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Author(s)	Sharifah Adibah Binte Syed Zainal
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# The Right to Speak for Myself

## Understanding Communication Needs of Hokkien-Speaking Elderly in Healthcare Settings

### 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<sup>1</sup> and impair the patients' understanding of diagnoses and medications<sup>2</sup>. 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<sup>3</sup>.

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<sup>2</sup>. 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.

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