LANGUAGE MEDIATION DURING CONSULTATIONS BETWEEN DEAF PATIENTS AND HEALTH CARE PROVIDERS AT CHIVHU HOSPITAL, ZIMBABWE

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ABSTRACT

Different global sectors were significantly impacted by the Covid-19 pandemic's spread. People who are deaf are among those who have a disadvantage when it comes to learning about the pandemic. By analysing how much the Covid-19 pandemic exacerbated language barriers between the Deaf community and healthcare providers, this study problematises this divide. Virtual interviews and focus group discussions (FGDs) with Deaf merchants and other Deaf people living in Chivhu, Zimbabwe, were used to gather data for the study. Observation and document analysis were also utilized to supplement these two approaches of data acquisition. The study used critical theory as its theoretical framework to better understand the communication difficulties between Deaf and Healthcare practitioners. According to the study's findings, Covid-19 had a significant impact on how Deaf people and healthcare workers interacted, which helped the Deaf population receive health services. In addition, the lack of qualified Sign Language interpreters to close the communication gap between Deaf patients and healthcare professionals made it more difficult for Deaf people to access healthcare facilities. Although communication is essential for Deaf people to exercise their linguistic rights, right to healthcare, and right to information, the study's findings show that healthcare personnel lack the necessary skills to make sure that Deaf people's fundamental rights are not violated. The report suggests, among other initiatives, that during emergency crises like those brought on by the Covid-19 pandemic, the Government of Zimbabwe, the health system, and various stakeholders should provide accessible information and language mediators for the Deaf.

Key Words: *Covid-19, language mediation, language barriers, Deaf, healthcare providers.*

Introduction

Language issues, which can lead to misunderstandings or a complete breakdown in communication, have a substantial impact on the cost and quality of healthcare. This study looked into the difficulties hearing patients and healthcare workers had communicating during the Covid-19 pandemic. The study's primary subjects included Deaf people, healthcare professionals, and language interpreters at Chivhu Hospital. The purpose of the study was to show how language mediation between Deaf patients and healthcare professionals was impacted by the Covid-19 epidemic.

In addition to the aforementioned objectives, the study also sought to highlight the language obstacles that developed between the Deaf and healthcare professionals as a result of the Covid-19 outbreak

and pinpoint potential remedies. In Zimbabwe, sign language is the sole recognised language that is not spoken, making it a particular circumstance that requires specific consideration in comparison to other recognised languages protected by the 2013 Constitution of Zimbabwe Amendment (No.20) Act. Since English and other prominent indigenous languages like Shona and Ndebele have marginalized sign language, Akach (2010) refers to this as double linguistic imperialism.

Deaf individuals cannot operate and participate fully in society without Sign language because it is the primary means of communication for deaf people. A Deaf person becomes disabled if Sign language is taken away from them. Deaf persons cannot function in society, receive an education, or convey their medical needs, for example, without the use of sign language (Matende, 2019).

Svongoro and Matende (2021) claim that Covid-19 pandemic outbreak has made it more difficult for Deaf people to communicate in the legal, journalistic, educational, and medical fields. In this study, communication barriers between Deaf people and healthcare professionals were identified, either as potential or actual solutions. The lack of language-mediated contact during the Covid-19 pandemic between Deaf people and medical professionals, which made it difficult or impossible for them to access health information, inspired the researchers to carry out this study. People with disabilities are more likely to be in unsafe situations during crises and disasters because they lack access to platforms for communication and information, claim Mhiripiri and Midzi (2020).

According to Ndlovu and Dube (2021), the Deaf and other persons with disabilities are more at risk of getting the coronavirus disease and spreading it to others if they don't have access to information at the right time, in the right language, and of the right quality. The study also demonstrates that the expansion of Covid-19 deprived people of their human rights to information and to speak their own language. The information flow between Deaf and Healthcare providers is hampered by a shortage of skilled Sign language interpreters, making it more difficult for the Deaf to access information about COVID-19 in Sign language.

Additionally, because Sign language is uncommon and receives little attention, Deaf persons are more likely to be given the incorrect prescription or to be delayed in hospitals (Mutswanga & Sithole, 2014). This paper focuses on the Deaf and healthcare professionals in the health sector during the Covid-19 pandemic. It examines the significance accorded to the use of Sign language and what is reflected on the ground in light of these circumstances.

The study aims to provide answers to the following issues in light of the brief description of the communication difficulties experienced by the Deaf when seeking medical care:

(a) How will Covid-19 continue to impact the way Deaf people and healthcare professionals communicate?

(b) Which linguistic impediments prevent Deaf people from speaking with medical professionals

during the Covid-19 period?

(c) What could be done to lessen the communication gaps between Deaf individuals and medical professionals during the Covid-19 pandemic?

