

As a deaf nurse, I know what it's like to face discrimination in the NHS

There's an unconscious bias that because deaf hospital staff can't hear they must be stupid, says former nurse Helen Cherry

As told to Sarah Johnson

Thu 8 Aug 2019 05.01 EDT



Being deaf has never stopped me from doing anything; it's other people who make it an issue.

Growing up, I knew I wanted to be independent and travel. Nursing kept presenting itself as a career option. I had a natural empathy for how people feel and knew what it was like to have to try and get clarity about things. I could see that it was an opportunity to make a difference.

Deafness throws up a lot of stuff about what you can hear and what you can do. As soon as you say the word "deaf", you're already locked into an unconscious bias, which is that we can't hear so we must be stupid. One consultant didn't want me on his ward because I had to make him stop when I needed to understand his instructions. He used to walk off ahead of me but if I can't see you, I can't see your lips to understand you. I was lucky because the sister on the ward reminded

him that it wasn't his ward, it was hers and that I was popular with patients. She made sure I wasn't in those situations too often.



Helen Cherry is deaf and worked until 2016 as a nurse in the NHS. Photograph: Helen Cherry

A couple of junior doctors used to play a bit of a joke on me: "Let's see what she'll go and get from the sluice room if we ask her something." I've got a sense of humour but I'm not here for someone else's fun. When anyone does anything that's offensive, I'll say something; it also provides an opportunity to educate on deafness.

As a deaf nurse, I bring insightful communication, and a true empathy that isn't taught. I know what it's like to be misunderstood and so I ensure communication is clear, succinct and understandable. As soon as you hit the wards, communication is important; people are frightened and you can't ignore that.

I finished my district nursing career in 2016 and now give sessions about living with deafness to health and social care students at university. I'm also involved with my local hospital. If I'd had the technology available now when I started, it would have made such a difference. The advancements in hearing aids mean I would have been able to use phones more and

say "pardon" less. When I was dealing with someone who had a sensitive situation I used to pass that phone call on to a colleague - if someone is in a difficult situation, they don't want a nurse saying "sorry, can't hear you?", especially if they're distressed.

I've always been open about my disability - I have severe-to-profound deafness, and wear hearing aids and lip-read to understand people - but I'm aware of nurses who won't say they wear hearing aids because they feel they will be discriminated against. Because of that, they are missing out on communications support that could make such a difference to them.

When people are recruiting people who are deaf, we do get seen as an expense, but employers don't realise that a lot of the communication support we need can be partially or fully funded by Access to work. At the moment we've got the NHS workforce disability equality standard to try and encourage a diverse workforce. It's all very well, but we've lots of things like the Equal Opportunity Act in place already. How many times do we need to create another policy?

Deaf fatigue is so real. We have to focus every minute because we cannot afford to miss anything. There are some places where people will love working because they feel well supported. If you haven't got that things are a lot harder. I think that's where the NHS has been lacking: it's less recognised that we need flexibility and rest time.

There's no support for where we're going in our profession, and I don't think many of us with disabilities have got very far in terms of career progression. I'd like to know how many chief executives and board members have disabilities. I'd love to be a mentor for people with disabilities entering the NHS because it's about being able to say to employers: "Think about how you could approach it differently - focus on the insight and benefits that each person can bring."

I don't want the NHS to disappear. It's great, but the politics associated with it mean there are difficulties that weren't there before. It's not just about creating more policies and long-term plans, or new training. There are solutions to problems but it's getting the right people to address them and embed the change that can make a difference to us all.

Helen Cherry has partnered with ReSound to challenge perceptions of what is possible with hearing loss.

If you would like to contribute to our Blood, sweat and tears series about experiences in healthcare, read our guidelines and get in touch by emailing sarah.johnson@theguardian.com