Keywords Hearing loss/Inclusion/ Reasonable adjustments

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In this article...

- The challenges faced by nurses with hearing loss in their clinical practice
- D/deaf nurses' positive impact on patients, health professionals and organisations
- The legal entitlements of, and support available to, d/Deaf nurses

d/Deaf nurses' workplace experiences, barriers and skills

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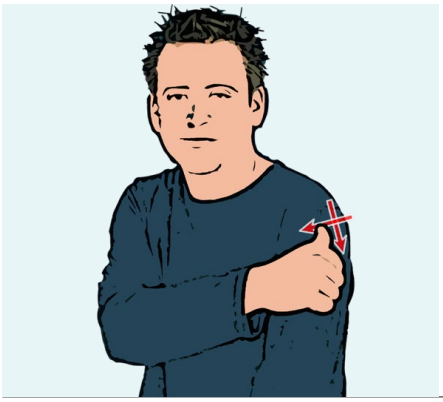
Key points

Many nurses have hearing loss when they join the profession or develop it at some point in their career

A literature review revealed that d/Deaf nurses face prejudice, communication barriers and environmental challenges

D/deaf nurses have additional skills that benefit patients, colleagues and organisations

D/deaf nurses are legally protected from discrimination and entitled to reasonable adjustments



British Sign

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Abstract Deafness is a common disability in the UK. It affects one in three adults, and many nurses have hearing loss when they enter the profession or develop it during their career. A systematic approach to a narrative literature review was conducted, reviewing available articles about the experiences of d/Deaf nurses. This revealed that they may face many challenges in the workplace, such as discrimination, environmental challenges and barriers to communication. However, d/Deaf nurses may possess additional skills that make them an asset to the workplace, such as adaptability, lip-reading and empathy for patients with disabilities. Considering both the high prevalence of deafness and the shortage of NHS nurses, it is critical to support the recruitment and retention of d/Deaf nurses at the start of, and throughout, their career.

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In England, Scotland and Wales, 18 million people aged 18-80 years have hearing loss, representing one in three adults (Akeroyd and Munro, 2024). Furthermore, more than half of people aged over 50 years have some degree of deafness (Akeroyd and Munro, 2024). If we consider that the average retirement age is 55-66 years (Cornock, 2023), a substantial proportion of the nursing workforce may experience hearing loss prior to retirement.

In 1977, Helen Cherry was one of the first recorded deaf nurses to work as an NHS nurse, paving the way for more d/Deaf people to consider nursing as a career (nursinginpractice.com, 2019). However, nearly 40 years later, Durosaiye et al's (2016) research highlighted that older nurses with hearing loss can "struggle to perform their daily duties" in noisy settings, sometimes resulting in them leaving the profession. This further exacerbates the shortage of nursing staff in the UK highlighted by the Royal College of Nursing (RCN) (2024). Furthermore, Kim et al's (2018) study highlighted that people with a hearing impairment in the UK are much more likely to be unemployed than those without. The result of this is that the weekly pre-tax household income of people with hearing loss is £208 less than that of hearing people; among deaf people of working age in the UK, this difference totals £40bn per year (Kim et al, 2018), as well as representing a loss to the wider UK economy.

As a bilaterally profoundly deaf nurse myself, this article explores research I conducted into the different factors that influence nurses' experiences of d/Deafness in the workplace and the implications for the recruitment and retention of d/Deaf nursing staff.

What is d/Deafness?

People can experience hearing loss from birth or develop it at any point during their life. It can affect one or both ears, and

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"Non-disclosure of their disability may mean that deaf nurses do not receive workplace adjustments"

causes include illness, injury, genetics, environmental damage and ageing (National Institute for Health and Care Excellence (NICE), 2024). Hearing loss is classified on a scale based on the quietest noise a person can hear:

- Mild hearing loss (25-39dB);
- Moderate hearing loss (40-69dB);
- Severe hearing loss (70-94dB);
- Profound hearing loss (≥95dB) (NICE, 2024).

In the term 'd/Deafness', the capital 'D' refers to the shared cultural identity and shared language (such as British Sign Language (BSL)) of Deafness. The lowercase 'd' refers to the audiological condition of deafness (Marsay, 2017).

Another condition that affects hearing is tinnitus. This is more common in people with hearing loss; it is characterised by perceived sounds in forms such as ringing and other noises "in the absence of any external sound" (Mancktelow, 2024).

Literature review

I conducted a literature review of published research pertaining to d/Deaf nurses and their experiences globally. The population, interest, context (PICo) framework in Box 1 shows the search terms used. Asterisks were used to enable terms to include multiple words in the search string to support wider retrieval of relevant articles; for example, 'nurs*' covered both 'nurses' and 'nursing'. I conducted the search on the Cumulative Index to Nursing and Allied Health Literature, Applied Social Sciences Index and Abstracts, British Nursing Index, and Medline databases.

Box 1. **Literature review search terms, based on the PICo framework**

Population
- Deaf*
- Hard of hearing
- D/HH
- Hearing impaired
- Hearing loss
- D/deaf

Interest
- Nurs*

Context
- Clinical practice
- Ward
- Private
- Healthcare
- Hospital
- Community
- District
- Surgeries
- Surgery

PICo = population, interest, context.

