EXPERIENCES IN ACCESSING HEALTHCARE SERVICES AMONG INDIVIDUALS WITH HEARING IMPAIRMENT: A NARRATIVE INQUIRY

JALALON, DANNIELLE FERNAN M.

LEDESMA, ZHIDUONA J.

LOBIDO, TRICIA MERL F.

MAISOG, KRISTINE MAE E.

NEIS, JOHN ANGELO

MISAMIS UNIVERSITY

2025

EXPERIENCES IN ACCESSING HEALTHCARE SERVICES AMONG INDIVIDUALS WITH HEARING IMPAIRMENT: A NARRATIVE INQUIRY

An Undergraduate Thesis

Presented to the Faculty of the College of Nursing,

Midwifery and Radiologic Technology

Misamis University, Ozamiz City

In Partial Fulfillment of the

Requirement for the Degree

Bachelor of Science in Nursing

JALALON, DANNIELLE FERNAN M.

LEDESMA, ZHIDUONA J.

LOBIDO, TRICIA MERL F.

MAISOG, KRISTINE MAE E.

NEIS, JOHN ANGELO

MAY 2025

Misamis University

Ozamiz City

COLLEGE OF NURSING, MIDWIFERY AND RADIOLOGIC TECHNOLOGY

CERTIFIED: ISO 21001: 2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission On Accreditation (PACUCOA)

CERTIFICATE OF PANEL APPROVAL

In partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing, this thesis entitled **"Experiences in Accessing Healthcare Services Among Individuals with Hearing Impairment: A Narrative inquiry"** conducted by Dannielle Fernan M. Jalalon, Zhiduona Ledesma, Tricia Merl F. Lobido, Kristine Mae E. Maisog, and John Angelo Neis, is hereby recommended for acceptance and approval.

ARNIELYN M. ELMEDULAN, MAN, RN
Adviser

Approved by the College of Nursing, Midwifery, and Radiologic Technology Thesis Committee.

AMIE G. TOJINO, MAN, RN
Member

CHONA J. ROBLES, MAN, RN
Member

GINALYN C. ELMEDULAN, MAN, RN
Chairman

Accepted and Approved in Partial Fulfillment of the Requirements for the Degree of Bachelor of Science in Nursing

Oral Defense Date: May 2025

SAMMY B. TAGHOY, PhD, RN

Dean, College of Nursing, Midwifery, and Radiologic Technology

ABSTRACT

People with hearing impairment often face challenges when accessing healthcare services, which can prevent them from receiving proper care. This study examines and seeks to understand the challenges individuals with hearing impairments face in accessing healthcare services. A qualitative, narrative inquiry design was employed, focusing on the experiences of seven participants from one selected barangay in Ozamiz City, Misamis Occidental, Philippines, who had recently undergone healthcare encounters. The research instrument consisted of semi-structured interviews, with the data analyzed thematically. The study identified three major themes: (1) Communication Modalities, including reliance on improvised communication and family as intermediaries due to lack of accessible communication; (2) Psychosocial Struggles, encompassing diminished autonomy, overdependence, and interpersonal isolation resulting from communication barriers; and (3) Healthcare Approach, including dismissive attitudes from healthcare providers, empathetic care, and specialized services preference among individuals with hearing impairment. The findings reveal that deaf individuals continue facing real challenges in healthcare settings, primarily due to inadequate communication tools and support systems. Without interpreters or assistive technology, patients are often forced to rely on improvised methods, such as writing, typing, or gestures, which can lead to confusion and misunderstanding. Family members frequently serve as interpreters, particularly during critical moments, which strips deaf patients of privacy and autonomy in healthcare decision-making. These repeated negative experiences cause significant emotional strain, with deaf patients experiencing feelings of being ignored, anxious, and

frustrated, often leading to healthcare avoidance. Healthcare providers, though well-meaning, are often untrained in deaf communication, displaying impatience or discomfort that makes patients feel burdened rather than valued. Based on these findings, researchers recommend addressing challenges through inclusive communication practices, providing healthcare worker training in basic sign language, offering interpretation services, and developing specialized services tailored to meet the unique needs of individuals with hearing difficulties.

Keywords: *communication barriers, healthcare access, healthcare provider attitudes, hearing impairment, narrative inquiry*

DEDICATION

We, the researchers, humbly dedicate this research paper to Almighty God, whose unwavering guidance and strength have been our foundation throughout this journey. His blessings have carried us through every challenge, allowing us to complete this research.

To our beloved parents, siblings, and friends, we offer our deepest gratitude. Your constant encouragement, support, and love have been our pillars of strength. Your belief in us has been a beacon of hope and motivation, especially during the most challenging times of this endeavor.

A heartfelt thank you to our research adviser, Arnielyn M. Elmedulan MAN, RN, whose invaluable guidance, support, and expertise have been instrumental in shaping this study. Your dedication to our success has inspired us to reach new heights.

The Researchers

ACKNOWLEDGMENTS

This study would not have been fulfilled without the strength given by our Almighty God and with the support and guidance of the following people:

We extend our heartfelt thanks to Dr. Sammy B. Taghoy, Dean of the College of Nursing, Midwifery, and Radiologic Technology, for his unwavering encouragement and guidance.

Our sincerest and heartfelt gratitude to Arnielyn M. Elmedulan, MAN, RN, our research adviser, for guiding us along the way, giving her wisdom, and making admirable efforts in the hope of making our research successful and the best possible.

To our families, who provided us with financial support, and to our friends and co-researchers, who were there, answered relatable questions, and provided updates on each one.

To our panel members, Ginalyn C. Elmedulan, MAN, RN, Amie G. Tojino, MAN, RN, and Chona J. Robles, MAN, RN, who thoroughly examined our paper and gave us meaningful comments, suggestions, and appreciation for our work.

Lastly, we express our sincere appreciation to all the participants and contributors, whose cooperation and involvement played a crucial role in completing this study. Thank you all for the meaningful support and contributions that made this study possible.

The Researchers

TABLE OF CONTENTS

Title **Page**

LIST OF TABLES

Table **Page**

LIST OF APPENDICES

INTRODUCTION

Background of the Study

Hearing impairment is a problem that affects both children and adults. It is defined as a hearing level—either severe, meaning the individual can hear only some loud sounds but not speech at a normal volume, or profound, where the person cannot hear any speech and only perceives very loud sounds (CDCP, 2024)—at which hearing is insufficient for understanding auditory information, even with the use of hearing aids (Lieberman, 2022). WHO (2024) has characterized the term "hearing loss" as individuals who are unable to hear as well as someone with typical hearing, with with hearing limits of 20 dB or worse in both ears. It can be temporary or irreversible, may occur gradually or abruptly, and may be present since birth or acquired, affecting one or both ears. (Flamiano, 2022). To help them communicate, they utilize hearing aids, cochlear implants, and other assistive listening devices (ALDs).

The causes of Hearing Impairment vary, including genetic factors, environmental conditions, and illness. A study by Silva (2020) discusses the three types of auditory load described in Silman & Silverman's classification system: conductive, neurosensory, and mixed. Conductive hearing loss is caused by inflammatory processes, excess cerumen in the external auditory canal, malformations of the external ear, or issues with the tympanic membrane and auditory ossicles. Hearing function can be restored entirely in most of these cases. Neurosensory hearing loss, on the other hand, is caused by degeneration resulting from the natural aging process, exposure to industrial or environmental noise, the use of certain drugs, stress, metabolic alterations, chronic diseases, head trauma, and inner ear

diseases, such as Ménière's disease or auditory neuropathy. Hearing loss of this type is considered irreversible, and the remaining sensory cells are stimulated through external amplifiers. Mixed hearing loss occurs due to changes in the auditory system that can simultaneously affect the outer, middle, and inner ear (CDCP, 2024).

The World Health Organization (2024) has reported several points about the global population's hearing health. According to their estimates, more than 5% of the world's population, or approximately 430 million people, require assistance to recover from hearing loss. It is also estimated that by 2050, over 700 million individuals—or 1 in every 10 individuals—will have impaired hearing loss (WHO, 2024; Haile et al., 2021). As we age, hearing loss increases and is the third highest cause of disability worldwide (Haile et al., 2021). Approximately 80% of people with hearing loss reside in low- and middle-income countries (WHO, 2024). The probability of experiencing hearing loss increases with age, affecting over a quarter of individuals aged 60 years and older (WHO, 2024). To assess hearing impairment, the WHO recommends using pure-tone audiometry, which measures the softest sounds a person can hear at different frequencies. Another commonly used method is speech audiometry, which assesses a person's ability to recognize and understand spoken words (WHO, 2024). These tests help determine the degree and impact of hearing loss, guiding the selection of appropriate interventions to address the issue.

In the Philippines, a comprehensive survey conducted in 2011 on hearing loss and ear diseases at the national level revealed that approximately 15% of the total population suffers from moderate to severe hearing conditions (Cayme et al., 2024). Additionally, the 2020 Census, published by the Philippine Statistics Authority (PSA), estimated that 1,784,690 people experienced hearing difficulties, and this number is expected to rise with

the aging population. In Misamis Occidental, according to the 2020 Census of Population and Housing (2020 CPH), 6,380 males and 7,418 females reported having hearing difficulties even when using a hearing aid. These numbers reflect the growing prevalence of hearing impairment across the country and emphasize the importance of addressing this issue with focused and compassionate interventions.

Access to health care without barriers is a clearly defined right of people with disabilities as stated by the UN Convention on the Rights of People with Disabilities; therefore, there is a need to ensure unrestricted access to all irrespective of one's age, race, gender, social status, economic status, or physical status (disability` state) to healthcare (Levesque et al., 2013). However, according to Yaacob et al. (2021), supported by the World Report on Disability, people with disabilities face unique barriers to accessing healthcare services and often experience worse health outcomes than those without disabilities. Specifically, patients with hearing loss utilize healthcare more frequently; however, the healthcare they receive is often inadequate to meet their needs appropriately (Altan et al., 2019). Some deaf patients have described difficulty accessing health care and recognize their healthcare encounters as often meaningless (Arias & Pailaquilén, 2024). This leads to frustration with the healthcare system and evidence of the lack of resources available to these patients (Shepperd, 2014).

Individuals with hearing impairments feel unable to participate appropriately in their healthcare due to communication barriers (Arias & Pailaquilén, 2024). Many studies report that deaf patients face severe challenges when accessing health services, with communication difficulties being a primary issue (Flamiano, 2022; Thomaz et al., 2019; Geyer et al., 2021; Snogren et al., 2023). Without effective communication, it becomes

challenging to obtain a comprehensive patient history, which can lead to the collection of missed or incorrect information. This can lead to misdiagnosis, mistaken treatments, and medication errors due to incomplete medical instructions, as well as unnecessary tests and complications in scheduling appointments (Alamro et al., 2023). Moreover, Chiluba et al. (2019) highlight that individuals with hearing impairments often do not receive full disclosure of their medical condition, nor are alternative treatment options adequately discussed, primarily due to communication barriers. Even when disclosure occurs, many deaf individuals may not fully comprehend the available options because of these difficulties in communicating with healthcare providers.

Furthermore, Holdorf and Robinson (2020) conducted a significant study analyzing the accessibility barriers faced by deaf individuals in various service sectors, particularly in the healthcare sector. Their findings identified key themes, highlighting critical issues such as (1) the lack of qualified health professionals trained to care for deaf patients, (2) the absence of sign language interpreters, (3) limited access to services and information on disease prevention, and (4) the failure to consider the communication preferences of deaf individuals. In addition, Thomaz et al. (2019) noted that individuals with hearing impairments often encounter prejudice and a lack of preparedness among healthcare workers. Similarly, Sichlindi et al. (2022) found that discrimination is a common experience for many in the deaf community when seeking medical care. This discrimination, as defined by the Equality Act, occurs when individuals are mistreated or placed at a disadvantage due to their disability. As a result, individuals with hearing impairments often avoid seeking care altogether, as Flamiano (2022) points out. This avoidance increases their risk of adverse health outcomes and leads to lower adherence to

medical advice (McKee et al., 2022). Therefore, it is crucial to identify and address the various barriers that individuals with hearing impairments face when accessing healthcare, to improve their overall health outcomes and ensure more equitable care (Pratt, 2018).

