimpida D, Kaitelidou D, Galanis P. Determinants of health- related quality of life (HRQoL) among deaf and hard of hearing adults in Greece: a cross-sectional study. Arch Public Health. 2018;1(76):1-11. http://dx.doi.org/10.1186/s13690-018-0304-2. PMid:30338066.
5. Lei n. 10.436 de 24 de abril de 2002 (BR). Dispõe sobre a Língua Brasileira de Sinais - Libras e dá outras providências. Presidência da República, Casa Civil. Brasília (DF), abr. 2002. Disponível em: http://www.planalto.gov.br/ccivil_03/LEIS/2002/L10436.htm
6. Portaria n. 2.073, 28 de setembro de 2004 (BR). Institui a Política Nacional de Atenção à Saúde Auditiva. Ministério da Saúde, Brasília (DF), set. 2004. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2004/prt2073_28_09_2004.html
7. Pires HF, Almeida MAPT. A percepção do surdo sobre o atendimento nos serviços de saúde. Rev. Enferm. Contemp. 2016;1(5):68-77. http://dx.doi.org/10.17267/2317-3378rec.v5i1.912.
8. Boff L. Saber Cuidar: Ética do humano - compaixão pela terra. Rio de Janeiro: Vozes; 1999. 84 p.
9. Devkota HR, Murray E, Kett M, Groce N. Healthcare provider's attitude towards disability and experience of women with disabilities in the use of maternal healthcare service in rural Nepal. Reprod Health. 2017;1(14):1-14. http://dx.doi.org/10.1186/s12978-017-0330-5. PMid:28662710.
10. Francisqueti V, Teston EF, Costa MAR, Souza VS. Sentimentos da equipe de enfermagem ao atender um paciente com deficiência auditiva: Desafios do cuidado. REAI. 2017;3(13):31-51. http://dx.doi.org/10.5965/1984317813032017031.
11. Nitschke RG, Tholl AD, Potrich T, Silva KM, Michelin SR, Laureano DD. Contribuições do pensamento de Michel Maffesoli para pesquisa em enfermagem e saúde. Texto Contexto Enferm. 2017;4(26):1-12. http://dx.doi.org/10.1590/0104-07072017003230017.
12. Maffesoli M. O tesouro escondido: carta aberta aos franco-maçons e a outros. Porto Alegre: Sulina; 2019. 191 p.
13. Vinuto J. Amostragem em bola de neve na pesquisa qualitativa: um debate em aberto. Temáticas. 2014;44(22):203-20. http://dx.doi.org/10.20396/temáticas.v22i44.10977.
14. Bardin L. Análise de Conteúdo. Lisboa: Edições 70; 2011.
15. Maffesoli M. O conhecimento comum: compêndio de sociologia compreensiva. Tradução de Aluizo Ramos Trinta. Porto Alegre: Sulina; 2010.
16. Maffesoli M. A conquista do presente. Rio de Janeiro: Rocco; 1984. 17 p.
17. Oliveira ECP, Andrade EGS. Comunicação do profissional de enfermagem com o deficiente [Internet]. Rev. Cient. Sena Aires. 2016 [citado 2020 Nov 19] 5(1):30-38. Disponível em: http://revistafacesa.senaaires.com.br/index.php/revisa/article/view/253
18. Soares IP, Lima EMM, Santos ACM, Ferreira CB. Como eu falo com você? A comunicação do enfermeiro com o usuário surdo. Rev. Baiana Enferm. 2018;10(32):1-8. http://dx.doi.org/10.18471/rbe.v32.25978.
19. Lunza S, Emma N. Experiences of registered nurses on communication with deaf patients at Katurata state hospital, Namibia. Int. J. Med. 2017;5(1):82-86. https://doi.org/doi:10.14419/ijm.v5i1.7301
20. Cavagna VM, Silva WPJ, Braga LS, Andrade M. O paciente surdo e suas vivências no sistema de saúde: uma interface com a enfermagem. Enferm. Atual. 2017;18(80):33-9. http://dx.doi.org/10.31011/reaid-2017-v.80-n.18-art.345.
21. Sanches IR, Silva PB. A inclusão de estudantes surdos no ensino superior brasileiro: O caso de um curso de Pedagogia. Rev Port Educ. 2019;1(32):155-72. http://dx.doi.org/10.21814/rpe.14955.
22. Marques RS, Pereira RMP. Acessibilidade dos surdos: formação dos profissionais de enfermagem em Itubiara/GO. Revista Vale. 2017;5(9):161-172.
23. Maffesoli M. A palavra do silêncio. São Paulo: Palas Athenas; 2019.
24. Maffesoli M. A ordem das coisas: pensar a pós-modernidade. Rio de Janeiro: Forense Universitária; 2016
25. Dias AR, Coutinho CR, Gaspar DR, Moeller L, Mamede M. Libras na formação médica: possibilidade de quebra da barreira comunicativa e melhora na relação médico-paciente surdo. Rev Med (São Paulo). 2017;4(96):209-2014. http://dx.doi.org/10.11606/issn.1679-9836.v96i4p209-214.
26. Silva CNN, Gomes KVV. A relação surdo/ouvinte e seu impacto na inclusão de estudantes surdos: um estudo a partir da percepção dos intérpretes de Libras. Rev Educ. 2018;3(14):60-81.
27. Maffesoli M. Pactos emocionais: reflexões em torno da moral, da ética e da deontologia. Curitiba: PUCPRESS; 2018. 80 p.
28. Oliveira ES, Lopes KFO, França NM, Santos EF, Alvarenga MA. A utilização do aplicativo Hand Talk como ferramenta de apoio aos professores de ciências na educação inclusiva. RInTE. 2019; 1(5):1-14.
29. França EG. Dificuldades de profissionais na atenção à saúde da pessoa com surdez severa. Cienc. Enferm. 2016;22(3):107-16. http://dx.doi.org/10.4067/S0717-95532016000300107.
30. Portaria n. 1.060 de 5 de abril de 2002 (BR). Política Nacional da Pessoa com Deficiência. Diário Oficial da União [periódico na internet] Brasília (DF), 2010 [citado 2020 Nov 19] Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2002/prt1060_05_06_2002.html
31. Maffesoli M. Quem é Michel Maffesoli: Entrevistas com Christophe Bourseiller. Rio de Janeiro: Mauad; 2011.

