Technical Facilities Available for the Speech and Hearing Handicapped in Hospitals in India–A Survey*

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The survey was designed to determine the personnel, equippment and technical facilities available in the field of Speech and Hearing in hospitals in India.

The type of equipment manufactured in the field of Speech and Hearing in India was also investigated.

Two types of questionnaires were prepared. A total of 275 questionnaire–A were mailed to different hospitals having 200 and above bed strength as a criterion and 29 questionnaire–B to manufacturers of Speech and Hearing equipment. Return rates were as follows : Questionnaire–A—40·4% ; Questionnaire–B—58·6%.

The information was gathered from the hospitals about the Speech and Hearing services in hospitals, professionals and their qualification, pay scales, promotional avenues, nature of clinical activities and administrative work, equipment, technical facilities and additional need of personnel and equipment.

The information gathered from the manufacturers was on the types of Speech and Hearing equipment manufactured in India and their difficulties in manufacturing these equipment.

Data were computed in number and percentages.

Conclusions

On the basis of our findings, following conclusions can be drawn :

(1) More number of Speech and Hearing services were located in the State Government teaching hospitals having more bed strength than non-teaching hospitals.

(2) Large number of Speech and Hearing services were in ENT Departments than any other department and some of the hospitals had the independent Speech Pathology and/or Audiology Departments.

(3) There was definite increase in the number of Speech and Hearing services and qualified Speech Pathologists and/or Audiologists in the hospitals.

(4) In hospitals, B.Sc. degree holders were more in number than M.Sc. degree holders. But in the teaching hospitals, M.Sc. degree holders were slightly more in number.

(5) Professional qualification was not related to their basic pay scales. Even though the M.Sc. degree holders, on average, were drawing higher

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basic pay scales than B.Sc. degree holders, but in the M.Sc.'s group some were getting lower basic pay scales than others with similar qualifications.

(6) At the time of reporting no promotional avenues seemed to exist for Speech Pathologists and/or Audiologists employed in hospitals. In planning for future Speech and Hearing Clinics, this aspect should also be given due consideration.

(7) Only two-third of the Speech Pathologists and/or Audiologists were doing administrative work in their department. But there is no systematic relationship between nature of administrative work and professional qualifications except for planning and ordering equipment and material where M.Sc.s were more in number.

(8) Majority of the hospitals reported that Speech and Hearing services were inadequate. As only half of the hospitals reported that they had at least one audiometer and some of the teaching hospitals which are recognised for post-graduate teaching in Otolaryngology did not have even single audiometer. Other diagnostic equipment in use were Impedance audiometers, Bekesy audiometers, Evoked response audiometer, PGSR, peep show unit and reactometer. Facilities for Speech Audiometry and Free-field Audiometry were very less in number.

Some of the hospitals did not have sound treated rooms and those, who had sound treated rooms, have not measured noise levels in the rooms using sound-level meter.

Facilities for calibration and/or servicing of these equipment were very limited in hospitals.

(9) Need for additional Speech Pathologists and/or Audiologists and equipment was greater in hospitals. It is not known whether they had the financial aid to acquire such facilities.

(10) There is definite increase in the use of indigenous equipment. But Indian manufacturers were not found to manufacture variety of sophisticated equipment of which the demand is more, such as Impedance audiometers, Bekesy audiometers and Evoked response audiometers. The equipment which are manufactured in India, none of them were using all indigenous spare parts.

So still they have to become self-sufficient in manufacturing all the spare parts indigenously. Their major difficulties were in importing spare parts because of many formalities required, non-availability of indigenous testing and calibration equipment and no specific standards available.

(11) Except one manufacturer, none of them have exported their equipment to foreign countries as their equipment does not meet the international specifications.