After realising there were gaps in language mediation between the Deaf and the healthcare personnel during the Covid-19 pandemic, the researchers were inspired to conduct this research investigation. Members in the Deaf community were unable to access health information or had limited access due to language barriers. According to Mhiripiri and Midzi (2020), people with disabilities are more susceptible to dangerous conditions during times of crisis and disaster because they lack access to communication and information platforms.

Healthcare providers, for example, do not offer qualified Sign language interpreters to facilitate communication between the Deaf and the Healthcare providers, resulting in delays in the transmission of crucial Covid-19 information to the Deaf community. This is because translation and interpretation are not yet fully established disciplines and professions in Zimbabwe.

Literature Review

d/Deaf distinction

The cultural or sociological paradigm, which uses an uppercase "D" for "Deaf," avoids using the word "deafness," and sees Deaf people as part of a community that is identified by social and group traits. According to Middleton, Emery, Palmer, and Boureault (2013), the medical model refers to "deafness" and treats it as a medical problem. The first purpose of the d/Deaf difference was to emphasise that being deaf is a social experience (Kusters, 2017).

O'Neill (2003) asserts that the lowercase "d" for the "deaf" is used to identify anyone who is hard of hearing or deaf. Deafness is seen in this sense as a condition that has to be treated or as a sickness. The primary means of communication for those who are deaf, hard of hearing, or deafened is not sign language. They like using technology, writing, lip-reading, speaking, writing, and other tools, such hearing aids, to communicate. People who are deaf do not conform to the cultural model of deafness because they think that being deaf is a severe problem, and as a result, they do not have a good sense of who they are as deaf people (Khalifa, 2018). Deaf people prefer to live among hearing people, and rely significantly on medical technology to provide them with some communication.

The uppercase "D" for the Deaf is regarded as a linguistic and cultural minority group, much like any other racial or ethnic group. This community does not wish to be categorized as having a disability since they view their deafness as an identity rather than a disability (O'Neill, 2003). They see themselves as a unique cultural group with a common history and set of values (Ladd, 2003). Sign language is well-known to and relied upon by those who use the uppercase letter "D" as a means of identification. In contrast to literal translations of spoken languages, sign languages are distinct in and

of themselves. Many Deaf people speak many languages because they use both signed language and written language, claims Grosjean (2008).

Kusters et al. (2017) observe that many authors used 'deaf' for individuals and 'Deaf' for sociocultural entities like the 'Deaf community' and or established theoretical concepts, such as 'Deaf culture' (e.g. Haualand 2012). Furthermore, some of these folks can identify as "Culturally Deaf." They are more likely to use sign language as their primary or preferred means of communication, to be pre-lingually deaf, and to have either been born deaf or experienced hearing loss early in life. Therefore, given that Sign language is what these patients understand, hospitals in Zimbabwe should take reasonable steps to accommodate them.

Language mediation in the healthcare sector

To comprehend the specific terminology, grammar, and knowledge in the industry, any language mediator in the healthcare sector must possess subject-matter expertise. Sign language interpreters are essential for fostering efficient communication between hearing healthcare workers and Deaf patients (Skarbaliene, Skabalius, and Gedrime, 2019). Health professionals who use sign language must be cognizant of nonverbal cues including body language and facial expressions. Koester and Lustig (2010) contend that cultural sensitivity is essential for meaningful communication because cultural variations communicate various meanings and values related to a particular social system. Therefore, Sign language interpreters should be aware of the cultural differences between the Deaf and healthcare professionals to effectively communicate in the healthcare sector.

Covid-19 has pushed language mediation in the healthcare sector because crucial information on the transmission and prophylactic measures related to the pandemic must be translated from one language to another. By relying on contemporary methods like video conversations and social networking sites, the pandemic heightened the demand for remote interpretation by enabling the interpreter to be accessible when needed from a distance. This shows how important it is for individuals who understand several languages to exchange medical information in the healthcare sector. However, some of the data is not offered in formats that Deaf people can use. Communication problems arise between the Deaf and healthcare professionals when the Deaf lack access to information in a language they can understand.

Global issues around Covid-19 and its impact on communication in hospitals

As a result of the Covid-19 pandemic, communication barriers between Deaf people and healthcare professionals have gotten worse worldwide. Galvin (2020), for instance, asserts that language access has been an issue in medical offices, hospitals, and the public health sector in the United States of America. In the Covid-19 age, doctors struggle to communicate with non-English speaking patients, which results in delays, errors, and poor treatment for them. Medical establishments have used their

skills remotely through phone conversations and video conferencing. This strategy, though, has shortcomings. The fact that certain medical facilities lack the technological and logistical capacity for remote interpretation is one of the disadvantages.