Most research on healthcare experiences among individuals with hearing impairments has been conducted in countries like Sweden, sub-Saharan Africa, the United Kingdom, and New Zealand (Thomaz et al., 2019; McKee et al., 2022; Snogren et al., 2023; Kimbal, 2019; Geyer et al., 2021; Terry et al., 2024), while studies in the Philippines remain minimal. Local research has mainly focused on inclusive education, social interactions, and personality traits (Vicente, 2020; Faelden, 2019; Tenerife et al., 2021), with limited attention to healthcare experiences. This empirical gap is concerning, especially given the systemic barriers faced by persons with disabilities in the country. Filipinos with disabilities have significantly less access to healthcare than their non-disabled peers, often encountering high costs, inaccessible facilities, and untrained providers (Sol Cruz et al., 2021; Jenkins et al., 2021). A recent study among families of deaf Filipino children also highlighted severe communication challenges and inadequate support in health settings (Cruz et al., 2024). Without research focused on the healthcare experiences of deaf and hard of hearing Filipinos, efforts to create inclusive, responsive health systems remain uninformed and incomplete.

Theoretical Framework

This study was anchored by Hildegard Peplau's Interpersonal Relations Theory (1952), emphasizing the pivotal role of nurse-patient interactions in fostering therapeutic relationships, which are essential for understanding patient needs and improving care. This theory highlights the dynamic and evolving nature of these relationships, progressing

through four sequential phases: orientation, identification, exploitation, and resolution. The theory underscores the importance of communication, trust, and empathy in understanding patient needs and delivering effective care. Focusing on interpersonal processes, Peplau's framework offers a structured approach for nurses to actively engage patients, address their concerns, and support their overall well-being. The theory has found extensive application in various healthcare contexts, particularly among populations dealing with communication barriers, such as individuals with hearing impairments.

Peplau's Interpersonal Relations Theory is particularly relevant when discussing the healthcare experiences of individuals with hearing impairments. These individuals frequently encounter significant communication barriers, which can result in feelings of loneliness and dissatisfaction in healthcare settings (Ali & Turvey, 2020). This theory emphasizes adaptive communication methods and empathetic engagement to overcome these barriers. The orientation phase is crucial in establishing initial trust and rapport between healthcare providers and individuals who are hearing-impaired. During this phase, nurses employ adaptive strategies, such as visual aids, sign language, or written communication, to ensure patients feel understood and supported (Tanner & Dunning, 2021; Gonzalez & Lopez, 2020). This tailored approach lays the groundwork for an effective therapeutic relationship.

The identification phase of Peplau's theory is particularly relevant in addressing the unique emotional and logistical challenges faced by individuals who are deaf and hard of hearing in healthcare settings. These challenges may include feelings of isolation, anxiety, or frustration stemming from communication breakdowns or a lack of accessible facilities (Barker & Wilson, 2021). By recognizing and acknowledging these concerns early, nurses

can implement targeted interventions that help reduce emotional distress and promote a sense of inclusion and trust. This initial phase sets the foundation for a therapeutic nurse-patient relationship, which is especially important for individuals who often feel excluded due to communication limitations.

Building on this foundation, the exploitation phase emphasizes empowering patients by providing them with accessible and relevant health information. For individuals with hearing impairments, this may involve providing captioned educational videos, clearly written materials, or professional sign language interpreters to ensure informed decision-making (Zhao et al., 2020; Patel & Singh, 2022). This phase emphasizes the collaborative nature of care, encouraging patients to actively engage in their treatment process. Finally, the resolution phase focuses on preparing patients to maintain independence and confidence in navigating the healthcare system. For individuals with hearing impairments, this may involve learning new communication strategies or utilizing assistive technologies, such as hearing aids or mobile health apps (Chirico et al., 2021; McKee et al., 2022). Throughout these phases, nurses play a crucial role in promoting patient autonomy, satisfaction, and long-term engagement in healthcare.

Overall, Peplau's Interpersonal Relations Theory provides a framework for understanding the healthcare experiences of individuals with hearing impairments. By focusing on communication, trust, and empathy, the theory provides a structured framework for analyzing how interpersonal interactions influence the quality of care for this population. The study's findings can offer valuable insights into how healthcare providers can enhance their practices to create more inclusive and patient-centered environments. Ultimately, applying Peplau's theory in this context highlights the crucial

role of interpersonal relationships in overcoming communication barriers and enhancing healthcare outcomes for individuals with hearing impairments.

Conceptual Framework

This study explored the lived experiences of individuals with hearing impairment in accessing healthcare services. The framework was grounded in narrative inquiry, which captures subjective realities shaped by personal stories. Based on the themes identified in the study, the framework illustrates how communication modalities, psycho emotional struggles, and healthcare approaches intersect to influence the overall healthcare experience.

Communication Modalities focuses on how communication barriers shape healthcare experiences. Without formal communication support, such as sign language interpreters, individuals with hearing impairments often rely on *improvised communication* methods, including gestures, writing, or mobile devices, to express themselves. This reliance on non-professional forms of communication often creates a gap in understanding, leading to the first layer of challenges for deaf patients. As noted by Cerilli et al. (2023), poor provider communication and inadequate accommodations result in patient distrust and limited access to critical health information. *Family members*, especially parents, often serve as intermediaries, providing much-needed support during healthcare interactions. However, this reliance on family as a means of communication raises concerns about autonomy, confidentiality, and the accuracy of healthcare information. These issues can impact both the quality of care and the effectiveness of decision-making. While family involvement can foster trust and emotional support, it may also lead to the marginalization

of patient preferences, especially in situations where patients are vulnerable or unable to communicate independently (Rout, 2025).

Psychoemotional Struggles reflects the emotional toll of these communication barriers. Individuals with hearing impairments frequently experience *diminished autonomy*, feeling sidelined or excluded from direct communication with healthcare providers. In many cases, healthcare workers speak to family members rather than the patient, leading to frustration, disempowerment, and a sense of not being in control of one's own care (Meyer et al., 2025). Tannenbaum et al. (2025) highlighted that most healthcare settings lack appropriate communication methods and facilities for patients with hearing impairments, further reducing their autonomy. This lack of agency is compounded by the feeling of *overdependence* on family members for basic communication. Over time, this dependence erodes the individual's sense of self-efficacy, leading to increased feelings of helplessness and reliance on others (Yang et al., 2023). Additionally, the lack of clear communication contributes to *interpersonal isolation*, where patients experience anxiety, exclusion, and embarrassment in healthcare encounters (Gheshlagh et al., 2024). This interpersonal isolation is well-documented by Char and McKee (2024), who concluded that communication barriers persist due to limited access to qualified interpreters and assistive technology, leaving patients feeling isolated and less likely to seek care. This isolation creates a significant barrier to accessing care, as patients may avoid or delay seeking medical assistance due to these negative emotional experiences (Reed et al., 2025; WHO, 2025).

The healthcare approach encompasses the attitudes, skills, and practices of healthcare providers, as well as the institutional policies that influence care. Studies

indicate that *dismissive attitudes*, such as impatience, lack of engagement, and failure to acknowledge the patient's desire to participate, lead to feelings of marginalization and reduced quality of care (Rogers et al., 2025). The dismissive attitude of some healthcare providers exacerbates the difficulties faced by deaf patients. When healthcare workers display impatience, disregard, or fail to actively engage with patients, it results in feelings of marginalization and a diminished quality of care (Mula and Estrada, 2020; Hicks and Stavropoulou, 2022). Conversely, an *empathetic healthcare* approach, where healthcare providers demonstrate patience, kindness, and an effort to understand the patient's needs, greatly improves the healthcare experience (Leach et al., 2025; Hake and Post, 2023). For patients with hearing impairments, the presence of *specialized services* such as sign language interpreters or visual communication tools is crucial (Hall and Ballard, 2024). The preference for these services highlights the importance of cultural competence and tailored accommodations in ensuring equitable access to healthcare for all patients.

Objective of the Study

This study explored the experiences in accessing healthcare services among individuals with hearing impairment.

Significance of the Study

Individuals with Hearing Impairment. This study will significantly contribute to understanding the healthcare experiences of individuals with hearing impairments, helping to identify the challenges they face in getting care, communicating with healthcare providers, and receiving the proper treatment. Additionally, this study can enhance

healthcare services, ensuring that individuals with hearing impairments receive fair, respectful, and effective care.

Nursing Education. The findings of this study may contribute to nursing education by highlighting the challenges faced by individuals with hearing impairments in accessing healthcare services. These insights can inform the development of curricula that emphasize the importance of inclusive communication techniques and cultural competence, preparing future nurses to address the unique needs of patients with hearing impairments and fostering equity and accessibility in healthcare delivery.

Nursing Practice. This study will contribute to enhancing nursing practice by emphasizing the need for practical strategies to improve communication and care for individuals with hearing impairments. The study's findings also highlight the need for ongoing professional development and practical strategies that support nurses in delivering culturally competent care in diverse healthcare settings.

Policymakers. The study's findings may guide policymakers to develop evidence-based policies that are aimed at reducing health disparities in the hearing-impaired community. It can also inform the effective allocation of resources, supporting programs and training initiatives that address communication barriers in healthcare settings.

Future Research. This study may serve as a foundation for further research in the field of healthcare experiences among individuals with hearing impairment.

RESEARCH METHODOLOGY

Design

This study utilized a qualitative approach, specifically using a narrative inquiry as a research design, to explore healthcare experiences among individuals with hearing impairments (HI). According to Merriam and Tisdell (2016), narrative inquiry allows individuals to tell stories of different daily experiences. Butler-Kisber (2018) posited that most narrative researchers use narrative inquiry to study stories or descriptions of events. Additionally, Ntinda (2020) added narrative aims to uncover significant, lived stories as shared by individuals in their own words, highlighting their unique worlds and perspectives. Through this approach, participants were able to share their life experiences in detailed, richly textured stories, providing the researcher with a profound understanding of their lived realities. This method enabled participants to articulate and construct personal meanings from their healthcare interactions, facilitating a deeper understanding of the complexities they encounter within healthcare systems.

Locale of the Study

This study was conducted within Ozamiz City, a 3rd class component city located in the province of Misamis Occidental, Northern Mindanao, Philippines. The city lies along the northeastern shores of Panguil Bay and serves as a gateway between the Zamboanga Peninsula and other regions of Mindanao. According to the 2020 Census of Population and Housing conducted by the Philippine Statistics Authority (PSA), Ozamiz City has a total population of 140,334 people. The city is politically subdivided into 51 barangays, comprising both urban and rural communities. This diversity provides a rich setting for

analyzing various socio-economic and cultural dynamics. The locale was selected due to its urban setting and the presence of this specific population, which allowed the researchers to explore the experiences of individuals with hearing impairments in accessing healthcare services. Furthermore, data collection was conducted in familiar and comfortable environments, such as within participants' homes, ensuring privacy and encouraging honest sharing of experiences.

Participants of the Study/Unit of Analysis and Sampling Procedure

The study involved seven participants, all within the age bracket of 15-39 years old, selected using a snowball sampling strategy, which is effective for reaching specific populations such as individuals with hearing impairment. Initial participants were identified and then asked to refer to others who met the following inclusion criteria: (1) individuals diagnosed with hearing impairment; (2) who had a medical/hospital consultation within the past 1 year; (3) able to read, write, and share stories of their experiences; (4) with consent to participate in the study. Data collection continued until data saturation was achieved, meaning no new themes or insights emerged from the interviews. This method enabled the researchers to gather rich and relevant information from a connected community, thereby ensuring the depth and quality of the study's findings.

