multilingual MANCHESTER

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Research into language choice and multilingualism in the medical profession

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Research question and methods

The main hypothesis we aimed to investigate in our project was whether profession influenced language choice. However, we decided to narrow this hypothesis down to be aimed solely at the medical profession. Our aim was to observe multilingual doctors in relation to their first language and any other languages of which they were speakers in hope of obtaining data about language choice, and whether it is affected by the speaker recipient, context or any other variables.

Another premise we were also hoping to investigate was whether the multilingual doctors would make assumptions based on information received, for example, if they knew that a patient was of a different nationality would they then proceed to speak one of the main languages from that nation, or wait until the patient spoke before making their choice?

The sector covered in our study is language policy and use in the medical sector, in this case a doctor's surgery. We researched The Vallance Centre, Brunswick Street.
We chose this doctor's surgery as it was of particular interest because the surgery has English and Chinese speaking doctors, as to cater to Chinese speakers whose mother tongue may not be English, or whom may simply find it easier to communicate in their native language.

There were many reasons for which we chose to focus our research on The Vallance Centre, one of these was the close proximity of the centre to numerous university halls of residence, including Whitworth Park and Lambert and Fairfield Halls, which house many international students, including Chinese Speakers. The location of The Vallance Centre, Brunswick Street, is also central to many multicultural areas of Manchester and very easily accessible due to its location just off the very busy Oxford Road.

We aimed to look at the variety of ways in which the surgery was accessible to non-native speakers of English; we wanted to research key aspects of language accessibility such as the language phone calls were spoken in and whether leaflets were provided in other languages.
Furthermore we also wished to explore the language use of the doctors with their patients, and also how the staff communicated with one another, in what language they do so, and whether the language use between staff was different to that used between staff and patients.

Our methodology included approaching our participants is via telephone to ask permission to send the questionnaires to the surgery and the doctor's involved; the surgery manager said the centre was happy to participate in our study and that the questionnaires would be given to the two multilingual doctors at the Vallance Centre; we sent the questionnaires to them via the head of the medical centre to be filled out. The questionnaires were sent by post in a large envelope, within which a pre addressed and stamped envelope was contained along with the questionnaires so that the Vallance Centre could return the data with ease. A cover letter was also included, with instructions

and appreciation for the participation of the centre. We also stated that the questionnaires would needed to be returned within a month, which we agreed to be a reasonable amount of time for the centre to respond. However this is where we encountered some problems, in that the questionnaires were never sent back, despite us keeping in regular contact with the centre, and being told that they would definitely send them.

Therefore numerous vital changes had to be made to the initial research schedule once our research had begun. One group member maintained weekly contact with The Vallance Centre. The group made the decision to have solely one person in contact with The Vallance Centre in order to build a more solid relationship with the manager of the surgery. Despite appearing enthusiastic and willing to participate in our research, after receiving the questionnaires the representative we kept in contact with seemed much less eager to participate, despite claiming that the questionnaires had been passed onto the doctors and were currently being completed. After a few more phone calls the representative from The Vallance Centre said that the questionnaires would be sent back later in the day to the group, however this turned out to not be the case as the questionnaires never arrived. After realising that The Vallance Centre were no longer willing to participate in our research, the decision was made to interview patients outside of The Vallance Centre, using newly formulated questionnaires aimed at finding out which languages were spoken by patients and in which languages they conversed with doctors during their appointments. Unfortunately, this new fieldwork plan of only interviewing patients meant that we could not gain qualitative data from the doctors themselves divulging the reasons for which they chose to speak in different languages with different patients, which was a very important part of our research. We can however make insights into the reasons for the doctors' choice of language by studying similar research and making observations on the patient's responses to the new questions. A copy of the questionnaire aimed at the patients has been included in the appendix.