Another issue arises from the fact that health information is often provided in Australian hospitals in written form and is available in English and other languages (Beaver and Carty, 2021). Because of this, The Deaf are more likely to not receive enough information to manage and make decisions about their health. One of the issues Deaf individuals have with the healthcare system is health literacy (Beaver and Carty, 2021). Throughout the epidemic, it was challenging for the Deaf and medical professionals to communicate due to the usage of face masks, social marginalisation, and a lack of sign language interpreters in Australia. Therefore, it is evident from the material that is currently accessible on communication with the Deaf in healthcare facilities how the Covid-19 pandemic affected communication between the Deaf and healthcare.

The Socio-linguistic Status of Sign Language in Zimbabwe

Human rights organizations acknowledge and promote the use of Sign language alongside spoken language (Kiprop, 2019). Such organizations pressure governments to facilitate language use to support the linguistic identity of the Deaf population. The 2013 Constitution of Zimbabwe Amendment Act No.20 Section 6 regulates language use in Zimbabwe and lists the country's official languages as Chewa, Chibarwe, English, Kalanga, Koisan, Nambya, Ndau, Ndebele, Shangani, Shona, sign language, Sotho, Tonga, Tswana, Venda, and Xhosa (Ndlovu, 2020). As a result, under Section 6 of the Constitution, Zimbabwean Sign language has the legal standing of one of the country's officially recognized languages. The Constitution's Section 6 (4) mandates that the State promote the use of all languages spoken in Zimbabwe, including Sign Language, and must foster the growth of those languages.

Access to Healthcare by the Deaf

Kimumwe (2020) claims that African governments are utilising social media and mobile phone platforms, as well as mainstream media, such as radio and television, as well as information and communication technology (ICT) to spread public knowledge of the Covid-19 pandemic. The fact that some people with disabilities cannot access information on Covid-19, however, is causing growing concern. This is because, despite the recent increase in the usage of ICTs in the area, a sizeable minority of individuals with disabilities still experience digital exclusion.

Without the assistance of a sign language interpreter, many deaf persons in South Africa who use South African Sign language as their primary mode of communication are unable to converse. Additionally, persons who rely on lip reading for communication find it challenging when wearing surgical masks *(Mckenney, Mckenney & Swartz, 2021: 4)*. For Deaf persons, accessing health care

services may be more challenging due to interpersonal factors such as lack of independent thought, a non-questioning attitude, and communication problems (Kritzinger, Schneider, Swartz & Braathen, 2014).

It is possible to learn more about the barriers to effective communication between the Deaf and healthcare professionals during the Covid-19 pandemic from the material discussed in this section about access to healthcare by members of the Deaf community. The likelihood that Deaf people will receive information on preventative healthcare is decreased when that information is unavailable in a language they can comprehend. The sole form of communication that must be made available to the Deaf in medical facilities is sign language. As noted by Khlaifat (2021), communication between the Deaf and hearing people in most social contexts, including healthcare institutions, depends on language mediation by Sign language interpreters to allow the Deaf to obtain high-quality medical care.

A Sign language interpreter is a crucial component of the communication process in these situations because it is his job to communicate thoughts, information, and sentiments to and from the Deaf person while also facilitating his interaction with the hearing community (Cawthon, 2001). To ensure that communication between the Deaf and medical professionals is effective and that they comprehend what is being said regarding their conditions and available treatments, a professional Sign language interpreter should be present.

The majority of people with physical disabilities, especially the Deaf, primarily rely on the assistance of family members or a close relative who accompany them as they walk around to access different needs, however, due to the lack of professional language mediators (Hendriks, 2009). Since most family members and relatives lack the necessary skills to interpret in medical settings, relying on them for Sign language interpretation in the health sector runs the risk of subjecting the Deaf to erroneous interpretations.

Apart from the ability to interpret accurately, Section 3.33.6 of Zimbabwe's the National Disability Policy emphasises the issue of confidentiality. It states that:

> The Sign language interpreter shall handle any data, fact or information he or she may be aware of in connection with his or her services in a confidential manner…

Family members and friends may not be aware of the consequences of the aforementioned National Disability Policy statement on the rule of behaviour and ethics for professional interpreters. The employment of inexperienced interpreters in medical consultations is discouraged by Bonder and Miracle (2001: 37), who point out that patients might not feel comfortable disclosing information about their health. However, studies have indicated that Deaf persons report having positive healthcare interactions when skilled Sign language interpreters are present (Kuenburg, Fellinger and

Fellinger, 2016). A healthcare professional must employ language skillfully to determine the medical problem affecting a patient and offer the best course of treatment.

According to Tonney-Butler and Unison-Pace (2023), the examination stage is when the medical professional will learn more about the patient's symptoms, medical history, and a specific medical issue. Because they emphasize the importance of effective communication in the healthcare profession, the findings from the examined literature are therefore particularly informative for this particular study.