Data Gathering Instruments/ Data Gathering Procedure

The researcher utilized a semi-structured, open-ended questionnaire to gather information from participants who met the inclusion criteria mentioned above and who had personal experiences, attitudes, perceptions, and beliefs related to the topic of interest: healthcare experiences among individuals with hearing impairments and/or those who are

hard of hearing. The researchers first secured permission from the appropriate authorities, such as the ethics committee, to conduct the study. After approval, the researchers identified one or two initial participants who then provided referrals to other eligible individuals, following a snowball sampling approach. The purpose of the study was explained to each participant, and their informed consent was obtained by assuring them of the confidentiality of their responses and the anonymity of their identities. Participants had the freedom to decide whether to participate or not, with the researchers respecting their decisions.

Data collection took place in familiar and comfortable environments, such as the participants' homes. The interviews lasted approximately 45 minutes to 1 hour, depending on the depth of responses. All participants were visited at least twice, first for the initial interview, and second to clarify responses and verify the emerging themes to ensure their validity and allow for the full expression of their experiences. To facilitate communication during the interviews, participants and their significant others served as interpreters when needed, ensuring accurate transmission of thoughts and emotions. This approach respected the participants' communication preferences, contributing to the richness and authenticity of the data gathered.

Mode of Analysis

This study utilized Braun and Clarke's (2006) Thematic Analysis framework, following a structured six-step process to ensure systematic analysis of qualitative data. These sequential steps enabled the improvement of the reliability and depth of the study findings.

Familiarization. Understanding the data begins with reading and rereading the transcripts to develop a comprehensive grasp of the participants' narratives. During this phase, the researcher was able to immerse himself in the data, noting initial thoughts and areas of interest.

Generating Initial Codes. It involves identifying and labeling key features of the data systematically across the dataset. The researcher assigned codes to data segments that are relevant to the research questions and collated the data associated with each code.

Searching for Themes. Codes were examined and grouped into potential themes based on patterns and relationships. Themes represented significant aspects of the data that are relevant to the phenomenon under investigation.

Reviewing Themes. Identified themes were refined by assessing their coherence and alignment with the entire dataset. This phase includes comparing the themes with the original data to ensure validity and creating a thematic map to visualize the relationships between themes.

Defining and Naming Themes. The researcher finalized each theme by conducting a detailed analysis to define its scope and meaning. Each theme is named clearly to capture its essence and convey its relevance to the research question.

Producing the Report. The final phase involved synthesizing the themes into a coherent narrative. Selected data extracts illustrate each theme, linking them back to the research objectives and existing literature to provide a comprehensive understanding of the findings.

In addition, in research, trustworthiness ensures that findings are recognized as legitimate and valuable by stakeholders, including researchers, practitioners, policymakers,

and the public (Lincoln & Guba, 1985). To achieve this, Lincoln and Guba introduced four criteria: credibility, transferability, dependability, and confirmability, which parallel quantitative concepts of validity and reliability. Credibility refers to the extent to which the research findings align with participants' experiences and can be recognized as accurate by co-researchers or readers (Guba & Lincoln, 1989; Tobin & Begley, 2004). To enhance credibility, Lincoln and Guba (1985) suggest techniques such as prolonged engagement, persistent observation, data and researcher triangulation, peer debriefing for external validation, and member checking, where participants review and confirm findings. Transferability concerns the extent to which findings can be applied to other contexts. While researchers cannot predict where their results may be relevant, they should provide thick descriptions to help others assess applicability (Lincoln & Guba, 1985; Tobin & Begley, 2004). Dependability requires a logical, well-documented, and transparent research process, allowing readers to trace decisions and methods (Tobin & Begley, 2004). An audit trail is one method to establish dependability (Koch, 1994). Confirmability ensures that findings are clearly derived from the data and is achieved when credibility, transferability, and dependability are met (Guba & Lincoln, 1989). Researchers can enhance confirmability by documenting their theoretical, methodological, and analytical choices throughout the study (Koch, 1994).

Ethical Considerations

This study adhered to strict ethical guidelines to protect and ensure the well-being of all participants. Approval was obtained from the College Dean of Nursing, Midwifery, and Radiologic Technology, to ensure compliance with institutional and ethical standards. Informed consent was obtained from all participants after they received a comprehensive

explanation of the study's objectives, procedures, potential risks, and benefits. For participants who are minors or individuals requiring additional consent procedures, an assent form was obtained alongside parental or guardian consent to ensure their voluntary participation. Additionally, participants' rights to privacy and confidentiality were rigorously protected. The participants were told that they are free to withdraw from the study at any time without facing any penalties or consequences. To ensure participant confidentiality, each respondent was labeled with "Participant" followed by a number (e.g., Participant 1, Participant 2). All data were securely stored and accessible only to the researchers, with printed copies similarly protected, until the study was completed or published. The researcher guarantees that the results were used solely for the purposes of this study. Furthermore, this study upheld justice by treating all participants with equal respect and selecting them based on fair criteria, thereby avoiding bias and discrimination.

RESULTS AND DISCUSSIONS

This study explored the lived experiences of individuals with hearing impairment in accessing healthcare services. The researchers aimed to uncover the key factors shaping these experiences, particularly the barriers, coping strategies, and interpersonal dynamics involved. Participants shared how their hearing condition influenced their interactions with healthcare professionals, access to appropriate care, and emotional well-being throughout the process. There were seven participants in this study, each of whom provided rich, narrative accounts. Some opted to keep their personal identities anonymous, and their confidentiality has been respected in this report. All participants were deemed suitable for this narrative inquiry and contributed valuable insights to ensure the reliability and credibility of the study. The interviews reflect the participants' personal experiences navigating the healthcare system as individuals with hearing impairment.

Discussion of the Themes

Theme 1: Communication Modalities

Communication Modalities encompass the structured methods through which information is conveyed between healthcare providers and patients, such as sign language, written communication, and assistive technologies. For individuals with hearing impairment, access to appropriate communication modalities is essential for ensuring equitable, safe, and patient-centered care. Despite existing legal and ethical mandates, healthcare systems often fail to provide these necessary supports. As a result, many deaf

patients are compelled to adopt improvised communication strategies and rely on family as intermediaries, revealing systemic shortcomings in accessibility and inclusion.

Reliance on Improvised Communication. Reliance on improvised communication refers to the use of non-standard, self-devised strategies by individuals with hearing impairments and their healthcare providers to overcome systemic gaps in accessible communication infrastructure. This phenomenon arises when formal accommodations, such as professional sign language interpreters, assistive technologies, or provider training in deaf cultural competency, are unavailable or underutilized. Participant 2 shared her strategy for communicating.

> P2: *"I always bring my phone with me so that I can just type what I want to say…"*

While Participant 5 noted the extra effort required during visits:

> P5: *"Sometimes, it's hard. When I go to the clinic or hospital, people don't always know I am deaf. I have to write things down or show my phone to explain so they can understand me and know what I need."*

These accounts highlight how, in the absence of formal support, individuals with hearing impairments must rely on makeshift communication methods, such as typing on mobile devices, writing notes, or using gestures, to convey essential health information. This reliance not only places a disproportionate communicative burden on the patient but also heightens the risk of miscommunication and compromised care (Chua, 2019). Research by McKee et al. (2015) supports these concerns, indicating that with hearing

impairment, patients without access to professional interpreting services are more likely to experience medical errors and misunderstandings. Furthermore, these improvised strategies are often inadequate. Many deaf sign language users have limited proficiency in written English, rendering note-taking ineffective due to challenges with medical terminology, inconsistent grammar, and legibility (Hall & Ballard, 2024). Lipreading also presents significant limitations in clinical environments, where factors such as poor lighting, the widespread use of face masks, and unfamiliar speech patterns further reduce its reliability (NAD, 2024). Collectively, these findings underscore a critical gap in healthcare accessibility and emphasize the need for systemic reforms to ensure that deaf patients receive equitable and linguistically appropriate care.

Family as Intermediaries. Family as intermediaries refers to the practice of family members acting as informal communication and logistical liaisons on behalf of the patient. Participants consistently described how family members, particularly parents, often serve as their primary interpreters during healthcare visits. Participant 2 stated,

> P2: *"...also I always have to ask my mom or dad to come with me to explain stuff,"*

while Participant 3 echoed this reliance:

> P3: *"Mom always helps to interpret the question to understand my complaint."*

Further emphasizing this dependence, another response from Participant 6 noted,

> P6: *"When I have questions, I tell my parents not the staff and they explain it to the staff for me, and my parents help me understand the answers."*

The reliance on family members as intermediaries in healthcare communication with individuals with hearing impairment is a recurring issue across various settings, largely due to the lack of professional sign language interpreters and trained staff (Marquete et al., 2020; Haddad et al., 2019; Mprah et al., 2024). Marquete et al. (2020) found that hearing relatives frequently accompany deaf patients to medical appointments, often becoming their primary means of communication with healthcare providers. Haddad et al. (2019) similarly observed that families, especially parents of deaf children, often serve as the main coordinators and communicators for their child's healthcare needs, reflecting the heavy responsibility placed on families. In Brazil, a study by Reis and Santos (2019) revealed that although many healthcare professionals were aware of sign language, they rarely used it, instead relying on family members to interpret, thereby further normalizing this informal and problematic practice. While family involvement may offer short-term support, it raises ethical and practical concerns. Using untrained individuals, especially children—as interpreters can compromise privacy, distort medical information, and place emotional strain on both the patient and family members (Santos & Portes, 2019; Siddique, 2014). This pattern highlights the urgent need for systemic reforms, including professional interpreting services, to ensure accessible and patient-centered care for deaf and hard-of-hearing individuals.

Theme 2: Psycho Emotional Struggles

Psycho-Emotional Struggles refers to the internal distress that arises from emotional and psychological challenges, particularly in contexts where individuals feel a lack of control, recognition, or meaningful connection. In healthcare settings, it

encompasses feelings of anxiety, frustration, dependency, marginalization, and isolation that stem not only from communication barriers but also from being overlooked, misunderstood, or excluded from decision-making processes. This struggle often affects a person's self-esteem, emotional well-being, and ability to advocate for themselves, especially when their autonomy and agency are undermined.

Diminished Autonomy. Diminished autonomy stems from communication barriers and a lack of understanding among healthcare providers, reducing the capacity of individuals with hearing impairments to engage independently in healthcare decision-making, often due to communication barriers with healthcare providers. As shared by Participant 2,

> P2: *"...they talk to my parents instead of me, so there are instances they are also making decisions for me,"*

and Participant 3 added,

> P3: *"Sometimes, it was not really okay. I feel like they don't really focus on me. They just talk to my mom and explain things more to my mom, and I'm just sitting there, not sure what's going on."*

This dynamic reflects a paternalistic approach that undermines the fundamental principle of patient-centered care, where patients should be active participants in decisions about their own health. The consequences of this communication pattern are profound. Deaf patients may feel excluded, disempowered, or hesitant to interrupt conversations, as Participant 5 described:

> P5: *"They don't check if I really understand and proceed to talk to my parents and I'm shy to interrupt."*

The sense of diminished autonomy expressed by participants finds strong validation in contemporary research. A 2023 study examining the perceptions of primary healthcare among individuals with hearing impairments and deafness highlighted how communication barriers significantly impact patient agency (Snogren et al., 2023). When healthcare providers direct their communications to accompanying family members rather than to the deaf patients themselves, it creates a fundamental power imbalance in the healthcare relationship. The National Association of the Deaf's position statement emphasizes that healthcare remains routinely inaccessible to deaf people due to communication and linguistic barriers, directly affecting their ability to make informed decisions about their own care (NAD, 2025). This systemic issue undermines patient autonomy and contributes to healthcare inequities. Such experiences not only impair patients' autonomy and informed consent but also contribute to feelings of frustration and anxiety, negatively affecting the overall healthcare experience. The failure to engage directly with patients violates legal mandates and ethical standards that require healthcare providers to ensure effective communication tailored to the patient's needs.

