Co-funded by the European Union

International report of Surveys for Professionals in the field of healthcare and inclusion

Delivery Day: **16.06.2025**

Project name: HEAL - Healthcare environment needs accessible language

Acronym: HEAL
The project number: **2024-1-IT01-KA220-VET-000245878**

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1 Introduction

This document provides a transnational report of the survey responses collected from healthcare professionals in Italy, Austria, Germany, Cyprus, Türkiye, and Bulgaria. The aim is to identify common gaps, strengths, and needs regarding communication and accessibility for Deaf and hard of hearing patients in healthcare settings.

The report will serve as a specific and concrete approach to define the gaps in the healthcare system and identify basic structures for the following WPs.

Diffusing surveys to experts on inclusion will provide valuable insights on the specific needs of people with sensorial disabilities in healthcare settings. This information will be used to inform the development of the theoretical framework and the creation of the training materials.

The ultimate goal of these activities is to create a comprehensive theoretical framework that will serve as a guiding principle for the project and which will provide a basis for the project's development of innovative training and education for healthcare professionals in treating deaf people and engaging with them.

The survey has been structured in different sections aiming to collect different kinds of information from the participants: personal information, practical experience, types and modalities of communication with Deaf or hard of hearing patients, accessibility, professional development (i.e. specific training), suggestions for improvement in the healthcare system. In the last section participants are asked to give their consent to be updated about the HEAL project and, if they agree, to leave their email address. The report follows the same structure as the national reports and is organized according to the sections of the survey: personal information, practical experience, communication, accessibility, professional development, and suggestions for improvement.

The collected data is treated anonymously and reflects both quantitative results and qualitative feedback from professionals working in different healthcare contexts across Europe.

2 Report

2.1 Personal information

This section of the survey aims to collect some basic personal information of the participants: gender, age, status of education, their profession or role in the healthcare field; if they are hearing, Deaf or hard of hearing; if they have any competences in Sign Language. This information is collected for statistics only, the answers are treated anonymously.

A total of 94 healthcare professionals took part in the survey across the six partner countries. Although the professional backgrounds vary, a common profile clearly emerges.

In most countries, participants are predominantly female, particularly in Italy, Bulgaria, Cyprus, and Germany. The majority of respondents fall within the 31–60 age range, with Bulgaria and Italy showing a particularly high concentration in the 51–60 group, while Austria, Germany, and Cyprus show a slightly younger distribution.

The educational background is generally high in all countries. Most respondents hold a Master’s degree or higher qualification, especially in Bulgaria, Austria, Italy, and Cyprus. The professional roles represented include nurses, doctors, social and healthcare workers, administrative staff, and volunteers.

Almost all participants are hearing individuals, particularly in Bulgaria, Cyprus, Italy, and Türkiye. Austria and Germany differ from this pattern, as they include several Deaf or hard of hearing professionals. This difference is reflected in sign language competence: while Italy, Cyprus, and Bulgaria report very low levels of sign language knowledge, Austria and Germany include many participants who are fluent signers. Türkiye presents an intermediate situation, where some basic knowledge exists but is not widespread.

2.2 Practical experience

This section describes the experience the participants have had communicating with Deaf or hard of hearing people.

Across all countries, most professionals report having encountered Deaf or hard of hearing patients during their careers. However, the way these interactions are managed varies significantly depending on the availability of communication tools and prior experience.

In Italy, Cyprus, Germany, Austria, and Türkiye, professionals often describe situations where communication relied on writing, gestures, lip-reading, or the mediation of family members. In Bulgaria, only a minority of respondents reported prior direct experience, and those who did emphasized the need for patience, slow pacing, and written communication.

Where sign language interpreters or sign language skills were available, experiences were described as positive and effective. Where these were missing, professionals frequently expressed frustration and a sense of inadequacy.

As one participant from Cyprus stated:

> *"Of course, if there had been an interpreter, it would have been much better."*

An Italian professional noted:

> *"I felt discouraged by not being able to communicate even just to greet my patient."*

In contrast, a German participant reported:

> *"Communication has been smooth so far, as we are proficient in sign language."*

Meanwhile, a respondent from Türkiye summarized the difficulty clearly:

> *"It was very difficult, of course. We couldn't communicate at all."*

2.3 Communication

This section of the survey collects more specific information about the communication between participants and Deaf or hard of hearing patients.

In Italy, Cyprus, Bulgaria, and Türkiye, most professionals report that they have never received specific training on how to communicate with Deaf or hard of hearing patients, although they express strong openness to receiving it. Austria and Germany again stand out, as many professionals have already received training and feel more confident in their communication abilities.

Confidence levels reflect this gap. In countries where training is lacking, participants often describe feeling unconfident or unsure. In Austria and Germany, confidence is noticeably higher.

Another recurring element is the lack of awareness of existing communication tools. Many professionals admit that they do not use specific methods simply because they do not know what is available.

A Cypriot participant observed:

> *"One-third reported not using any tools because they didn't know they existed."*

A German respondent described a more structured approach:

> *"We used various means: Telesign, interpreters, pictures, written communication."*

2.4 Accessibility

This section aims to reflect about the accessibility of participants' healthcare facility for Deaf or hard of hearing patients.