Language barriers between the Deaf and the healthcare professionals

According to Ashifa (2021), language barriers are linguistic features that cause miscommunication or misconceptions between participants in a communication event. The language barrier is the most significant obstacle since it impairs one's capacity to communicate with others, which is necessary for survival. It might generate difficulties for newcomers, such as finding work, acquiring an education, obtaining medical treatment, acquiring housing and generally surviving (Ashifa, 2021). Language barriers in the healthcare sector increase the cost and length of treatment for Deaf patients, and miscommunications between Deaf patients and healthcare providers lower satisfaction levels for everyone involved while also lowering the standard of care and patient safety (Shamsi, Almutairi, Mashrafi, and Kalbani, 2020). Delays in communication between healthcare professionals and patients may lead to inaccurate diagnoses, subpar patient examinations, and incompletely prescribed treatment plans. Most healthcare personnel are not fluent in Sign language, thus they must use an interpreter to speak with Deaf patients who use Sign language to communicate. This creates communication difficulties for the Deaf. As a result, the Deaf are unable to immediately access and receive information from healthcare providers in their mother tongue to make decisions about their health (Wheatley, 2021).

The Covid-19 pandemic epidemic made it even harder for Deaf people to communicate with medical experts. According to Khlaifat (2021), the use of Sign language for the Deaf, which relies on an interpreter to transmit information from the speaker of the source language to the speaker of the target language through the use of gestures, facial expressions, and lip- and body-movements, was impacted by the Covid-19.

Face coverings make it difficult for Deaf people to communicate in healthcare settings and other contexts because their communication heavily relies on lip reading and reading facial movements (Grote & Izagaren, 2020). Face masks have been a useful intervention in reducing the transmission of the coronavirus disease from one person to another. "Facial movements are typically referred to as facial expressions and as such are seen primarily to be expressing our emotions," writes Manusov (2015: 2). Wheatley (2021) also makes a passing reference to the fact that face masks can prevent

people from reading facial expressions, lips, and emotions, which can lead to misunderstandings and potentially worsen feelings of isolation and frustration. When someone is signing, their facial expressions influence what they are signing. As a result, the Covid-19 has made it more difficult for Deaf people to communicate since some facial expressions that are important for signing might be hidden under a face mask.

Furthermore, even though Sign language is the first language understood by Deaf individuals, it was frequently unavailable during the Covid-19 pandemic when the most important information was needed (Garg, Deshmukh, Signh, Borle & Wilson, 2020). When such important information is not accessible in a manner that the Deaf can understand, this vulnerable population faces a higher risk of getting the virus because of a lack of knowledge about the pandemic. Written notes or information are not always an efficient mode of communication with the Deaf who rely on Sign language, claim Grote and Izagaren (2020).

The Methodology

The researchers conducted semi-structured interviews with medical staff at Chivhu General Hospital, medical interpreters, and the Deaf people who typically make a living as vendors at a bus terminal in Chivhu's central business district to gather pertinent information about the impact of Covid-19 on language mediation. Because one of the researchers is competent in Sign language, the semi-structured interviews were performed face-to-face. However, some of the semi-structured interviews were performed remotely utilizing social media platforms like WhatsApp and Meta because of the hazards connected to the transmission of the Covid-19 epidemic. Data were also gathered through focus group discussions (FGDs). The study set up a WhatsApp group with six healthcare professionals and four Deaf people who live in Chivhu to elicit their view regarding how they perceived their communication with either healthcare providers or with deaf patients, particularly during the Covid-19 pandemic outbreak.

Finally, the researchers were able to study how the Deaf engage with medical professionals utilising non-participant observation. The researchers observed that there are typically no Sign Language interpreters permanently assigned to Chivhu Hospital which presents significant communication challenges for Deaf patients. These communication challenges will be discussed in greater detail in the study's findings and analysis section.

The researchers used desk-top research to supplement the data obtained from semi-structured interviews, FGDs, and non-participant observation. For details about communication with the Deaf in healthcare settings, information was gathered from books, newspaper articles, and prior studies as

well as pertinent documents (such as The National Disability Policy, the Public Health Act, the Freedom of Information Act, and the 2013 Constitution of Zimbabwe Amendment No. 20 Act). This approach of data collection is suitable for this study since it allowed the researchers to compare the experiences of present research participants with those of participants in different healthcare settings. The researchers gained knowledge about the state of healthcare in Zimbabwe through the analysis of policy documents and other pertinent literature.

FINDINGS AND ANALYSIS

Communication gaps between the Deaf and Healthcare providers

According to the information gathered through interviews, sign language interpreting is essential in the healthcare industry to facilitate communication between Deaf patients and medical staff. Although healthcare translation and interpretation are not yet recognized as professions in Zimbabwe, one of the healthcare Sign language interpreters the researchers interacted with during semi-structured interviews stressed that Sign language interpretation is important because it helps non-deaf people to communicate with people who are Deaf. They also act as helpers of the deaf in hospitals. However, efficient communication is essential in healthcare facilities, claim Rimal and Lipinski (2009), since it ensures patient happiness, helps healthcare professionals comprehend patients' problems, and guides them in making the best decisions.