Sense of Overdependence. Sense of Overdependence is not merely a communication barrier—it represents the internal, emotional toll of being unable to manage one's healthcare independently. For individuals with hearing impairment, frequent reliance on family members or companions during medical visits can erode their sense of self, autonomy, and capability. This overdependence affects their emotional well-being, often leaving them feeling disempowered, infantilized, or overlooked in conversations about their own health. Participant 1 directly expresses this feeling:

P1: *"As a deaf person, it is really hard for me to communicate. That is why I always have my parents/guardians with me."*

Similarly, Participant 7 shares:

P7: *"Sometimes I feel like I depend too much on my family or other people to speak for me. It's hard because I want to handle things on my own, but without clear communication support, I don't really have a choice."*

A sense of overdependence, though often necessary due to systemic accessibility gaps, reinforces a cycle where deaf patients are treated through intermediaries rather than as autonomous individuals. Over time, this can diminish confidence, discourage direct engagement with healthcare providers, and foster the belief that their voice is secondary. Chang et al. (2020) found that deaf patients often report a loss of agency when relying on family or untrained staff for communication. Rannefeld (2023) similarly noted that the absence of professional interpreters' fuels helplessness and dependency. Keller (2024) adds that informal interpreters compromise confidentiality and reinforce dynamics harmful to mental health and self-worth—especially in cultures that value independence. Thomas et al. (2022) further highlights how communication barriers affect more than just information access, impacting dignity, self-esteem, and satisfaction. The lack of system-level accommodation deepens the marginalization of deaf individuals, making them feel burdened. These findings confirm that communication accessibility is crucial not only for practical care but for psychological and emotional well-being.

Interpersonal Isolation. Interpersonal isolation captures the emotional experience of being excluded or overlooked during healthcare interactions, not just in communication, but in connection as well. Deaf patients often report feeling disconnected from healthcare

providers, not only due to language barriers but also because of the lack of meaningful engagement. This isolation can lead to feelings of invisibility, fear, and emotional detachment from the care process. Participant 6 expressed this deeply felt alienation:

> P6: *"Sad, frustrated because the doctors and nurses didn't try to communicate with me properly. I felt invisible, like I wasn't important. It made me scared to ask questions because I didn't think they would understand or take the time to listen."*

Participant 4 also described the impact of being bypassed in communication:

> P4: *"They don't always look at me when they talk so I can't see their face, and I can't try to read their lips so sometimes I just nod even if I don't understand. Some of them don't write anything down for me and just talk to my aunt or my mom."*

Similarly, Participant 7 expressed how this lack of direct communication leads to emotional disconnection and uncertainty:

> P7: *"...makes it hard to understand my health problems and the doctor's advice. I feel left out and worried about my health."*

These accounts reveal a significant emotional burden that extends beyond temporary discomfort, affecting the long-term healthcare engagement of individuals with hearing impairments. Research by James et al. (2022) and Rogers et al. (2025) demonstrates that Deaf and hard-of-hearing (DHH) patients often experience heightened anxiety, embarrassment, and feelings of shame during clinical interactions. Such emotional responses typically arise when healthcare providers demonstrate dismissive behavior, fail

to communicate effectively, or prioritize conversations with family members over direct engagement with the patient, thereby excluding them from meaningful participation in their care. Cortina et al. (2024) argue that these recurring communication breakdowns initiate a cycle of disengagement, where repeated negative experiences gradually erode trust in healthcare systems, leading to avoidance or delay in seeking medical care. In this context, communication barriers become more than logistical obstacles; they are a source of psychological distress that reinforces the marginalization of individuals with hearing impairments.

Furthermore, Rogers et al. (2025) highlight that consistent exposure to such isolating experiences can foster emotional fatigue and undermine patients' confidence in healthcare providers. Addressing these emotional and relational dimensions is just as critical as removing physical and linguistic barriers. Without meaningful improvements in provider communication and attitudes, efforts toward equitable care will remain incomplete and ineffective.

Theme 3: Healthcare Approach

Healthcare Approach is the combined attitudes, skills, and practices of healthcare personnel alongside the organization and delivery of healthcare services that shape the experiences of individuals with hearing impairment. This theme encompasses how healthcare providers communicate, their cultural competence regarding deafness, and their responsiveness to patients' unique needs, as well as the availability of accommodations such as sign language interpreters and accessible information. It also includes systemic

factors like institutional policies and service design that affect the inclusivity and effectiveness of care.

Dismissive Attitude. Dismissive Attitude is characterized by healthcare providers brushing off, ignoring, or minimizing patients' concerns—often through behaviors such as rudeness, impatience, rushing interactions, or failing to make communication efforts. These experiences are especially disempowering, as they already face systemic barriers to communication. When healthcare professionals appear indifferent or unaccommodating, it deepens the sense of exclusion and invalidation, discouraging patients from asking questions or asserting their needs. Several participants shared that they felt marginalized, often linking this behavior to their disability. Participant 2 shared:

> P2: *"I usually encounter rude hospital staff who barely acknowledge me and act like I'm not there and don't even try to assist me…"*

Similarly, Participant 4 noted:

> P4: *"Others treat me well, but it's unavoidable that some nurses will be really rude, especially maybe because of my situation."*

The perception of being rushed through appointments was mentioned by multiple participants, with Participant 1 stating:

> P1: *"They do answer my questions, but sometimes it feels like they're rushing, maybe because they are busy, but it makes me feel like my questions aren't very important."*

Participant 7 similarly observes:

P7: *"Sometimes they answer my questions, but it feels like they're in a hurry."*

The situation becomes even harder when there are communication problems. Participant 6 described a particularly frustrating encounter:

P6: *"The nurse didn't understand me and just kept asking questions I couldn't follow. I typed on my phone, but she seemed impatient."*

Dismissive attitudes are attached to most of the experiences of individuals with hearing impairment as they access health services. Beaver & Carty (2021) report that health workers often display dismissive behaviors toward individuals with hearing impairments, including appearing impatient, providing inadequate or unclear information, failing to validate patient experiences, rushing consultations, and directing communication primarily to family members rather than engaging directly with the patient. The dismissive Attitude of healthcare staff and service providers towards deaf children and adults has been extensively reported in various studies. Rogers et al. (2025) and Dillard et al. (2024) found that Deaf patients frequently encounter dismissive attitudes from healthcare professionals, characterized by impatience, lack of time, failure to actively listen, making patients feel as though they are a burden, and overt rudeness such as eye rolling. Alamro et al. (2023) also highlight that healthcare workers' limited understanding of deaf patients' communication needs leads to dismissive behaviors, such as poor explanations and a lack of accommodations, resulting in misunderstandings and reduced care quality. They recommend targeted training to improve provider attitudes. These behaviors leave Deaf individuals feeling disrespected, excluded from their own care, and reluctant to engage

with healthcare services, ultimately undermining their trust and satisfaction with the healthcare system.

Empathetic Healthcare Worker. Despite challenges, participants also shared positive experiences with healthcare providers who demonstrated patience, kindness, and willingness to accommodate their communication needs. These professionals demonstrated empathy, patience, and a willingness to adapt that had a lasting positive impact on the patients' healthcare experiences. As Participant 1 expressed,

> P1: *"Given that they are in the helping profession, they are expected to be empathetic towards their clients and especially being kind and patient, and that's how I feel sometimes when I go to hospital."*

When expectations of kindness and patience were met, participants felt valued and understood. These positive encounters often involved simple yet meaningful efforts—such as using gestures, writing things down, smiling, or maintaining eye contact. Participant 2 shared,

> P2: *"The nurse in our school is nice. She will greet me and smile and write things down if they have questions for me."*

While Participant 4 also appreciated when the staff

> P4: *"...use gestures when they know that I am deaf and smile at me when they look at me, so I feel happy."*

Empathy also has a powerful impact on patient trust and satisfaction. Deaf individuals feel better cared for when clinicians show respect for Deaf culture and take time to communicate clearly. A recent commentary by Deaf Australian researchers emphasized that Deaf people could experience better satisfaction when they are shown

empathy and understanding during healthcare appointments (Beaver & Carter, 2021). In other words, even in the absence of perfect communication skills, a provider's kind, accommodating Attitude can make a meaningful difference. Providers who learn basic sign phrases or patiently write notes demonstrate genuine effort; Deaf patients often interpret these actions as proof of the clinician's respect and commitment, strengthening the therapeutic bond (Leite et al., 2025). Healthcare organizations should therefore train providers in Deaf awareness and communication skills and make interpreter services readily available. These investments are likely to pay off in enhanced patient trust, adherence, and ultimately better clinical outcomes.

Specialized Service Preferences. Specialized Service Preferences are the specific communication accommodations that deaf individuals prefer or require to effectively access and navigate healthcare services. These include the use of basic sign language by healthcare workers, visual and written communication tools (e.g., diagrams, text-based instructions), and professional interpreters, all of which help ensure accurate information exchange, informed consent, and a more inclusive, patient-centered healthcare experience. Multiple participants emphasized the value of even basic sign language knowledge among healthcare providers. Participant 2 expressed,

> P2: *"I think all hospitals should have someone who knows sign language."*

For individuals with hearing impairments, having access to someone who can communicate directly in sign language could alleviate stress and ensure more accurate exchanges of information. Participant 1 also shared

> P1: *"What they need to improve is to produce more healthcare professionals that cater to us like knowing a little basic sign language…"*

Similarly, Participant 6 mentioned

> P6: *"I would really appreciate them [Healthcare Providers] if they knew sign language, even just the basics like greetings like "hello" or "good morning."*

Additionally, Participant 4 stated:

> P4: *"It would be better if they knew basic sign language…"*

Participants also consistently highlighted the value of visual and written support that can bridge significant gaps in understanding, providing a more inclusive and patient-centered approach to care for individuals with hearing impairments. Participant 2 suggested,

> P2: *"...or at least they should give papers with drawings or simple words. That would help deaf kids like me understand what's happening."*

Similarly, Participant 3 shared,

> P3: *"I know how to read so written instructions are good and showing pictures or videos to better help me understand information."*

Meanwhile, Participant 4 mentioned,

> P4: *"...and it's good if doctors use a tablet or phone to type important information so I can read it."*

However, one participant identified the need for healthcare systems to provide specialized services tailored to individuals with hearing impairments, including the consistent availability of professional sign language interpreters. Participant 7 stressed the importance of interpreter services, sharing,

P7: *"I think having someone who knows sign language would really help, like an interpreter or even a nurse who can sign…"*

Research consistently demonstrates the critical need for specialized services and provider training to improve healthcare access for Deaf patients. Elliott (2019) emphasized that enhancing communication methods within healthcare settings requires coordinated interventions at both the systemic and provider levels. These include expanding access to qualified sign language interpreters, integrating basic sign language training into medical education, and developing visual health education materials tailored to Deaf patients. Such recommendations are supported by findings from Rogers et al. (2024), in which Deaf participants underscored the necessity of services that address their unique linguistic and cultural needs—particularly the availability of in-person interpreters and accessible visual resources. Beyond sign language, multimodal communication strategies—including plain-language written materials with visual aids, diagrams, captioned videos, and mobile health applications—have been identified as particularly effective, given that many Deaf individuals are visual learners (McKee et al., 2022; Leite et al., 2025). These tools are especially valuable in situations where interpreter services are unavailable, as they help to reduce misunderstandings and promote informed decision-making. However, reliance on written communication alone may be inadequate, as not all Deaf individuals are fluent in written language (Rogers et al., 2025). Therefore, combining foundational sign language proficiency with accessible visual and written communication strategies can significantly improve patient-provider interactions. Such an approach fosters more equitable, inclusive healthcare environments by minimizing communication barriers, reducing patient anxiety, and supporting culturally responsive care.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions:

Based on the findings of the study, the researchers' conclusions were made:

1. Access to appropriate communication supports, such as professional sign language interpreters and assistive technologies, remains inadequate in healthcare settings, forcing deaf patients to rely on improvised methods like writing on phones or family intermediaries.
2. Using family members as interpreters may offer immediate communication support, but it often undermines the privacy and autonomy of deaf patients. This practice frequently excludes them from direct participation in their own healthcare decisions.
3. There is a strong sense of perceived indifference among individuals with hearing impairment, driven by dismissive, rushed, or unaccommodating behaviors from healthcare providers. That contributes to feelings of anxiety, frustration, and marginalization, often leading them to avoid seeking care and further widening the gap in inclusive and equitable healthcare access.
4. There is a strong preference among individuals with hearing impairment for healthcare providers to have basic sign language skills and for consistent availability of professional interpreters, alongside visual and written communication tools, to ensure accurate, inclusive, and patient-centered care.

