

Awareness and Usage of Sign Language among Doctors in Main Khartoum Hospitals (Ibrahim Malik, Bahri, Omdurman) October 2017

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Abstract

Background: When a deaf person become ill a big problems are emerge beginning with explanation of their medical issues, understanding of their medical problems, medications, management and their whole condition. So there is an undeniable need for improving the communication between physicians and deaf patients, non-verbal language is a form of communication that needs to be understood and validated in health services and physicians must be trained to deal with them.

Method: Descriptive and cross-sectional study. The duration of the study is one month, with target population 1290 doctor.

Objective: To Evaluate awareness and uses of sign language among doctors.

Results: 112 house officer, 96 registrar, 85 medical officer and 12 consultants returned completed questionnaires. More than half of doctors (52.1%) consulted with deaf patients in their medical practice. Also the most frequent method of communication used were using of relatives and others people for interpreting and communication (22.6%), followed by writing (12.8%), only (11.5%) used sign language and the least used method was the lip reading (4.9%). 95.7% were aware of sign language importance and 68.5% of them were agree with addition of sign language into medical curricula.

Conclusion: This study highlights the deficit in using of sign language among doctors that make the medical consultation with deaf patients less effective. Doctors must be qualified and experienced in dealing with patient having special needs.

Keywords: Deaf patients; Sign language; Doctors-patients relationship

Introduction

Sign language is a language chiefly uses manual communication to convey meaning. This can involve simultaneously combining hand shapes, movement and orientation of the hands, arms or body, and facial expressions to convey a speaker's ideas. Sign languages often share significant similarities with their respective spoken language (such as ASL and American English); however grammar and sentence structure may vary to encourage efficiency and fluidity in speaking.

Linguists consider both spoken and signed communication to be types of natural language, meaning that they evolved organically and over time. Sign language should not be confused with body language, which is a kind of non-linguistic communication.

Wherever communities of deaf people exist, sign languages have developed, and are at the cores of local deaf cultures. Although signing is used primarily by the deaf and hard of hearing, it is also used by hearing individuals, such as people who can hear but cannot physically speak, or have trouble with spoken language due to some other disability (augmentative and alternative communication).

It is not clear how many sign languages there are. A common misconception is that all sign languages are the same worldwide or that sign language is international. Aside from the pidgin International Sign, each country generally has its own, native sign language, and some have more than one (although there are also substantial similarities among all sign languages). The 2013 edition of Ethnologic lists 137 sign languages. Some sign languages have obtained some form of legal recognition, while others have no status at all.

Sudan and South Sudan have multiple regional sign languages, which are not mutually intelligible. A survey of just three states found 150 sign languages, though this number included instances of home sign. By 2009, the Sudanese National Union of the Deaf had worked out a Unified Sudanese Sign Language, but it had not yet been widely disseminated.

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Methods

Study design: Descriptive and cross sectional study.

Study area: Omdurman, Bahri and Ibrahim Malik (the main Khartoum hospitals)

Study population: All consultants, registrars, medical officers, and house officers working in Omdurman, Bahri, and Ibrahim Malik teaching hospitals

Study variables: Category of doctor, consultation with deaf patients, method of communication, and understanding of patient's complains without sign language, importance of sign language, interesting of doctors in learn sign language, adding of sign language into medical curricula, suggestions in how to take care about deaf patients, easiness in learning sign language.

Sample size and Sampling Technique:

Hospital	Sample size	Number of questionnaires
Omdurman	442	104
Bari	448	107
Ibrahim malik	400	94

Table 1: Total numbers of doctors working in Omdurman, Bahri and Ibrahim Malik teaching hospitals 2017 is 1290 doctor.

Results

- 112 house officer, 96 registrars, 85 medical officers and 12 consultants returned completed questionnaires (Table 2).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Consultant	12	3.9	3.9	3.9
	Registrar	96	31.5	31.5	35.4
	Medical Officer	85	27.9	27.9	63.3
	House Officer	112	36.7	36.7	100
	Total	305	100	100	

Table 2: Specialty of the Doctor.

- More than half of doctors (52.1%) were consulted with deaf patients in their medical practice (Table 3).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	159	52.1	52.1	52.1
	No	146	47.9	47.9	100.0
	Total	305	100.0	100.0	

Table 3: Consultation.