Data from focus group discussions (FGDs) with seven healthcare professionals, three deaf individuals, and language interpreters performed on the WhatsApp platform reveals that Covid-19 exacerbated communication obstacles between the Deaf and healthcare professionals. One of the respondents during the FGDs stated that while communication issues existed in hospitals prior to the Covid-19 pandemic due to a lack of sign language interpreters, the pandemic has made it harder for the Deaf to access information because some of the government's measures to stop the virus' spread, such as the wearing of face masks, made it much harder for Deaf patients to communicate with non-disabled people. According to Grote and Izagaren (2020), Deaf people felt alone and disregarded because of a lack of support and a lack of Covid-19 information available in an accessible format.

However, the communication problems mentioned in the paragraph above show a clear disregard for the Constitution by the Zimbabwean government. For instance, Chapter 17 of the 2015 Zimbabwe Sign Language Act specifies that:

The State and private hospitals and all health centres shall take steps to ensure access to health services by Deaf persons, including the free provision of Zimbabwe Sign Language interpreters for Deaf patients.

The reality on the ground shows that little has been done to guarantee Deaf patients' access to

healthcare, in contrast to the above clause of the Zimbabwe Sig language Act. According to Deaf people who were interviewed for the study, it is difficult for Deaf people to obtain healthcare because sign language interpreters are not always available at Chivhu hospital, which delays the delivery of care to Deaf patients.

One of the Deaf persons interviewed reported that:

> It can be difficult to properly describe how you are feeling or discuss your health with a doctor or nurse using paper or a pen; as a result, you can wind up talking about your main issue without fully describing how it began. This is true since there are no translators available in hospitals to facilitate successful communication with healthcare personnel.

Based on observations conducted during the study, it has been determined that HIV/AIDS counsellors at Chivhu General Hospital communicate with Deaf patients using written English. The profession is not taken seriously, especially in the healthcare industry, because there is no code of conduct, no training, and no accrediting authority for interpreters who work in hospitals in Zimbabwe (Nkala, 2019). However, based on these results, language mediation is crucial when speaking with Deaf patients.

There are no permanent interpreters in hospitals, according to workers who participated in interviews with sign language interpreters and healthcare professionals. According to a report, the hospital occasionally employs qualified translators to offer their services when necessary. Due to a shortage of healthcare sign language interpreters, most of the time a family member, friend, or anybody else who can communicate in sign language interprets for the Deaf in healthcare settings. Another healthcare professional whom the researchers had the chance to speak with regarding the dearth of sign language interpreters in Zimbabwe's hospitals stated that:

> In healthcare settings, the Deaf are typically assisted in communicating by a family member or relative who is proficient in sign language. However, if the family member is not adequately prepared to act in such a delicate situation, this technique may present serious communication challenges. Sometimes, the patient is subjected to greater health risks because the assistant is unfamiliar with important medical terminology.

The aforementioned highlights two crucial issues. The first is the requirement for highly educated interpreters to reduce the likelihood of a wrong diagnosis, delays in service delivery, and errors that could endanger the patient's life. The second concern is that the Zimbabwean government must give the execution of Section 3.7.12 of The National Disability Policy top priority. As was already said, the clause makes it very plain that all healthcare facilities must make sure that sign language interpreting services are offered. To a certain extent, this suggests that students pursuing degrees in health-related fields should receive training in Zimbabwean Sign Language so they are more equipped to interact

with Deaf patients.

Communication barriers between the Deaf and Healthcare providers

Due to a shortage of qualified Sign language interpreters in hospitals, Deaf persons were interviewed over WhatsApp chat and revealed that they had trouble connecting with healthcare workers in hospitals due to linguistic barriers. Deaf people's responses during interviews further supported the difficulties in communicating with hospital staff that Deaf patients encounter. According to a Deaf person the researchers interacted with:

> A Sign Language interpreter is necessary if we are to properly communicate with hearing people who are not proficient signers. However, the majority of hospitals don't have permanent translators, therefore patients must wait until the hospital hires one to communicate with the healthcare professional.

This depressing reaction demonstrates the importance of sign language interpreters in the healthcare industry because Deaf people have trouble communicating their problems to medical professionals. According to Andriakopoulou, Bouras, and Giannaka (2007: 3), the fundamental objective of interpreters, is to make the communication experience as comprehensive as possible for both hearing and Deaf people. The deaf community's voice is provided via interpreters.