Recommendations:

Based on the findings and conclusions, the following recommendations are made:

1. Hospitals and clinics may implement a range of effective communication options, including professional sign language interpreters, video remote interpreting (VRI), speech-to-text services, and assistive listening devices, to replace improvised methods such as writing on phones or relying on family members.
2. Healthcare providers and hospital administrators can ensure the consistent provision of qualified, professional sign language interpreters during all medical encounters—especially critical moments—to protect the privacy of deaf patients and uphold their right to communicate directly about their health without relying on family members.
3. Hospitals and clinics could implement regular training on deaf cultural competency and communication for all healthcare staff to improve attitudes, reduce dismissive behaviors, and foster more inclusive, patient-centered care. These workshops can enhance provider communication skills, decrease discomfort or impatience, and strengthen patient-provider relationships with individuals in the hearing impairment community.
4. Government health agencies may allocate funding to support interpreter services, staff training, and acquisition of assistive technologies in both public and private healthcare settings.
5. Future research may focus on evaluating the effectiveness of interventions aimed at improving healthcare access for individuals with hearing impairments, exploring

technological innovations that could enhance communication, considering the perspectives of healthcare providers on these challenges, and examining diverse populations to ensure that solutions are inclusive and adaptable to various contexts.

REFERENCES

Abou-Abdallah, M., & Lamyman, A. (2021). Exploring communication difficulties with deaf patients. Clinical medicine (London, England), 21(4), e380–e383. Retrieved on December 4, 2024 from https://tinyurl.com/yux268ba

Albert, U. G., Gabriel, C. U., Nwude, P. D. F. P., & Umeoranefo, I. C. (2025, January 10). Enquiry of Hospital Emergency Practices on Patients with Hearing and Speech Impairment: Implications and Solutions. Retrieved on March 23, 2025 from https://tinyurl.com/5n7u3ev3

Akeely, Y. Y., Alenezi, A. Q., Albishr, N. N., Almutairi, B. A., Alotaibi, N. F., Almansour, R. A., & Sabi, M. A. (2022). Communication Challenges While Dealing with a Deaf Patient in the Emergency Department and Suggested Solutions. Cureus, 14(11), e31091. Retrieved on November 22, 2024 from https://tinyurl.com/5n82zbc4

Arias, N. R., & Pailaquilén, R. M. B. (2023). Experiences of hospital health professionals in the care of deaf patients. Revista de Salud Pública, 25(6), 1-9. Retrieved on November 22, 2024 from https://tinyurl.com/49wd9mjx

Ashori, M., & Najafi, F. (2021). Emotion Management: life orientation and emotion regulation in female deaf students. *Journal of Child and Family Studies*, *30*(3), 723–732. Retrieved on April 10, 2025 from https://tinyurl.com/yrbdc3zv

Barker, J., & Wilson, P. (2021). Enhancing patient trust through effective communication. Journal of Nursing Practice, 25(4), 123-130. Retrieved on December 7, 2024 from https://tinyurl.com/mstkdzs6

Beaver, S., & Carty, B. (2021). Viewing the healthcare system through a deaf lens. *Public Health Research & Practice*, *31*(5). Retrieved on March 23, 2025 from https://tinyurl.com/mrx9phr9

Chang, M. J., & Lipner, S. R. (2020). Caring for deaf and hard of hearing patients in dermatology during the COVID-19 pandemic. *Dermatologic therapy*, *33*(6), e14185. Retrieved on April 13, 2025 from https://tinyurl.com/3mmzf9f2

Centers for Disease Control and Prevention. (2024, May 15). *Types of hearing loss*. In *Hearing loss in children*. U.S. Department of Health and Human Services. Retrieved on July 15, 2025, from https://tinyurl.com/ye265fmr

Char, C. A., & McKee, M. (2024). Understanding the Health Care Needs of the Deaf Community Through Medical Interpreters. *American family physician*, *110*(4), 349–350. Retrieved on June 23, 2025 from https://tinyurl.com/54v3juwm

De Santana Lima Reis, V., & Santos, A. M. D. (2019). Knowledge and experience of Family Health Team professionals in providing healthcare for deaf people. *Revista CEFAC*, *21*(1). Retrieved on March 23, 2025 from https://tinyurl.com/mun42ty3

Dillard, L. K., Mishra, P., Der, C. M., & Chadha, S. (2024). Perceptions of hearing loss and hearing technology among the general public and healthcare providers: a scoping review. *BMJ Public Health*, *2*(2), e001187. Retrieved on March 23, 2025 from https://tinyurl.com/3wy6pdb4

Flamiano, M. C. C. (2022). Accessing hearing care services: a survey of the experiences of hard of hearing adults in New Zealand. Retrieved on November 30, 2024 from https://tinyurl.com/3du3er3j

Geyer, M. E., Kleinschmidt, R. M., & Koisti, M. E. (2021). Deafness In Healthcare: Bridging The Gap Between Provider and Patient Communication. Retrieved on November 30, 2024 from https://tinyurl.com/bd5ewxrc

Gheshlagh, R. G., Nemati, S. M., Negarandeh, R., Bahramnezhad, F., Saqqezi, P. S., & Mahmoodi, H. (2024). Identifying communication barriers between nurses and patients from the perspective of Iranian nurses: a Q-methodology-based study. *BMC nursing*, *23*(1), 458. Retrieved on June 30, 2025 frrom https://tinyurl.com/2nwe3vwv

Haddad, K. L. Steuerwald, W. W. & Garland, L. (2019). Family Impact of Pediatric Hearing Loss: Findings from Parent Interviews and a Parent Support Group. *Journal of Early Hearing Detection and Intervention,* 4(1), 43-53. Retrieved on April 18, 2025 from https://tinyurl.com/mvnk7py8

Hake, A. B., & Post, S. G. (2023). Kindness: Definitions and a pilot study for the development of a kindness scale in healthcare. *PloS one*, *18*(7), e0288766. Retrieved on June 24, 2025 from https://tinyurl.com/mtc49898

Hall, S., & Ballard, M. (2024). Deaf patients' preferred communication in clinical settings: implications for healthcare providers. *Journal of deaf studies and deaf education*, *29*(2), 170–186. Retrieved on June 24, 2025 from https://tinyurl.com/35pk8se3

Hicks, S., & Stavropoulou, C. (2022). The Effect of Health Care Professional Disruptive Behavior on Patient Care: A Systematic Review. *Journal of patient safety*, *18*(2), 138–143. Retrieved on June 24, 2025 from https://tinyurl.com/burzc6w8

Kuenburg, A., Fellinger, P., & Fellinger, J. (2016). Health care access among deaf people. Journal of Deaf Studies and Deaf Education, 21(1), 1-10. Retrieved on December 7, 2024 from https://tinyurl.com/59tdz3vw

Leite, B. t., Reato, L. F., Pereira, P., & Pereira, L. (2025). Reflecting on the Deaf Experience in Healthcare. Retrieved on May 12, 2025 from https:tinyurl.com/3uurca7v

Li, Y., Cheng, Z., Cai, X., Holloway, M., Maeng, D., & Simning, A. (2022). Lonely older adults are more likely to delay or avoid medical care during the coronavirus disease 2019 pandemic. *International journal of geriatric psychiatry*, *37*(3), 10.1002/gps.5694. Retrieved on June 24, 2025 from https://tinyurl.com/2u2xfsc7

Maschendorf Thomaz, M., Marten Milbrath, V., Irmgard Bärtschi Gabatz, R., Freitag, V. L., & Cardoso Vaz, J. (2019). Accessibility of adolescents with hearing impairment to health services. Revista Eletronica de Enfermagem, 21. Retrieved on December 7, 2024 from https://tinyurl.com/47k34ec4

Marquete, V. F., Teston, E. F. F., De Souza, R. R., De Lima Vieira, V. C., Fischer, M. M. J. B., & Marcon, S. S. (2020). Desafios do Cuidado a pessoas surdas vivenciados porfamiliars ouvintes: estudo exploratorio. *Online Brazilian Journal of Nursing, 28* (3). Retrieved on April 13, 2025 from https://tinyurl.com/kds7fuwh

McKee, M., et al. (2022). Improving communication accessibility in healthcare: A review of assistive strategies. Health Communication Review, 18(3), 456-470. Retrieved on November 30, 2024 from https://tinyurl.com/5h8ynrza

Mendoza, M. C., Geroso, M. J., & Maguate, G. S. (2023). Hearing the Unheard: Unveiling the Untold Stories of Hearing-Impaired Students in Inclusive Education. International Journal of Latest Research in Humanities and Social Science (IJLRHSS), 6(8), 01-09. Retrieved on December 1, 2024 from https://tinyurl.com/cstekczc

Molina-Mula, J., & Gallo-Estrada, J. (2020). Impact of Nurse-Patient Relationship on Quality of Care and Patient Autonomy in Decision-Making. International journal of environmental research and public health, 17(3), 835. Retrieved on June 24, 2024 from https://tinyurl.com/mubjekd3

Mprah, W. K., Duorinaah, J., Adwan-Kamara, L., & Tawiah, R. (2024). Assessing barriers to mental healthcare interventions for deaf people in Ghana. Journal of Biosciences and Medicines, 12(1), 29–51. Retrieved on April 3, 2025 from https://tinyurl.com/bdp79v8w

National Association of the Deaf. (n.d.). Position statement on health care access for deaf patients. National Association of the Deaf. Retrieved May 15, 2025, from https://tinyurl.com/3vheazpu

Newall, J. P., Martinez, N., Swanepoel, D. W., & McMahon, C. M. (2020). A National Survey of Hearing Loss in the Philippines. Asia Pacific Journal of Public Health 32(5), 235–241. Retrieved on December 7, 2025 from https://tinyurl.com/4jymh4hs

Patel, R., & Singh, A. (2022). Accessible healthcare education for patients with disabilities. Healthcare Innovations Journal, 9(2), 78-85. Retrieved on November 22, 2024 from https://tinyurl.com/5d5c9p5s

Peteros, E. D., Manreal, S. D., Pinili, L. C., de Vera, J. V., Peconcillo, J. D., & Saladaga, L. S. (2021). Social interaction and academic performance of deaf and hard of hearing students in Cebu City, Philippines. European Journal of Special Education Research, 7(4). Retrieved on December 1, 2024 from https://tinyurl.com/mr36e8dm

Peplau, H. E. (1952). *Interpersonal relations in nursing: A conceptual framework for application to nursing practice*. G. P. Putnam's Sons. Retrieved on October 25, 2024 from https://tinyurl.com/mr36eu3j

Pratt S. R. (2018). Profound Hearing Loss: Addressing Barriers to Hearing Healthcare. Seminars in hearing, 39(4), 428-436. Retrieved on June, 24, 2025 from https://tinyurl.com/3sk6cfwz