Nevertheless we were still able to achieve one aspect of our methodology, in that we wanted to not only receive information from the doctors, but we also

wanted to conduct face to face interviews with patients of the Vallance Centre, which we were able to do. We gained information into whether the patients initiated the choice of language, and if this was not the case whether the doctors asked patients if they would like to converse in their mother tongue. We also found out about patients attitudes towards multilingualism in the health care profession, and whether they felt that multilingual patients were accommodated for in the healthcare service, or whether more needs to be done by the NHS and healthcare services in order to accommodate multilingualism in the medical work place.

Results

Despite only a small amount of data being gained, some interesting insights into the patients' perceptions of language use at The Vallance Centre were obtained. Of the five patients interviewed, all five were speakers of English. The two speakers whose first language was English were very pleased with the service provided by The Vallance Centre, rating their language service 5 out of 5. However it could be argued that this rating does not provide us with much insight into the multilingual aspect of The Vallance Centre as these speakers were not multilingual. It was difficult to locate bilingual or multilingual speakers around The Vallance Centre without seeming invasive or rude.

The language some of the doctors speak at the Vallance Medical Centre is Chinese; the two main dialects being Cantonese and Mandarin. We managed to interview one Chinese patient leaving the Vallance Centre. We found that they were very happy with the service offered from their doctor's surgery as they could speak in their mother tongue and therefore felt more comfortable. The Chinese speaking patient told us while leaving the Vallance Medical Centre that they found the service provided as "very helpful". After questioning the patient we elicited from them that they felt as though they could discuss their problems on a more informal and personal level as they felt they could create a social bond with the doctor as they could converse in their mother tongue, after asking them if they felt more comfortable having a chinese

speaking doctor it was said, ‘being able to speak in my first language made me feel more comfortable about going to see a doctor.’

Numerous problems arose when conducting the interviews with the patients. Many patients leaving The Vallance Centre were in a rush, which gave us somewhat limited and occasionally rushed results. Ironically, when approaching foreign patients leaving the centre, the language barrier between us led to miscommunication and difficulty in conducting the interviews. As a group, we felt that asking questions to people leaving a doctors surgery was a fairly intrusive way to obtain data, which was one of the main reasons for there only being a small amount of people interviewed.

Languages you speak	Preferred language	Language spoke during appointment	Did the doctor ask the language you would like to speak?	Rating 1-5 of the language services offered by the Vallance Centre
English	English	English	No	5
English/French	English	English	No	4
Mandarin/ English	Mandarin	Mandarin with doctor, English to receptionist	No, we have met before and he knows I speak Mandarin	4
Spanish/English	Spanish	English	No but they have offered me an interpretation service for my next appointment	3
English	English	English	No	5

Discussion

As expected and addressed in Lie Wei (1994) unsurprisingly many migrants would much rather communicate in their mother tongue as they feel they can be far more expressive and clear. It seems through interview that migrants find the idea of attending a healthcare centre in a foreign country very daunting, using the language barrier as an excuse although as we have seen many effective services such as the ‘NHS interpretation service’ (2003) that make healthcare more accessible to any language speaker. Although this idea that receiving healthcare for these patients that don’t speak English has been suggested to result in self-medication and further complications.

This is especially the case for older generation, older Chinese woman who may have recently immigrated to Britain's were found to be most likely to use Chinese for most interactions, fortunately this doesn't seem to be the problem for younger generations who often attain the language of their location as well as heritage. So the difficult that occurs through the language-barrier may be reduced through generations. Although in present-day it does prove to be a concern amongst many non-native speakers of English living in England.
As outlined in our proposal we addressed the variables of discourse styles; business, professional and institutional discourse. (Batgiela Chiapinni & Nickerson 1999). Unfortunately due to the problems we encountered with obtaining our research we have limited results in regards to different discourse styles. We couldn't draw enough information on this to identify trends/ code switching however answers to the final question concerning language use by doctors give good indication that the doctors were generally sensitive in their consideration of language choice when speaking with the patient, or discussing the patients file. In order not to be exclusive and make patients uncomfortable I suggest that speaking in the patients preferred language would be the most acceptable and understanding if possible. We did however obtain information about these discourse styles through interviews with patients leaving the centre; however this resulted in many moral implications, as we didn't want to induce any pressure on potential ill patients.
Although these problems in our findings occurred, it still draws a lot of positivity on the potential for multi-culturally available healthcare. Much progress has already been seen in; informing and suggesting patients for translators as well as the NHS interpretation service 2003.
Through social networking, we contacted a General Practitioner who works at a surgery in Nottingham, (despite this being outside of Greater Manchester – Nottingham is also a multi-cultural city with many languages; furthermore all NHS surgeries in the country will have the same policies regarding language and communications).