Data gathered from FGDs supported information gathered through interviews and observations. Participants in FGDs generally agreed that it is very challenging for the Deaf to communicate with healthcare professionals without the availability of a Sign language interpreter. In order to offer the best treatment option(s), doctors and nurses must completely appreciate any potential health issues the Deaf patient may be facing. During FGDs, one of the participants made it very apparent that, *until a patient expresses how they are feeling, it is impossible to ascertain their state of health. Sign language interpreters are essential for the Deaf as they serve as the patients' voice.*

According to the United Nations (UN), (2006) every individual has a fundamental right to the best possible level of health, which can be realized when they have access to medical care in a language they can comprehend (Kuenburg, Fellinger, and Fellinger, 2015). In relation to the need for all citizens to access health care services in the language they best understand, another participant during FGDs indicated that: *A patient's treatment begins with a background check, which includes inquiries about the patient's name, age, and domicile as well as inquiries about the patient's current state of health and how the health issue first arose*. Furthermore, since the casualty unit's medical staff is the first to provide patients with medical care, there should be a sign language interpreter present.

The above comment made by one of the participants during FGDs demonstrates how language is crucial from the time a patient enters a medical facility to the point of diagnosis.

Data gathered from interviews reveals that the Covid-19 epidemic is posing communication challenges

for the Deaf when trying to get healthcare. With a full understanding of the communication difficulties present in hospitals, many deaf persons avoid accessing healthcare facilities because many healthcare workers are unable to communicate using Sign language. One of the interviewed deaf woman has been quoted saying that:

> When I first visited the hospital to register for my pregnancy, I was ignored because there was no sign language interpreter available to help me. Then, when my pregnancy was due, I simply showed up at the facility for labor, and the nurses later accused me of neglecting to schedule and register for trimesters monitor.

The responses above demonstrate that medical professionals have a bad attitude about the Deaf, which is why they are not treated promptly in hospitals. According to Choruma (2006), some medical staff members' negative attitudes might make it challenging, "complicated," or embarrassing for people with disabilities to visit the medical facility. Additionally, the attitude of medical experts has a significant impact on how confident people with impairments feel about themselves. People with disabilities can exhibit extremely low levels of self-esteem when they are not treated with respect.

The paper’s conclusions therefore, showed that sign language interpretation is crucial in the health sector at various stages, including consultation, first examination, diagnosis, prescription, and report stage, among others. The quality of the Deaf patient's care depends heavily on this.

Lack of Access to Healthcare Service Providers who are Proficient in Sign Language

Document analysis indicated that there is a lack of access to healthcare services for the Deaf. Section 76 (1) and 29 of the Constitution of Zimbabwe Amendment No.20 Act where the rights of a person to Healthcare are guaranteed language disappears, This section states that:

> Every person and permanent resident of Zimbabwe has the right to have access to health-care services, including reproductive health-care service.

The clause of the Constitutional section above is in conflict with the hospital's lack of assigned Interpreters. Ndlovu and Dube (2021) contend that access to healthcare and information require careful thought and selection of both the language used to communicate information and the language used in healthcare facilities and services.

According to section 29 of the Constitution of Zimbabwe Amendment *No.20 of 2013* Act,

> The state must take all preventive measures within the limits of the resources available to it, including education and public awareness programmes against the spread of disease.

Although information on the causes, symptoms, and treatments for the pandemic has been made available in the three so-called major languages of Zimbabwe—Shona, Ndebele, and English—few formats are accessible to the Deaf, according to participants in the study's participant interviews. Only English speakers are catered to by the Zimbabwe COVID Safe Interactive Application, which was

created by the Ministry of Health and Child Care with the goals of reducing the volume of calls to healthcare facilities, educating the public about Covid-19, and disseminating official ministry news. Users of Sign language have been cast aside as a result. Since the state is required by this part to take preventive measures, educate the public, and undertake awareness campaigns against the transmission of disease to Zimbabwean citizens and permanent residents. Hence, it is necessary for the state to produce this application in Sign language.

The State, its institutions and agencies of government at all levels shall ensure that all legally recognized languages are treated equally, according to Section 6 (3) of the Zimbabwean Constitution. This means that a person who communicates with sign language should not feel excluded from healthcare settings and should be addressed in their own language. Additionally, section 6 (4) mandates that the State advance and encourage the use of all languages in Zimbabwe, including sign language, as well as establish the necessary frameworks for their growth. The provisions of Section 6 of the Zimbabwean Constitution are not being followed in hospitals because Sign language is not given the same respect as other languages that are recognized by the government.

Despite the fact that the Constitution's language protections for the Deaf are ignored, it is admirable that some hospitals are working with Deaf organisations to ensure that the Deaf receive proper care without encountering communication problems in healthcare facilities. Sign language has been taught to healthcare professionals like nurses, nurse assistants, counsellors, doctors, and mortuary attendants. The state of Zimbabwe is promoting the use of Sign language in hospitals, but there are still not enough Sign language interpreters in hospitals who will make communication with the Deaf possible, according to the researcher's observations. Although Sign Language is recognized as an official language, there are no official facilities to train professionals like nurses and doctors to communicate with the Deaf.