The search initially returned 4,854 articles. However, using a systematic approach to a narrative search strategy, I then scanned these articles to identify their relevance to the inclusion criteria. This resulted in only 18 articles, representing a paucity of research on the topic. I, therefore, conducted a further search for articles relating to disabled nurses. Using the articles returned by both searches, I developed themes relating to the challenges faced by d/Deaf nurses, the positive impact of d/Deaf nurses in clinical practice, workplace adaptations, and the inclusion culture within nursing. These themes are explored below.

Challenges faced by d/Deaf nurses

My review found that d/Deaf nurses face many challenges in clinical practice, including barriers to communication, environmental challenges, discrimination, lack of promotion (NHS Employers, 2025) and a lack of representation within the role (Weaver, 2013). External environmental noise can also be challenging for deaf nurses: the noise levels on wards can make it difficult to hear clearly and "cope cognitively" (Durosaiye et al, 2016).

Neal-Boylan (2013) identified that nurses with disabilities often leave the profession for reasons including:

- Colleagues' negative perceptions about their capabilities;
- Feelings of isolation;
- A lack of reasonable adjustments to help them carry out their role;
- Feeling singled out by peers;
- Their own and colleagues' fears about patient safety;
- Discrimination from coworkers.

Additionally, Neal-Boylan and Guillett (2008) found that, following a loss of identity and self, disabled nurses are more likely to leave the profession rather than continue. Therefore, d/Deaf nurses may be at greater risk of withdrawal from the profession due to a variety of negative experiences.

There are multiple challenges relating to deaf nurses being negatively perceived. A public survey of 2,176 respondents indicated that 45% had low confidence that deaf individuals could work as nurses (National Deaf Children's Society, 2023). There is also evidence that deaf nurses face misconceptions from their colleagues: Calloway and Copeland (2021) reported that acute care nurses were

QUICK FACT **One in three** Adults in England, Scotland and Wales with hearing loss

concerned that deaf nursing students may not be able to "hear alarms" or "calls for help", negatively affecting patient safety. However, Weaver's (2013) profile of deaf nurse Lori Manning details her effective use of multiple adaptations in the clinical setting. She asked her colleagues to support her to participate in emergency situations by using hand gestures to indicate when she should start and stop cardiopulmonary resuscitation; she was also allocated to wards where patients' "call bells" would be displayed visually on a digital board (Weaver, 2013). Despite these adaptations, Lori Manning acknowledged that some scepticism remained, for example, about her ability to support patients in an emergency (Weaver, 2013). This highlights the role of the attitudes of deaf nurses' patients and nursing colleagues – and the need for these to be addressed alongside workplace adjustments.

Negative attitudes towards deaf nursing staff may be due to an individual's preconceived assumptions surrounding deafness; Helen Cherry believed this to include a presumed lack of intelligence (Johnson, 2019). These issues contribute to the dilemma that d/Deaf nurses may face when choosing whether to disclose their deafness at work; fears include facing prejudice, unfair treatment and judgement from colleagues (Zlotnick and Shpigelman, 2018). However, non-disclosure of their disability may mean that deaf nurses do not receive the support and workplace adjustments to which they are entitled; this, in turn, makes their workload more difficult as they expend extra effort to compensate for their disability, leading to potential burnout (Neal-Boylan and Guillett, 2008).

To improve nurses' perceptions and understanding of their d/Deaf colleagues, Hassouneh and Mood (2022) argued that educating nursing students on deafness awareness prior to qualification may reduce the biases presented in the workforce. This could be achieved by introducing appropriate d/Deaf role models into educational settings. For example, a survey of 126 American educators by Lyon and Houser (2018) suggested that d/Deaf nurse educators can positively improve nursing students' perceptions of others with disabilities.

The positive impact of d/Deaf nurses in clinical practice

Another theme of my research was the additional skills that d/Deaf nurses bring to their clinical environments, which can benefit patients, staff and the organisation. For example, d/Deaf nurses can uniquely support and connect with patients who have hearing loss or other additional communication needs themselves (Nurse Alley, 2020). Additionally, deaf nurse Helen Cherry shared that she "was popular with patients" (Johnson, 2019), while Neal-Boylan (2019) reported that the presence of disabled nurses can increase empathy and support connection with patients who also have disabilities or long-term conditions.

Furthermore, the presence of nurses who are BSL users can improve the experience of d/Deaf patients, creating a sense of relief for the patient that they can communicate "in their first language" (Meek, 2021). This is particularly important due to the shortage of appropriate interpreters who are required to facilitate communication for deaf patients (NICE, 2024). The RCN (no date) highlighted that being misunderstood can result in deaf patients being perceived as aggressive by hearing staff, and the recruitment of a deaf member of staff at a mental health unit for deaf patients resulted in a 77% reduction in patient restraints. There are three such inpatient mental health units for d/Deaf people in the UK, and their staff are required to have "basic BSL skills" and an awareness of Deaf culture (Souza et al, 2015); the provision of d/Deaf nurses could support them to meet these standards.