32. Rocha CAS, Carvalho SAS, Roberto ACF, Oliveira EMP, Melo IM, Guerra LB. Formação de profissionais da saúde e acessibilidade do surdo ao atendimento em saúde: contribuições do projeto "Comunica". Revista Eletrôn. de Extensão. 2017; 1(5):112-128. https://www.researchgate.net/publication/321906264_Formacao_de_profissionais_da_saude_e_acessibilidade_do_surdo_ao_atendimento_em_saude_contribuicoes_do_projeto_Comunica

33. Bornholdt L. Cuidados de enfermagem a indivíduos com surdez e/ou mudez em instituição hospitalar. READ. 2019;88(27):1-7. http://dx.doi.org/10.31011/reaid-2019-v.89-n.27-art.422.

34. Souza RS, Amoedo FKF, Azevedo MJS. Aprendendo Libras no contexto das escolas do campo no município de Parintins - AM. Revista em Extensão. 2019; 8(5):66-74. http://periodicos.uea.edu.br/index.php/extensaoemrevista/article/view/597/579

35. Santos CAC. Licenciatura em educação do campo: a percepção de universitários sobre a disciplina de Libras. Revista Sinalizar. 2019;1(4):1-14. http://dx.doi.org/10.5216/rs.v4.56161.

36. Dalsico AMP. A disciplina de Libras no contexto da EaD. Rev. Dia. 2016; 1(4):79-89. https://periodicoscientificos.ufmt.br/ojs/index.php/revdia/article/view/3898

[a] Article extracted from the course conclusion work "THE EVERYDAY OF ACADEMIC TRAINING IN HEALTH CARE FOR DEAF PEOPLE: POTENCIALITIES AND LIMITS", by Lucas Andreolli Bernardo, supervised by PhD. Adriana Dutra Tholl, presented in 2020, undergraduate nursing course at the Federal University of Santa Catarina.