Lack of access to health information for the Deaf

Focus group responses revealed that the Deaf also face difficulties in finding accurate and trustworthy Covid-19 information. One of the participants in a focus group revealed that the majority of Deaf people lack the gadgets and technology tools necessary to interact with healthcare experts via remote interpretation. Additionally, hospitals in Zimbabwe lack a digital health platform to care for patients remotely. Mantena and Kashavjee (2021) claim that the use of remote monitoring for patients lowers the frequency of follow-up hospital visits, hence reducing the viral spread. In order for the Deaf to receive health information in hospitals, various digital health platforms are required.

Additionally, information on Covid-19 is not always accessible to the Deaf, according to data gathered from interviews. Another Deaf person who was interviewed by the researchers provided the following comments regarding the accessibility of Covid-19 information to Deaf people:

> It was challenging to get electricity during the lockdown, and it was difficult for the deaf to obtain information. Sign language interpretation was not offered in all ZTV advertisements, and it was only offered during the news hour.

One can infer from the foregoing remark that during the Covid-19 pandemic, the Deaf had limited access to information. The delivery of correct health information during the Covid-19 outbreak among the hearing-impaired communities in Zimbabwe is a concern, because there is no common sign for this virus (Matende and Mabugu: 1). As a result, this demonstrates how Covid-19 affected how hearing and Deaf people communicated in healthcare settings. Section 16 of the Freedom of Information Act, for instance, indicates the following based on the researchers' study of pertinent documents:

> When an applicant requests information, it must be given to them in the official language requested by the applicant. If an entity does not already have the information in the requested language, it must make every effort to translate it and may charge the applicant for the reasonable costs of doing so.

Despite the fact that the clauses used in this section are mandatory, the section does not receive full credit because it requires patients in the healthcare industry to pay money for translation costs if the healthcare providers do not have the information in the requested language, whereas in other settings, such as courtrooms, interpreting and translation services are provided at no cost to the person in need of them. One of the healthcare professional, the researchers interacted has been quoted saying:

> I am conversant in Sign language, which helps me communicate with the Deaf without any issues, and the fact that I speak in a language used by the Deaf builds trust with my patients. To be able to interact with Deaf patients, nurses and doctors need to take Sign Language classes.

According to the response above, it is crucial for healthcare professionals to learn Sign language so they can interact directly with Deaf patients in hospitals. According to Bledsoe (2018), patients are given the best treatment outcomes when a healthcare practitioner can speak to them directly in their language, particularly when the patient seeks privacy and compassion from their nurse or doctor. Therefore, it is preferable for medical professionals to be proficient in Sign language to ensure that Deaf patients receive quality care quickly.

The impact of Covid-19 on language barriers between the Deaf and healthcare providers

The COVID-19 epidemic is a significant issue that is obstructing effective communication between Deaf patients and medical staff at Chivhu General Hospital. The epidemic has made it exceedingly difficult for language mediators and healthcare providers to carry out their tasks effectively and efficiently (Ndlovu and Dube, 2020). This was mostly owing to the fact that some service providers, such as

language translators, and service recipients, particularly the Deaf, were unable to get healthcare services as a result of imposed travel restrictions and national lockdowns that made it difficult for individuals to travel.

The results of this paper showed that there were numerous communication barriers between Deaf people and healthcare professionals during COVID-19. The epidemic has made it exceedingly difficult for language mediators and healthcare practitioners to carry out their tasks properly and efficiently, according to interview participants. Data gathered from interviewees showed that because transportation between locations was prohibited, countrywide lockdowns enforced made it difficult for the deaf to access healthcare facilities. During interviews, a Deaf respondent stated the following:

> Due to linguistic issues, it was more difficult for us to secure exemption letters from the appropriate authorities during national lockdowns, which made it harder for us to access healthcare services and when we get to the hospitals, the nurses and doctors turn us away, making it impossible for us to explain our situation due to language issues.

Additionally, data gathered from interviews reveals that lip reading is hampered for the Deaf who communicate using Sign Language when wearing a face mask to stop the spread of Covid-19. According to Garg, (2021), sign language users must be able to read lips and facial expressions to comprehend what is being said. Face masks also present a challenge. People who use hearing aids or cochlear implants rely on lip reading to better understand what is being said because it reduces some frequencies of sounds that aid with speech clarity. One of the interviewed Sign Language interpreters said that:

> Because face masks obscure crucial aspects of Sign language, such as lip reading and facial emotions, it is challenging to get all the information from the healthcare practitioner. Transparent face masks are appropriate in this situation for tackling this difficulty since they make it simple for us to read lips while simultaneously defending ourselves against the pandemic.