- The most frequent method of communication that used by doctors in their medical consultation with deaf patients were using of relatives and others people for interpreting and communication (22.6%), followed by writing (12.8%), only (11.5%) used sign language and the least used method was lip reading (4.9%) (Table 4).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sign Language	35	11.5	21.7	21.7
	Lip Reading	15	4.9	9.3	31.1
	Interpreters	69	22.6	42.9	73.9
	Writing	39	12.8	24.2	98.1
	Others	3	1	1.9	100
	Total	161	52.8	100	
Missing	System	144	47.2		
Total		305	100		

Table 4: Method of communication.

- Also 95.7% aware of sign language importance (Table 4).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	292	95.7	95.7	95.7
	No	13	4.3	4.3	100.0
	Total	305	100.0	100.0	

Table 5: Importance of Sign Language.

- 68.5% agree with adding of sign language into medical curricula (Table 6).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	209	68.5	68.5	68.5
	No	96	31.5	31.5	100.0
	Total	305	100.0	100.0	

Table 6: Including of sign language in medical curricula.

- 59% thought that they cannot understand the patient's complaints without knowing of sign language (Table 7).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	125	41.0	41.0	41.0
	No	180	59.0	59.0	100.0

	Total	305	100.0	100.0	
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Table 7: Understanding patient's complaints without knowing sign language.

Discussion

The research is conducted in Khartoum state in: Omdurman, Bahri and Ibrahim Malik teaching hospitals. Data collected from 305 doctors (104 Omdurman, 107 Bahri, 94 Ibrahim Malik) in different categories (consultants, registrars, medical officers and house officers).

The results found that:

- Medical officers are the most frequent category of doctors participated in our research, with high tendency toward filling of questionnaire; Followed by house officer and the least category are the consultants.
- Approximately most of the doctors (95.7%) aware about the importance of sign language, we compare this with the study done in Dundee-Scotland which found that only 38% of general practitioners and 60% of consultants aware of the sign language interpreting service importance) the service in which a qualified trainers use sign language for interpretation [1].
- More than half of doctors (52.1%) consulted with a deaf patients in their medical practice the thing that show the necessity of learning sign language which make the consultation easy and effective, also a study done to explore whether there are other factors besides communication difficulties that hamper access to health care services for deaf patients, and they found that Communication difficulties were found to be a prominent barrier in accessing health care services. In addition to this interpersonal factors including lack of independent thought, overprotected, non-questioning attitude, and lack of familial communication interact with communication difficulties in a way that further hampers access to health care services [2].
- Also we found that the most frequent method of communication were using of relatives and others people for interpreting and communication (22.6%), followed by writing (12.8%), only (11.5%) doctor used sign language and the least used method was lip reading (4.9%), we compare our results with the results from university of Illinois _ Chicago which found that writing was the most frequent method used to communicate with deaf patients, and only 22% used sign language method [3].
- 59% of doctors thought that they cannot understand the patient's complaints without knowing of sign language, and this will affect patient's trusting on doctors and decrease their searching for medical advice, a study was done to examine the effectiveness of a workshop on increasing osteopathic student physicians' confidence and knowledge when interacting with ASL-using patients, Students completed a pre-test, rated their confidence levels and took a video quiz on basic medical signs, They then attended a 4-hour workshop and, 2 weeks later, completed a post-test. The result found that, Video quiz scores increased significantly from pre-test to post-test. Students also reported increased levels of confidence in interactions with the Deaf community [4], also this concept appeared in the deaf community in Tasmania-Australia that investigated by a study found that health as concept was poorly understood, including mental health, sexual health, and health concerning alcohol and drug abuse due to sense of security, trust

and confidence and said that deaf remain underserved by the current health care system [5].

- Regarding the improvement of doctors awareness and skills in sign language 68.5% are agree with adding of sign language to medical curricula, we confirm that by an intervention study that conducted Two sign language courses to under graduate dental student and found that it did not remove a communication barrier only but has assisted in the empathetic and ethical development of the dental student [6]. (53.8%) think that the doctors should learn sign language.

Conclusion

A large number of doctors did not use the most appropriate method (sign language) to communicate with their deaf patients, but they were interested and felt readiness to learn sign language and agree with adding of it into medical curricula. When doctors learn sign language and use it in qualified manner, deaf persons will feel more positive toward medical advice and consultation; this will improve the medical services for them. Make a special health centers for deaf patients is a second chosen suggestion but it restricted by the high financial needed to be applied, the thing that raise the other option which is teaching of sign language for doctors and make training courses for them. The addition of sign language in medical curricula insure that doctors in the future will have better communication skills, and will become more qualified and experienced in dealing with patients have special needs.

The conclusion is that we need more efforts to improve our communication with deaf patients or patients with hearing problems in order to give them a high quality medical service.

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