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<th>The Right to Speak for Myself</th>
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Background

In healthcare settings where patients and healthcare providers do not share a common language, it is common that language barriers between these two parties can decrease the effectiveness of the diagnosis, reduce patients' satisfaction and impair the patients’ understanding of diagnoses and medications. These possible miscommunications impede on the patients’ ability to comply fully with the discharge treatment plan and ultimately, affect their recovery process and well-being.

Trained medical interpreters have been found to reduce misinterpretation and translation errors during such interactions, as opposed to the use of family members and nurses. Considering these issues, and the increasingly aging population, it is important to explore the language needs of elderly Singaporeans, especially those with limited English proficiency.

Current Study

Aims

• To understand the communication needs pattern of non-English speaking senior citizens in healthcare settings
• To explore the need of interpreters as provisions for these senior citizens.

Methodology

• 20 Hokkien-speaking Singaporeans aged above 65
• Semi-structured interview on their interaction with doctors and nurses and navigation in hospitals, conducted in Hokkien and recorded.
• Interviews were transcribed into Hokkien and English.

Preliminary Analysis

Participants’ responses revolved around one single theme: lack of independence and over-reliance on others.

1. Language Needs

“There’s not choice even if it is troublesome. We have to ask around if we do not understand.”

“...he will ask a nurse to come into the room...the nurse who can speak Hokkien will translate for me.”

“We can look for Hokkien-speaking nurses...to clarify things.”

“I’ll ask for the doctor in room number 3(who speaks Hokkien)”

- Reliance on ad-hoc interpreters to overcome the language barriers faced.
- Issues of accuracy of the interpretation process.
- Dependence on the availability of Hokkien-Speaking staff to attend to them.

2. Use of Mandarin as Lingua Franca

“I can use Mandarin. For example, things like whether we are eating the medicine prescribed, whether we are fine. I can say that my leg is painful in Mandarin.”

“When I visit the doctor, I use Mandarin most of the time.”

“(A Cantonese doctor) asked if I was able to speak Mandarin. I said if you speak only in simple and basic terms, I will be able to understand. But if you get too complicated then I will not be able to understand.”

- Forced use of the language in which they are least proficient.
- Patients are, therefore, constrained to only basic and rudimentary terms to express themselves.
- Obvious risk of restricting the level of information exchanged with health professionals.

3. Navigation

“Let’s say I am asked to go to a different place, I will look for people. If it’s the same consultation area, I can ask the nurses there for directions.”

“Student nurses will be asked to bring me to places that the doctors need me to go to.”

“There is no need, I can manage alone. I am familiar with the places because I always frequent the place. I know where the places are.”

- Dependence on familiarity of health environment to navigate themselves.
- Changes to the healthcare environment can potentially result in frustration and increased reliance on healthcare staff.

Conclusion & Future Directions

With the absence of a common language in healthcare settings, senior citizens persistently attempt to accommodate to the linguistic repertoire of the health professionals they deal with. Their experience in healthcare facilities is characterized by a dependence on those who can understand them, their own memory for navigation, and using a language they are not proficient in. Most of them are now so used to such a system that such practices have turned into the norm for them and they do not perceive these issues as a problem. Have they lost their rights to express and speak for themselves? It is crucial to work towards a healthcare system that can give more autonomy to the aged- when navigating in healthcare settings. Future research is needed to empirically evaluate the quality of doctor-patient interaction and explore the feasibility of increasing the number and quality of trained medical interpreters.