Pryce, H., Smith, S. K., Burns-O'Connell, G., Shaw, R., Hussain, S., Banks, J., & Straus, J. (2023). Protocol for a qualitative study exploring the lived experience of hearing loss and patient-reported experience in the UK: the HeLP study. BMJ Open, 13(6), e069363. Retrieved on November 11, 2024 from https://tinyurl.com/5d5c9p5s

Rannefeld, J., O'Sullivan, J. L., Kuhlmey, A., & Zoellick, J. C. (2023). *Deaf and hard-of-hearing patients are unsatisfied with and avoid German health care: Results from an online survey in German sign language*. BMC Public Health, 23, Article 2026. Retrieved on April 19, 2025 from https://tinyurl.com/4vbbuzpk

Reed, N. S., Chen, J., Huang, A. R., Lin, F. R., Pike, J. R., Schrack, J. A., Goman, A. M., Morales, E. G., Arnold, M. L., Burgard, S., Deal, J. A., Coresh, J., Gravens-Mueller, L., Hayden, K. M., Mitchell, C.M., Pankow, J. S., Sanchez, V. A., Chisolm, T. H. (2025). Hearing intervention, social isolation, and loneliness: A secondary analysis of the ACHIEVE randomized clinical trial. *JAMA Internal Medicine*. Retrieved on June 23, 2025 from https://tinyurl.com/2prpmhcs

Rogers, K. D., Lovell, K., Bower, P., Armitage, C. J., & Young, A. (2025). What are Deaf sign language users' experiences as patients in healthcare services? A scoping review. *PLOS Global Public Health*, *5*(2), e0003535. Retrieved on March 23, 2025 from https://tinyurl.com/254e36b6

Santos, A. S., & Portes, A. J. F. (2019). Perceptions of deaf subjects about communication in Primary Health Care. *Revista Latino-Americana De Enfermagem*, *27*. Retrieved on March 23, 2025 from https://tinyurl.com/8rrcxft9

Schouten, B. (2017).Toward a Theoretical Framework of Informal Interpreting in Health Care: Explaining the Effects of Role Conflict on Control, Power and Trust in Interpreter-mediated Encounters. In E. Jacobs & L. Diamond (Ed.), *Providing Health Care in the Context of Language Barriers: International Perspectives* (pp. 71-92). Bristol, Blue Ridge Summit: Multilingual Matters. Retrieved on May 5, 2025 from https://tinyurl.com/3hmzba32

Sichlindi, B. (2022). Lived experiences of learners with hearing impairment at Musakanya combined school in Mpika district: focus on access to health services (Doctoral dissertation, The University of Zambia). Retrieved on October 24, 2024 from https://tinyurl.com/yvuphvxt

Sichlindi, B. M., Mulunda, H., Chishiba, A., & Simui, F. (2022). Disablers to Access to Healthcare services experienced by Learners with Hearing Impairment at Musakanya School in Mpika District, Zambia. International Journal of Research and Scientific Innovation, 9(1), 65-74. Retrieved on November 4, 2024 from https://tinyurl.com/c5tj8t5x

Snögren, M., Andersson, E., Muotka, B., & Hallgren, J. (2023). Hearing-impaired and deaf individuals' perceptions of primary healthcare in Sweden: A mixed-methods study. Nordic Journal of Nursing Research, 43(2), 20571585231171292. Retrieved on November 23, 2024 from https://tinyurl.com/4p2397r4

Sol Cruz, K., et. al. (2021). Philippine Disability Sector Research: An Initial Analysis of Access to Social and Public Services, Education, Work and Employment, and Civic Participation and Governance. The Asia Foundation. Retrieved on June 26, 2025 from https://tinyurl.com/262ytw9j

Tanner, M., & Dunning, K. (2021). Strategies for effective nursing care in populations with communication barriers. Nursing Science Quarterly, 34(1), 12-18. Retrieved on October 25, 2024, from https://tinyurl.com/3hx35vjd

Terry, J., Meara, R., & England, R. (2024). "They still phone even though they know I'm deaf": exploring experiences of deaf people in health services in Wales, UK. Journal of Public Health, 46(3), e520–e527. Retrieved on April 23, 2025 from https://tinyurl.com/57amp4m3

Thomas, G., Rejithkumar, G., Sreevidya, P., & Riju, B. (2023). *A two-way integrated communication system for the deaf and mute*. In A. Abraham, T. Hanne, N. Gandhi, P. M. Mishra, A. Bajaj, & P. Siarry (Eds.), *Proceedings of the 14th International Conference on Soft Computing and Pattern Recognition (SoCPaR 2022)* (pp. 760–769). Retrieved on April 28, 2025 from https://tinyurl.com/2nda63cd

Tunks Leach, K. J., Barker, M. E., Hales, C., Holmberg, B., Holmberg, M., Jakimowicz, S., Rook, H., Sherwood, G., Streit, L., & Levett-Jones, T. (2025). Perceptions of Empathic and Compassionate Healthcare Encounters: An International Exploratory Qualitative Descriptive Study. *Scandinavian journal of caring sciences,* 39(2), e70006. Retrieved on June 23, 2025 from https://tinyurl.com/4fr9xu32

Vicente, M. (2020). The Voices that Cannot Be Heard: A Phenomenological Study on the Lived Experiences of Deaf Teachers. JPAIR Multidisciplinary Research, 41(1), 16–36. Retrieved on March 15, 2025 from https://tinyurl.com/63mf7e55

World Health Organization (2024). *Deafness and hearing loss.* World Health Organization. Retrieved October 29, 2024 from https://tinyurl.com/4acet4du

Zhao, L., Wang, X., & Huang, T. (2020). Navigating healthcare with hearing loss: The role of nurse interventions. Global Health Perspectives, 12(1), 45-55. Retrieved on December 16, 2024, from https://tinyurl.com/473hvh8w

Yang, Z., Sun, F., Zhao, L., Hu, T., Lin, X., & Guo, Y. (2023). Self-efficacy and well-being in the association between caregiver burden and sleep quality among caregivers of elderly patients having multiple chronic conditions in rural China: a serial multiple mediation analysis. *BMC nursing*, *22*(1), 424. Retrieved on June 25, 2025 from https://tinyurl.com/mun29uw5

Zuriekat, M., Semeraro, H., Watson, V., Rowan, D., & Kirby, S. (2021). Hearing healthcare for workers with hearing loss: audiologists' experiences and views. *Disability and Rehabilitation*, *44*(25), 7861–7871. Retrieved on March 23, 2025 from https://tinyurl.com/tdjhrkp7

APPENDIX A: Request Letter from the Dean of the College of Nursing

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines

CERTIFIED: ISO 21001: 2018Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)

April 5, 2025

Sammy B. Taghoy, PhD, RN
College Dean
College Of Nursing, Midwifery, and Radiologic Technology
Misamis University

Dear Dr. Taghoy,

Good day!

This letter serves as a formal request for approval to conduct data gathering for our thesis/research titled **"Experiences in Accessing Healthcare Services Among Individuals with Hearing Impairment: A Narrative Inquiry"** at Barangay Aguada, Ozamiz City. The study aims to explore and understand the experiences in accessing healthcare services among individuals with hearing impairment. The data gathering process will involve six participants and will be conducted through interviews and observations.

Rest assured that all data collected will be handled with the utmost confidentiality and used solely for research purposes. Participants will be informed about the study's nature, and their consent will be obtained before participation. Furthermore, we will comply with all ethical considerations and institutional guidelines.

We kindly request your approval to proceed with the data gathering process. We believe that this research has the potential to make a significant impact on public health in our community, and we look forward to your positive response.

Thank you very much for your time and consideration.

Respectfully,

DANNIELLE FERNAN M. JALALON
Researcher

ZHIDOUNA J. LEDESMA
Researcher

TRICIA MERL F. LOBIDO
Researcher

KRISTINE MAE E. MAISOG
Researcher

JOHN ANGELO NEIS
Researcher

Noted by:

Arnielyn M. Edmedulan, MAN, RN
Adviser

Approved by:

Sammy B. Taghoy, PhD, RN
College Dean

APPENDIX B: INFORMED CONSENT FORM

Misamis University
Ozamiz City
MISAMIS UNIVERSITY RESEARCH CENTER
Phone: +6388 521 0367 | Fax: +6388 521 2917
Email: research@mu.edu.ph

	hingpit. Siguroon ko usab ang maong partisipante dili mapugos sa paghatag sa pagtugot nga kinahanglan nga gawasnon og boluntaryo.) A copy of this Informed Consent Form will be provided to the participant. (Ang kopya sa niining Informed Consent Form ihatag ngadto sa respondent.) Print Name of Researcher (Ngalan sa Nagtuon):

PART II. CERTIFICATE OF CONSENT

This research entitled "_____" by _____with the aim of gathering information and data pertaining to _____, has been presented and explained to me clearly. Since the study involves_____, I am chosen as one of the participants.

(Kini nga pagtuon gititulohan, " _____"ni _____, nga adunay tumong sa pagkuha og impormasyon ug datos kabahin sa _____, gipresenta ug gipasabot og klaro kanako. Tungod kay ang pagtuon kay kabahin sa_____, ako napilian isip usa sa mga partisipante.

I have read the foregoing Informed Consent Form, or it has been read to me. I had the opportunity to ask questions, which were subsequently answered fully. I consent voluntarily to be a participant of this study.

(Akong nabasa ang nauna nga Informed Consent Form, o gibasa kini kanako. Natagaan ako og
higayon nga makapangutana nga natubag sa hingpit. Ako mosugot nga boluntaryo nga mahimong participant sa niining pagtuon.)

Print Name of Participant (Ngalan sa Partisipante): _____
Signature of Participant (Pirma sa Partisipante): _____
Date: [MM/DD/YYYY]_____

If Illiterate (Kung dili makasulat ug makabasa)

If the respondent is illiterate, a witness who is literate will sign. The respondent will choose him/ her and who is without connection with the researcher or the research group to attest this undertaking. The respondent will affix his thumb print.

[Kung ang participant kay dili makabasa o makasulat, mopirma ang usa ka makabasa ug makasulat nga testigo. Ang respondent ang mopili kaniya nga walay koneksyon sa nagtuon o sa iyang grupo para mopamatuod sa gimbuhaton. Ang respondent mobutang sa iyang tamla (thumb print)].

_____
Name and Signature of the Witness
(Ngalan ug Pirma sa Testigo)

Thumb mark

A literate witness must sign (if possible, this person should be selected by the participant, not be a parent, and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.

I have witnessed the accurate reading of the assent form to the child, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness (not a parent)_____ AND Thumb print of participant

Signature of witness _____

Date _____
Day/month/year

I have accurately read or witnessed the accurate reading of the assent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given assent freely.

Print name of researcher_____

Signature of researcher_____

Date_____
Day/month/year

Statement by the researcher/person taking consent
I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the child understands that the following will be done:
1.
2.
3.
I confirm that the child was given an opportunity to ask questions about the study, and all the questions asked by him/her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this assent form has been provided to the participant.

Print Name of Researcher/person taking the assent_____

Signature of Researcher /person taking the assent _____

Date _____
Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Parent/Guardian has signed an informed consent ___Yes ___No _____(initialed by researcher/assistant)

APPENDIX C: Interview-Guide Questionnaire

Research Title: "HEALTHCARE EXPERIENCES AMONG INDIVIDUALS WITH HEARING IMPAIRMENT: A NARRATIVE INQUIRY"

Hello everyone and thank you for your participation today. Our names are Tricia Merl Lobido , Kristine Mae Maisog, Ledesma, Zhiduona, Jalalon, Dannielle Fernan and John Angelo Neis, and we are from Misamis University, College of Nursing, Midwifery, and Radiologic Technology. We are conducting this research in partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing.