Accessibility depends largely on **individual initiative**, not institutional systems.

- Many professionals report ensuring **written instructions** (Italy 40%, Cyprus 4/11, Bulgaria comments).
- Very few ensure the presence of **interpreters** (Italy 4.5%, Cyprus 2/11).
- Austria and Germany report structured systems and protocols (Germany 62.5% formal/informal protocols, Austria 73.3% facilities with protocols).
- In Italy, Cyprus, Türkiye, and Bulgaria, the majority are **unaware of any protocols** or confirm they do not exist.

Challenges reported:

- Lack of institutional support
- Lack of interpreters
- No clear procedures to follow
- Accessibility depending on individual effort rather than system organization

Accessibility in healthcare facilities appears to depend largely on individual initiative rather than institutional organization in most countries.

In Bulgaria, Italy, Cyprus, and Türkiye, many respondents state that they do not ensure accessibility in a structured way, and a large proportion are unaware of any existing protocols. Written instructions are often the only measure adopted.

Austria and Germany present a different picture, where formal protocols, interpreting services, and structured practices are more commonly in place.

Several comments highlight practical difficulties. An Italian participant stated:

> "I cannot intervene directly."

A German respondent highlighted systemic limitations:

"There are often waiting times and not enough trained interpreters."

2.5 Professional development

This section looks at how well participants feel prepared to understand and meet the communication needs of Deaf or hard of hearing patients.

This is one of the strongest common findings. Across all countries:

- The majority **have not received training but express interest in attending one** (Italy 17/22, Cyprus 8/11, Bulgaria majority, TR majority).
- Even in Austria and Germany, **100%** express interest in further training.
- Interest in additional resources is extremely high everywhere (close to 100% in most countries).

One of the strongest shared findings across all countries is the expressed need for training.

In Italy, Cyprus, Bulgaria, and Türkiye, the majority of participants report having received no training but express clear interest in attending one. Even in Austria and Germany, where training levels are higher, all respondents express interest in further professional development.

A Cypriot participant summarized this need clearly:

"There is a huge need for training."

A German participant reflected:

"Participating in the survey made me wonder what more I could do."

2.6 Suggestions for improvements in the field of healthcare

This section of the survey aims to better understand what kind of changes or improvements the healthcare system needs to be more inclusive to Deaf and hard of hearing people.

The recommendations are strikingly similar in all six countries. Most frequent suggestions:

- **More comprehensive training for healthcare professionals**
  (Italy 50%, Cyprus 6/11, Austria 33%, Germany 75%, TR majority)
- **Greater availability of Sign Language interpreters**
- **Improved access to assistive technologies** (captioning, visual aids, tablets, FM systems)
- **Clear protocols and institutional policies**
- **Awareness and sensitization about Deaf culture and communication**

Despite differences between healthcare systems, the suggestions provided by professionals are remarkably similar in all six countries. Participants consistently recommend:

- More comprehensive training for healthcare professionals
- Greater availability of sign language interpreters
- Increased use of assistive technologies such as captions, visual aids, and digital tools
- Clear institutional protocols for accessibility

- Greater awareness and sensitization regarding Deaf communication

A participant from Cyprus emphasized:

> *"Training should not be limited to one service but extended to the entire health sector."*

A respondent from Türkiye highlighted the need for systemic responsibility:

> *"Since we cannot prepare for all disabilities individually, support should be institutional rather than individual."*

An Italian participant added:

> *"More information about deafness is needed."*

Bulgarian respondents also stressed the importance of combining practical tools with policy-level inclusion.

Also, a key transnational message emerges: Support for Deaf patients should not depend on the goodwill of individual professionals, but on structured institutional systems.

2.3 Newsletter

In this section participants are free to leave their email address in order to be updated about the HEAL project.

Interest in staying updated about the HEAL project varies:

- Very high in Italy (18 out of 22) and Austria (100%)
- Moderate in Türkiye and Bulgaria
- Low in Cyprus and Germany (2 participants each)

This reflects different levels of engagement but overall professional curiosity about the topic.

3 Conclusions

The transnational analysis reveals **very consistent patterns** across countries, despite different healthcare systems.

Key findings:

- Healthcare professionals frequently encounter Deaf and hard of hearing patients but **lack training**.
- Communication often relies on **improvisation** rather than structured methods.
- **Interpreters and sign language knowledge** dramatically improve communication where available.
- Accessibility in healthcare facilities depends largely on **individual initiative**, except in Austria and Germany where more structured systems exist.
- There is an **overwhelming willingness** among professionals to receive training and improve their skills.
- Professionals recognize the need for **systemic change**, including protocols, tools, and institutional responsibility.

These results strongly confirm the relevance and necessity of the HEAL project. The development of a theoretical framework and training materials directly addresses the gaps identified by healthcare professionals across all participating countries.

The data clearly shows that improving communication with Deaf and hard of hearing patients is not only a matter of inclusion, but also of **quality of care, patient safety, and professional effectiveness**.