Through an interview over the phone the Doctor confirmed that leaflets are provided at the surgery but only in common languages in Europe and also that relate to the ethnic groups within the local community. With regards to

the NHS interpretation services; patients are encouraged to bring their own interpreters, however if they are unable to, the NHS do provide them if the patient requests when booking an appointment. We find that the interpretation service is a great idea and the GP is very glad they have it. However a disadvantage to the services is a Chinese whisper effect. For example: Doctor → Interpreter → Patient… Patient → Interpreter → Doctor. The GP did say that there are difficulties in communication that are hard to omit and it is even more of a problem when there is a child involved who cannot speak English (Doctor → Interpreter → Parent → Child); additionally not all foreign language speakers understand medical terms. They also made it very clear that only 10% is remembered of actual consultation which highlights the problem further.

The interview with the GP also discovered interesting points to which we have discussed earlier. They mentioned a model called 'psychological overlay' which they find most common in ethnic minorities and patients who cannot speak good English. They described it as exaggeration or imprecise description of symptoms which make diagnosis difficult. Moreover their opinion was that patients used the language barrier as a reason not to go to the Doctors and they have found cases of self-medication which makes scenario more challenging. Also some patients even wait until they go back to their home country to see their own Doctor – yet this can make symptoms develop and get worse which makes treatment problematic.

Another point through psychological overlay is ideological representation which is a set of beliefs about a language. The GP linked this to religious beliefs and stated that it is difficult when dietary requirements are involved as some people chose to ignore this. An example given was the use of the ingredient 'ghee' which is kind of butter used as a primary ingredient in South Asia. However it is full of saturated fat which has many after effects especially when it is consumed in great proportions on a day to day basis.

This interview with a GP was greatly helpful as it gave us a lot of information that we were unable to get. Furthermore the model of 'psychological overlay' is very interesting especially when in relation to language and it would be a great topic to investigate further.

Although our data was limited comparatively to the information we excited to obtain, it still shows a range of positive rating of the services provided to them by the Vallance centre, although not perfect, as in the case of the Spanish patient interview. However they do state that a translator can be provided if the patient were willing to book another appointment.

We occurred similar problems that support why theorists such as St John (1996) and Swales (2006:65) claimed the field of language in the workplace to be under-researched, the problems we occurred give us a better understanding of the difficulty that can be encountered.

However there are organisations such as the Chinese National Healthy Living Centre (CNHLC) that provide access to health services for the Chinese community. On their website they discuss about how isolation is common among communities and their aim is to reduce the "health inequalities between the Chinese communities and the general population." To overcome these issues the organisation provides multilingual health helplines which are answered by people fluent in English, Cantonese, Mandarin, Hakka and other dialects.

As we initially naively didn't take into consideration the extent that; priorities of the firm and the moral implications that occur when dealing with healthcare. i.e. doctor/ patient confidentiality.

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Appendix

Questionnaire

What languages do you speak?:
English
English/French
Mandarin/English
Spanish/English
English

What is your preferred language?:
English
English
Mandarin
Spanish
English

What language did you speak during your appointment?:
English
English
Mandarin with doctor, English to receptionist
English
English

Did the doctor ask you which language you would prefer to speak during your appointment?:
No
No
No met him before
No they have offered me an interpretation service for my next appointment.
No

How would you rate the language services offered by the Vallance Centre: Give a rating between 1-5, with 5 being the highest rating:
5
4
4
3
5