This study aims to explore and understand the challenges and insights individuals with hearing impairments encounter within healthcare settings. Thank you for agreeing to participate in this interview, which will take approximately 60 minutes. During this time, we will discuss your personal experiences, focusing on your experiences with healthcare services, including access, interactions with professionals, communication challenges, perceptions of support, and suggestions for improving accessibility. With your permission, we would like to record this interview to ensure we accurately document your responses. If, at any point, you feel uncomfortable with the recording or wish to discontinue the interview, please let us know. Your participation is entirely voluntary, and you may withdraw at any time without any consequences. We want to assure you that your responses will remain confidential. Any information you provide will be used solely for research purposes and will be anonymized in the final report to protect your identity.

At this time, we would like to confirm that you have signed the consent form and assent form, agreeing to participate in this study. If you have any questions or concerns about the process, please feel free to ask before we begin. Again, thank you for participating in this and with your permission, we will now proceed with the interview.

I. **Demographic Questions:**

1. Age: _____

II. **Guide Questions:**

Question 1: What are your experiences when trying to access healthcare services? *(Unsa ang imong mga na experience sa pag-access sa mga serbisyo sa heathcare?)*

_____

_____

_____

Question 2: How can you describe your interaction with healthcare professionals? *(Unsaon nimo pag describe imong interaction sa mga healthcare professionals like doctors, nurses, etc.)*

_____

_____

_____

Question 3: What are challenges that you face when communicating with doctors, nurses, and other staff during medical visits*? (Unsa ang mga pagsulay nga imong na atubang sa pakighinabi sa mga doctors, nurses, ug mga staff?)*

_____

_____

_____

Question 4: What accommodation do you believe is necessary to improve your access to medical services? Examples: sign language interpreters, written instructions, etc. *(Unsa ang mga butang nga kailangan buhaton para ma improve imong pag adto sa hospitals/clinics?)*

_____

_____

_____

Question 5: How do you feel about the support or attention you receive from healthcare professionals when accessing services? *(Unsa imong gibati mahitungod sa suporta o pagtagad nga imong nadawat gik an sa mga healthcare professionals sa pag-access sa mga serbisyo?)*

_____

_____

_____

Question 6: How would you describe the way your questions were answered in terms of compassion and commitment? *(Unsaon nimo pagdescribe sa paghatag og tubag sa imong mga pangutana sa aspeto sa pagpasensiya ug pagkamatinud-anon?)*

_____

_____

_____

Question 7: What questions were you able to ask, and how clear or helpful were the responses you received? *(Unsa ang mga pangutana nga imong nahimo, ug klaro ba o nakatabang ba ang mga tubag nga imong nadawat?)*

_____

_____

_____

Thank you for your time and valuable input. Your responses will help contribute to a deeper understanding of healthcare experiences among individuals with hearing impairments.

APPENDIX D: TRANSCRIPT

Participant 1

Researcher: Good morning, ma'am! I am student from Misamis University taking up Nursing and currently a third-year student. I would be asking you a few questions regarding your experiences would that be okay with you ma'am? We assure you that the data gathered will remain confidential.

Researcher: To start with, what are your experiences when trying to access healthcare services?

Participant: There are limited healthcare facilities here in Ozamiz that cater to my condition. We used to travel a lot before just to have my check-ups and treatment because it is not available here in Ozamiz city.

Researcher: How can you describe your interaction with healthcare professionals?

Participant: Given that they are in the helping profession, they are expected to be empathetic towards their clients and especially being kind and being patient and that's how I feel sometimes when I go to hospital.

Researcher: What are the challenges that you face when communicating with doctors, nurses, and other staff during medical visits?

Participant: As a deaf person, it is hard for me to communicate. That is why I always have my parents/guardians with me.

Researcher: What accommodation do you believe is necessary to improve your access to medical services?

Participant: Doctors are trained on how to communicate with their clients regardless of their condition. What they need to improve is to produce more healthcare professionals that cater to us like knowing a little basic sign language and to have more facilities that are convenient and accessible.

Researcher: How do you feel about the support or attention you received from healthcare professionals when accessing services?

Participant: I feel safe because of the care and support I have received.

Researcher: How would you describe the way your questions were answered in terms of compassion and commitment?

Participant: There are a lot of questions running in my mind regarding my condition. Some were answered and some were not. Nevertheless, I'm beyond grateful that I am surrounded by people who help and encourage me to become the best version of me.

Researcher: How about your last visit to the hospital or clinic?

Participant: They do answer my questions but sometimes it feels like they're rushing maybe because they are busy, but it makes me feel like my questions aren't very important.

Researcher: What questions were you able to ask, and how clear or helpful were the responses you received?

When I was a child, I used to ask my parents and the doctors if there was any chance of my condition being back to normal? They answered "no," however there are alternatives such as wearing hearing aids.

Participant 2

Researcher: What are your experiences when trying to access healthcare services?

Participant: When I go to the doctor, it's really hard because most of the time, they don't know how to talk to me and, I always have to ask my mom or dad to come with me to explain stuff. So sometimes they talk to my parents instead of me so there's instances they are the ones making decision for me.

Researcher: How can you describe your interaction with healthcare professionals?

Participant: I usually encounter rude hospital staff who barely acknowledge me and act like I'm not there and don't even try to assist me.

Researcher: What are the challenges that you face when communicating with doctors, nurses, and other staff during medical visits?

Participant: I can't hear well, and they don't know sign language. So, I have to write things down or try to guess what they say. It's really hard sometimes. I write down my feelings so they can understand me and if my mom is not around, my sister will communicate for me.

Researcher: What accommodation do you believe is necessary to improve your access to medical services?

Participant: I think all hospitals should have someone who knows sign language or at least they should give papers with drawings or simple words. That would help deaf kids like me understand what's happening.

Researcher: How do you feel about the support or attention you received from healthcare professionals when accessing services?

Participant: I get nervous and embarrassed sometimes but it goes away when they smile or use gestures, but it does not always happen. And if the doctor or nurses have questions, they ask more questions of mom.

Researcher: How would you describe the way your questions were answered in terms of compassion and commitment?

Participant: There is another doctor who can answer my questions through writing. They didn't look at me when talking

Researcher: What questions were you able to ask, and how clear or helpful were the responses you received?

Participant: If I'm admitted, my questions are how I'm doing or when will be I able to leave the hospital the doctor will answer but my mom will still translate what they say to me.

Participant 3

Researcher: What are your experiences when trying to access healthcare services?

Participant: I always get really nervous when I have to go to the doctor because I don't know if I'll understand what they say. I try to read [their] lips, but if they wear a mask, I can't understand anything. I feel embarrassed and frustrated about asking for clarification or repetition.

Researcher: How can you describe your interaction with healthcare professionals?

Participant: Mom will help to interpret the question to understand my complaint.

Researcher: What are the challenges that you face when communicating with doctors, nurses, and other staff during medical visits?

Participant: One problem is when I go to the dentist and sometimes, they wear masks so I can't read their lips and see their expressions, and they don't always take time to write or use gestures.

Researcher: What accommodation do you believe is necessary to improve your access to medical services?

Participant: I know how to read so written instructions is good and showing pictures or videos to better help me understand information.

Researcher: How do you feel about the support or attention you received from healthcare professionals when accessing services?

Participant: Sometimes, it was not really okay. I feel like they don't really focus on me. They just talk to my mom and explain things more to my mom, and I'm just sitting there, not sure what's going on.

Researcher: How would you describe the way your questions were answered in terms of compassion and commitment?

Participant: It's good. They still ask my mom questions but sometimes they also make an effort to write and gestures.

Researcher: What questions were you able to ask, and how clear or helpful were the responses you received?

Participant: I go to the dentist every month for my brace and the dentist assistant is friendly. I asked my mom when I should return, and the assistant showed me the date on the calendar and point it and always smile.

Participant 4

Researcher: What are your experiences when trying to access healthcare services?

Participant: When I go to the hospital with my parents, I notice we wait a long time. When it's our turn, the doctor talks fast, and I don't always understand. It makes me feel nervous.

Researcher: How can you describe your interaction with healthcare professionals?

Participant: Others treat me well, but it's unavoidable that some nurses will be really rude, especially maybe because of my situation.

Researcher: What are the challenges that you face when communicating with doctors, nurses, and other staff during medical visits?

Participant: They don't always look at me when they talk so I can't see their face and I can't try to read their lips so sometimes I just nod even if I don't understand. Some of them don't write anything down for me and just talk to my aunt or my mom.

Researcher: What accommodation do you believe is necessary to improve your access to medical services?

Participant: It would be better if they know basic sign language and its good if doctors use a tablet or phone to type important information so i can read it.

Researcher: How do you feel about the support or attention you received from healthcare professionals when accessing services?

Participant: I go to the clinic and the nurse would smile at me for a while but when I am expressing my problems they don't really look at me and my parents are the only ones watching me and they explain to the nurse.

Researcher: How would you describe the way your questions were answered in terms of compassion and commitment?

Participant: When I have questions sometimes, I type it in my cell phone and show it to the doctor and my mom, but the doctor answers my mom instead of me.

Researcher: What questions were you able to ask, and how clear or helpful were the responses you received?

Participant: If I have questions like when I will be able to go home my mother will ask me, and she will ask the doctor while the doctor will smile at me and explain it to my mother.

Participant 5

Researcher: What are your experiences when trying to access healthcare services?

Participant: Sometimes, it's hard. When I go to the clinic or hospital, people don’t always know I am deaf. I have to write things down or show my phone to explain. I feel nervous because I don’t always understand what’s going on.

Researcher: How can you describe your interaction with healthcare professionals?

Participant: Some nurses and doctors are kind, but some don't seem to have patience to make sure I understand. Some just talk to my parents instead of me.

Researcher: What are the challenges that you face when communicating with doctors, nurses, and other staff during medical visits?

Participant: The doctor, it is hard to understand what they say. I feel nervous because I do not always know what they are saying about my health.

Researcher: What accommodation do you believe is necessary to improve your access to medical services?

Participant: Written instructions because some already do this and it helps me understand them. I like doctors and nurses when they write things down or show pictures to help me understand better.

Researcher: How do you feel about the support or attention you received from healthcare professionals when accessing services?

Participant: Sometimes I feel ignored. They don't check if I really understand and proceed to talk to my parents and I'm shy to interrupt.

Researcher: How would you describe the way your questions were answered in terms of compassion and commitment?

Participant: I always ask questions to my parents because I'm shy but when I ask questions to doctors some explain things well to me. I feel happy when they take their time and make sure I understand.

Researcher: What questions were you able to ask, and how clear or helpful were the responses you received?

Participant: Ask questions like will it hurt me? and they just nod and use gestures to tell me if it will hurt or not which is okay because I understand.

Participant 6

Researcher: What are your experiences when trying to access healthcare services?

Participant: One time I went to the clinic because I felt dizzy, and I tried to explain how I was feeling. But the nurse didn't understand me and just kept asking questions I couldn't follow. I typed on my phone, but she seemed impatient. It made me want to just go back to class and deal with it alone.

Researcher: How can you describe your interaction with healthcare professionals?

Participant: The nurse didn't understand me and just kept asking questions I couldn't follow. I typed on my phone, but she seemed impatient.

Researcher: What are the challenges that you face when communicating with doctors, nurses, and other staff during medical visits?

Participant: When I go to the clinic and when I need to explain how I feel. I worry they don't understand me. Also, when we go to doctors, I try to ask my mom to help but sometimes she also don't know everything.

Researcher: What accommodation do you believe is necessary to improve your access to medical services?

Participant: I would really appreciate them [Healthcare Providers] if they knew sign language, even just the basics like greetings like "hello " " or "good morning.

Researcher: How do you feel about the support or attention you received from healthcare professionals when accessing services?

Participant: Sad frustrated because the doctors and nurses didn't try to communicate with me properly. I felt invisible, like I wasn't important. It made me scared to ask questions because I didn't think they would understand or take the time to listen.