"Nurses who can lip-read sometimes use this skill to understand patients with communication needs"

Withey (2024) shared that d/Deaf nurses who can lip-read sometimes use this skill to understand patients with particular communication needs, such as those with endotracheal tubes; these nurses' hearing colleagues may "rely on" them to do this. Other communication skills that d/Deaf nurses use include closed-loop communication, in which they echo a command or question back to the original speaker to ensure they have understood it correctly (Nurse Alley, 2020); this communication adaptation can improve the communication skills of the whole team, in turn improving patient care (Robson, 2016). These examples highlight that adaptations for d/Deaf nurses can provide generalised benefits for their multidisciplinary colleagues and patients.

Workplace adaptations

D/deaf employees are legally entitled to reasonable adjustments (NHS Employers, 2025). These can be relatively low-cost adjustments, such as:

- Access to an amplified telephone;
- Adjustments to shift patterns;
- A modified sickness attendance policy for time off related to the employee's deafness (RCN, 2020).

Unfortunately, nursinginpractice.com (2019) reported that Helen Cherry's requests for reasonable adjustments were not always read or met. Likewise, she reported that her need for rest periods and flexibility due to the fatigue she experienced as a result of the listening and concentration required within clinical practice was not understood (Johnson, 2019).

Additional support is available across the UK via Access to Work (AtW). In England, Scotland and Wales, AtW is a governmental grant that funds equipment and aids that could support a d/Deaf nurse at work; however, it cannot cover reasonable adjustments, which must be funded by employers (Department for Work and Pensions (DWP), 2026). Depending on the size of the organisation employing the d/Deaf nurse, some AtW funding requires a contribution from the organisation (DWP, 2026). Following a successful application, AtW support that could be accessed by a d/Deaf employee includes:

- BSL and/or lip-reading interpreters;
- Note-takers;
- Speech-to-text workers;
- Assistive technology (DWP, 2026).

It is important that any accessibility needs are met as early as possible, either with reasonable adjustments or through AtW. A survey by Neal-Boylan et al (2011) demonstrated that this prevents the imbalance between a nurse's expectation of their ability to undertake their work and the reality; in turn, this leads to increased job security and retention.

The culture of inclusion within nursing

NHS Employers (2025) suggested that improvements could be made to the recruitment process to make it accessible for d/Deaf staff. These included:

- Using statements on adverts that demonstrate that candidates with disabilities are welcomed;
- Making adjustments to the workplace

QUICK FACT **45%** Percentage of people with low confidence that deaf people could work as nurses

during an interview, such as ensuring sufficient lighting for lip-reading;
- Providing interview questions to deaf candidates prior to the interview;
- Providing subtitles for online interviews;
- Arranging BSL or lip-reading interpreters for an in-person interview.

However, an employer's lack of awareness of the available funding could still create an unnecessary barrier to recruitment, as d/Deaf people could be perceived as a high expense (Johnson, 2019). This persists despite the Equality Act 2010 (formerly the Disability Discrimination Act 2005) (Box 2), suggesting there is limited awareness of legislation that protects individuals with disabilities such as deafness (Johnson, 2019).

Another initiative aiming to promote the inclusion of d/Deaf nurses is the National Deaf and Hard of Hearing NHS Staff Network. Launched in March 2023, it provides peer support and networking for all d/Deaf NHS staff (James, 2025).

Further research

I am currently conducting further research into d/Deaf nurses' experiences in the workforce in the UK. Through an online survey and in-depth semi-structured interviews, the study aims to better understand how the nurses' environment can and does support them, as well as how to support d/Deaf people who are entering the profession. This will help inform both NHS and private sector employers' recruitment and retention of d/Deaf nursing staff.

Conclusion

D/deaf nurses face various challenges in the clinical environment, including communication barriers and preconceived beliefs about their capabilities. However, through reasonable adjustments, AtW and the stipulations of the Equality Act 2010, d/Deaf nurses can be supported organisationally. D/deaf nurses bring additional skills to their role that can benefit both patients and the multidisciplinary team; these include adaptability, lip-reading and the ability to connect with patients who have communication needs themselves. The recruitment and retention of d/Deaf nurses improve the socioeconomic barriers d/Deaf people face within society; it is also important to support the diversity of the health workforce, especially due to the shortage of nursing staff in the UK. **NT**

Box 2. What is the Equality Act 2010?

The Equality Act 2010 is a legal act in the UK that covers people with protected characteristics, including those with a disability. The act protects deaf people from various forms of prohibited conduct, including discrimination. Below are some of the types of conduct that it precludes, including an example of each for a deaf nurse:

Direct discrimination
Managers overlook a deaf nurse for a promotion, because they assume her hearing loss means she would not be able to do the role

Indirect discrimination
A policy is put in place that all staff must use phones, without adjustments being made to support deaf nurses to do the role

Harassment
A deaf nurse's colleagues make unfair comments about his deafness, causing him upset

Victimisation
A deaf nurse raises a complaint after being bullied, and is consequently terminated

- To be added to the National Deaf and Hard of Hearing NHS Staff Network mailing list, email: england.dhohstaffnetwork@nhs.net

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