Another healthcare professional who was interviewed added that the Covid-19 pandemic outbreak was a terrible circumstance for everyone around the world, therefore going to work was risky and putting their lives in jeopardy. During the Covid-19 outbreak, it is extremely challenging for the hospital to find Sign Language interpreters because everyone is fleeing for their lives. Ali, Noreen, Faroog, Bugshun, and Vohra (2020), pointed out that as Covid-19 spreads, hospitals become overrun with infected patients. As a result, healthcare professionals are at a higher risk of contracting the virus because they are in charge of managing and treating those who are infected. This demonstrates that it was challenging to find a Sign Language interpreter during this outbreak, which therefore resulted in communication challenges between the Deaf and Healthcare providers.

One of the healthcare workers had this to say:

> We are among the vital personnel that worked throughout the lockdown to identify, treat, and care for both Covid-19 patients and non-Covid-19 patients. During the Covid-19 outbreak, pressure, stress, and the dread of losing our lives was a part of everyday existence. It was challenging to find a sign language interpreter to care for the Deaf during the pandemic lockdown since hospitals don't have any assigned Sign Language interpreters to help the Deaf communicate.

The focus group discussions revealed that it was best if the hospitals provided remote video technologies so that the Sign Language interpretation services could be provided away from hospitals, thereby minimizing interactions. Interpreters are reluctant to interpret in hospitals due to their fear of contracting the virus. It has been noted, nonetheless, that the majority of Deaf persons lack the gadgets necessary to access the video conversation with the healthcare physician and the Sign Language interpreter. In Zimbabwe, additional network issues and power outages make remote interpreting for the Deaf difficult.

Discussion

The researchers found that Covid-19 has a negative impact on language-mediated communication between Deaf patients and healthcare professionals in Zimbabwe and other nations throughout the world. The most crucial element of healthcare was determined to be communication between the patient and the healthcare professional. When Covid-19 is spreading, giving patients who are Deaf with adequate, efficient, and timely healthcare is difficult due to language limitations. Accessing healthcare information for the Deaf in Zimbabwe is hampered by a lack of qualified Sign Language interpreters. The majority of sign language interpretations are performed by bilingual family members, friends, or other healthcare professionals who are not trained to interpret in a medical setting, which raises the risk of medical errors, reduces the effectiveness of communication between the Deaf patient and healthcare provider, and impairs patients' rights to privacy and security.

In Zimbabwean hospitals, remote interpreting is ineffective due to a lack of equipment to support such interpretations, according to research findings. This makes it difficult for Deaf people to get healthcare information when Covid-19 spreads. The results of interviews show that face masks prevent lip reading and facial expressions, which are crucial components of sign language. This demonstrates that Covid-19 has made it difficult for the Deaf to communicate.

The findings of the study also point to a gap in Zimbabwe's language regulation of health-related

topics. The right to healthcare is clearly addressed in Section 76 of the Zimbabwe Constitution Amendment No.20 Act, where the wording of one's choice is removed, rendering the clause unconvincing. Furthermore, Section 16 of the Freedom of Information Act mandates that information be given to a requester in the language they specify, despite the fact that there are no professional Sign Language interpreters available in hospitals to help with communication whenever a patient who is Deaf enters the facility. Instead, Sign Language interpreters are hired, which delays the patient's treatment.

Conclusions

The lack of health information regarding the Covid-19 pandemic's treatment, prevention, and news has led experts to the conclusion that Deaf individuals are most at danger during its spread. The lack of Sign Language interpretation in the healthcare delivery system is another factor contributing to the communication difficulties experienced by the Deaf and healthcare providers in Zimbabwe. Zimbabwe's language policy and position are both very weak and unpersuasive. Since one cannot understand health information on treatment, prevention, and prescriptions in a language they do not understand, linguistic human rights serve as the foundation for true access to healthcare. To add to this, the government is failing to provide professional health Sign Language interpreters and to equip hospitals with technologies that are suitable for remote intercommunication for the Deaf.

Recommendations

The following suggestions are essential for lowering communication gaps between Deaf patients and medical staff during a pandemic such as Covid-19:

1. To support communication of the Deaf in the healthcare sector, the Government of Zimbabwe and the Ministry of Health must provide qualified Sign Language interpreters. This would lessen potentially fatal situations including misdiagnosis, holdups, prolonged hospitalizations, and incorrect treatment that might deteriorate the patient's health or cause their death.

2. Zimbabwe’s hospitals should ensure that Deaf patients are attended to in a language they understand beginning at the front desk, i.e., there should be a Sign Language interpreter to facilitate successful communication for the Deaf patient.

3. To ensure that Deaf patients receive the same high-quality care as hearing patients, healthcare workers should be taught how to communicate using sign language. Information

about the function and significance of sign language interpreters in the healthcare setting should also be made available to healthcare providers.

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