Researcher: How would you describe the way your questions were answered in terms of compassion and commitment?

Participant: I seldom ask questions to hospital staff. When I have questions i tell my parents not the doctor or staff and they explain it to the doctor for me and my parents helps me understand the answers.

Researcher: What questions were you able to ask, and how clear or helpful were the responses you received?

Participant: I try to ask questions with the help of my family but sometimes I dont get clear answers. I wish they would use pictures or write things down so I can understand better.

Participant 7

Researcher: What are your experiences when trying to access healthcare services?

Participant: To be honest it's really hard. I always feel like I'm a burden. Sometimes I feel like I depend too much on my parents or other people to speak for me. It's hard because I want to handle things on my own, but without clear communication support, I don't really have a choice. Sometimes the hospital staff don't really understand what I'm trying to say.

I have so many things running on my mind, but I can't express it very well because of my condition.

Researcher: How can you describe your interaction with healthcare professionals?

Participant: There are really snobbish nurses, and they don't entertain you much, especially since I have a disability, so I always have someone with me when I go to the hospital and most of the time they talk to them not to me.

Researcher: What are the challenges that you face when communicating with doctors, nurses, and other staff during medical visits?

Participant: It is hard to talk with the doctor, nurse, or staff. Many do not know sign language. It is hard to understand medical words. This makes it hard to understand my health problems and the doctor's advice. I feel left out and worried about my health.

Researcher: What accommodation do you believe is necessary to improve your access to medical services?

Participant: I think having someone who knows sign language would really help, like an interpreter or even a nurse who can sign but I'm not sure if that's even possible here in the Philippines. I've never seen anyone use sign language in clinics or hospitals.

Researcher: How do you feel about the support or attention you received from healthcare professionals when accessing services?

Participant: Some can be really rude but it's okay since I still meet more nurses who are kind to me, know how to smile, and will really help you than those who don't."

Researcher: How would you describe the way your questions were answered in terms of compassion and commitment?

Participant: Sometimes they answer my questions, but it feels like they're in a hurry. I hope next time they would take more time and show that they care about my worries."

Researcher: What questions were you able to ask, and how clear or helpful were the responses you received?

Participant: I wanted to ask many things directly to the nurse or doctor when I was admitted but I was uncomfortable because no one there knew sign language, so I didn't get to ask anything directly to them and I only asked my family.

APPENDIX E: Significant Statements and Formulated Meanings

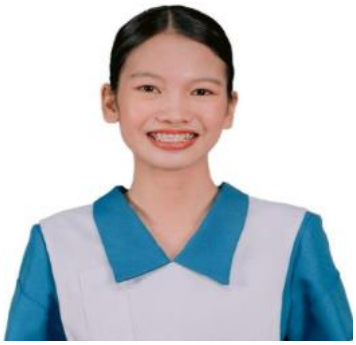
Significant Statements	Initial Codes	Sub-themes	Major Themes
P2: "I always bring my phone with me so that I can just type what I want to say…"	Use of technology for communication	Reliance on Improvised Communication	
P5: "*...I have to write things down or show my phone to explain so they can understand me and know what I need"*	Writing as communication tool		
P2: *"...also I always have to ask my mom or dad to come with me to explain stuff,"*	Parents as Interpreter	Family as Intermediaries	Communication Modalities
P3: *"Mom always helps to interpret the question to understand my complaint."*	Family Support		
P6: *"When I have questions, I tell my parents not the staff and they explain it to the staff for me, and my parents help me understand the answers."*			
P2: *"...they talk to my parents instead of me so there's instances they are also making decision for me,"*	Seeking autonomy, Lack of autonomy	Diminished Autonomy	
P3: *"Sometimes, it was not really okay. I feel like they don't really focus on me. They just talk to my mom and explain things more to my mom, and I'm just sitting there, not sure what's going on."*			

P5: *"They don't check if I really understand and proceed to talk to my parents and I'm shy to interrupt."*			
P1: *"As a deaf person, it is really hard for me to communicate. That is why I always have my parents/guardians with me."*	Reliance on Support, Need for Assistance Overreliance	Sence of Overdependence	
P7: "*Sometimes I feel like I depend too much on my parents or other people to speak for me. It's hard because I want to handle things on my own, but without clear communication support, I don't really have a choice."*			Psychoemotional Struggles
P6: "*.... I felt invisible, like I wasn't important. It made me scared to ask questions because I didn't think they would understand or take the time to listen."*	Social Exclusion, Feeling Excluded	Interpersonal Isolation	
P4: *"They don't always look at me when they talk so I can't see their face and I can't try to read their lips so sometimes I just nod even if I don't understand.*			
P7: *"...makes it hard to understand my health problems and the doctor's advice. I feel left out and worried about my health"*			
P2: *"I usually encounter rude hospital staff who barely acknowledge me and act like I'm not*	Perceived Neglect, Impatience,	Dismissive Attitude	

there and don't even try to assist me…"	Negative Experiences		
P4: *"Others treat me well, but it's unavoidable that some nurses will be really rude, especially maybe because of my situation."*			
P1:"*They do answer my questions but sometimes it feels like they're rushing maybe because they are busy, but It makes me feel like my questions aren't very important."*	Kindness, Empathy, Patience	Empathetic Healthcare Worker	
P1: *"Given that they are in the helping profession, they are expected to be empathetic towards their clients and especially being kind and patient, and that's how I feel sometimes when I go to hospital."*			Healthcare Approach
P2: *"The nurse in our school is nice. She will greet me and smile and write things down if they have questions for me."*			
P2: *"I think all hospitals should have someone who knows sign language."* *"I would really appreciate them [Healthcare Providers] if they knew sign language, even just the basics like greetings like "hello "" or "good morning."*	Preferences for Visual Aids, Learning Preferences,	Specialized Services Preferences	
P4: *"It would be better if they knew basic sign language…"*			

P3: *"I know how to read so written instructions are good and showing pictures or videos to better help me understand information."*
P4: *“... and it's good if doctors use a tablet or phone to type important information so I can read it.”*

CURRICULUM VITAE



TRICIA MERL F. LOBIDO
Purok 1, Embargo, Ozamiz City

PERSONAL INFORMATION
Date of Birth: April 13, 2003
Place of Birth: East Fairview, Quezon City
Sex: Female
Civil Status: Single
Nationality: Filipino
Religion: Catholic
Language/s Spoken: English, Filipino, Bisaya, Bikol

EDUCATIONAL BACKGROUND

College Education	: Misamis University
Address	: H. T Feliciano St., Ozamiz City
Course and Year	: Bachelor of Science in Nursing — 4th year
Estimated Year of Graduation	: 2026
Senior High School Education	: Misamis University
Address	: H. T Feliciano St., Ozamiz City
Year	: 2019 - 2021
Junior High School	: Clarin National High School
Address	: Poblacion 3, Clarin
Year	: 2015 - 2019
Elementary Education	: Garchitorena Central School
Address	: Barangay 2, Garchitorena, Cam Sur
Year	: 2009 – 2015

CURRICULUM VITAE

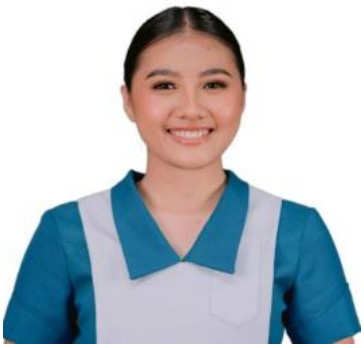
KRISTINE MAE E. MAISOG
Purok 2 Ibabao, Aloran Mis. Occ

PERSONAL INFORMATION
Date of Birth: June 22, 2004
Place of Birth: MOPH Oroquieta City
Sex: Female
Civil Status: Single
Nationality: Filipino
Religion: Catholic
Language/s Spoken: English, Filipino, Bisaya

EDUCATIONAL BACKGROUND

College Education	: Misamis University
Address	: H. T Feliciano St., Ozamiz City
Course and Year	: Bachelor of Science in Nursing — 4th year
Estimated Year of Graduation	: 2026
Senior High School Education	: St. Matthew's High School of Aloran, Inc.
Address	: Dalisay, Aloran
Year	: 2020 - 2022
Junior High School	: St. Matthew's High School of Aloran, Inc.
Address	: Dalisay, Aloran Mis. Occ
Year	: 2016 - 2020
Elementary Education	: Aloran Central Elementary School
Address	: Dalisay, Aloran Mis. Occ
Year	: 2010 – 2016

CURRICULUM VITAE



ZHIDUONA J. LEDESMA
Purok 3, Ditulan, Dumingag, ZDS

PERSONAL INFORMATION
Date of Birth: July 25, 2003
Place of Birth: Zamboanga Del Sur
Sex: Female
Civil Status: Single
Nationality: Filipino
Religion: Catholic
Language/s Spoken: English, Filipino, Bisaya

EDUCATIONAL BACKGROUND

College Education	: Misamis University
Address	: H. T Feliciano St., Ozamiz City
Course and Year	: Bachelor of Science in Nursing — 4th year
Estimated Year of Graduation	: 2026
Senior High School Education	: Molave Vocational Technical School
Address	: Molave, Zamboanga Del Sur
Year	: 2020 - 2022
Junior High School	: Dumingag National High School
Address	: Dumingag, Zamboanga Del Sur
Year	: 2016 - 2020
Elementary Education	: Dumingag SPED Center
Address	: San Pablo, Dumingag, Zamboanga Del Sur
Year	: 2010 – 2016

CURRICULUM VITAE

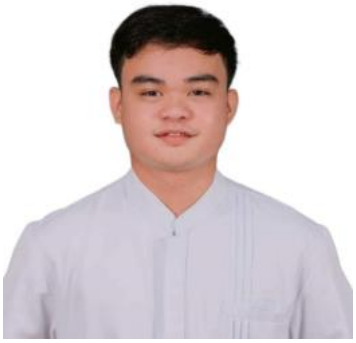
DANNIELLE FERNAN M. JALALON
Purok 1, Gotokan Daku, Ozamiz City

PERSONAL INFORMATION
Date of Birth: May 17, 2004
Place of Birth: MHARSMC Maningcol, Ozamiz City
Sex: Male
Civil Status: Single
Nationality: Filipino
Religion: Catholic
Language/s Spoken: English, Filipino, Bisaya

EDUCATIONAL BACKGROUND

College Education	: Misamis University
Address	: H. T Feliciano St., Ozamiz City
Course and Year	: Bachelor of Science in Nursing — 4th year
Estimated Year of Graduation	: 2026
Senior High School Education	: Misamis University
Address	: H. T Feliciano St., Ozamiz City
Year	: 2020 - 2022
Junior High School	: Labo National High School
Address	: Labo, Ozamiz City
Year	: 2016 - 2020
Elementary Education	: Gotokan Daku Central School
Address	: Gotokan Daku, Ozamiz City
Year	: 2010 – 2016

CURRICULUM VITAE



JOHN ANGELO NEIS
Brgy. Makugihon, Molave ZDS

PERSONAL INFORMATION
Date of Birth: November 30, 2002
Place of Birth: Molave ZDS
Sex: Male
Civil Status: Single
Nationality: Filipino
Religion: Catholic
Language/s Spoken: English, Filipino, Bisaya

EDUCATIONAL BACKGROUND

College Education	: Misamis University
Address	: H. T Feliciano St., Ozamiz City
Course and Year	: Bachelor of Science in Nursing — 4th year
Estimated Year of Graduation	: 2026
Senior High School Education	: Sacred Heart Diocesan School
Address	: Kamagong, Molave ZDS
Year	: 2020 - 2022
Junior High School	: Sacred Heart Diocesan School
Address	: Kamagong, Molave ZDS
Year	: 2016 - 2020
Elementary Education	: Potter's Young Friends Learning Center
Address	: Legarda St., Molave, ZDS
Year	: 2010 – 2016