Report

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The University of Manchester

A research comparison on language choice and multilingualism within medical services between Longsight and Cheetham Hill

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Research Questions and Methods

This report will present our research efforts and findings that we have obtained in our study of multilingualism within the medical services of two areas of Manchester – Longsight and Cheetham Hill. The aim of our study was to assess the extent of multilingualism within health services and to look at any aids or assistance that different health services provide to help their patients with communication. We initially decided that we would not just make a comparison between the two districts of Manchester; we would also look at the difference between public and private health services. However, we realised that this aim would not be of great importance, as health services in these areas were mainly public services anyway and we decided that the focus of the study should ultimately be based on looking at language use and how practices ensure that their services are accessible to everyone within the community.

As discussed in our initial report, we felt that Longsight and Cheetham Hill would be good areas to research with regards to multilingualism, due their vast ethnic diversity and their population of habitants that speak different languages to English. Based on a 2011 census, around 37.7% of the population in Longsight speaks no English at all, with around 34.5% of the population in Cheetham Hill likewise speaking different languages. (Qpzm, 2012) We hoped that basing our research in these two areas of Manchester would provide a solid set of findings and results, based on multilingualism and language choice.

Firstly, we contacted around twenty different practices in the two areas: ten practices in Longsight and ten in Cheetham Hill. We contacted the practices via email (an example of which can be seen in Figure 1 of the appendices). Some of these practices included Longsight Medical Centre, New Bank Health Centre, Longsight Surgery Dentist Clinic, Collegiate Medical Centre, Aleeshan Medical Centre, Queens Road Dental and Cosmetic Care and Wise Pharmacy. We wanted to contact a wide range of practices, as we did not

expect to get a great number of responses due to business. This was correct and none of the practices responded to our email.

Following this initial stage, we decided to contact some practices by direct phone call. However, again, this proved to be difficult with many practices not answering the phone or putting us on hold for a long amount of time. When we were able to get through to a small number of practices, the receptionist that we spoke to and asked if they were potentially willing to participant in our project and allow us to distribute surveys in their practice, were not interested. We feel that this was perhaps due to practices being too busy to actually commit to participate or a lack of interest in the project. This cost us research time but we learned that our method would need to be adapted to suit the needs of us as a group, as well as the needs of a medical practice.

Our methodology was then completely adapted to allow us to still research in these areas and provide a solid set of findings in our report. After seeking advice, we decided that the best idea would be to physically visit both districts of Manchester and to actively encourage responses to our questionnaires from patients. We decided that we visit a variety of different practices and health care centres within both places and try to collect any leaflets, or information which demonstrates how these places aid communication with patients.

Before we went to visit to two districts of Manchester, we looked over the initial questionnaires that we created and decided to make some minor changes on them. We used advice from the ‘The Research Ethics Guidebook’ (Institute of Education, University of London. 2015) to make our questionnaire as effective as possible. We wanted to ensure that our questionnaires were accessible to participants who could not speak English fluently and therefore we decided to make our questions short, simple and mainly ‘YES/NO’ answers.

To ensure that any staff members we spoke to and any patients we approached felt comfortable and at ease, we decided to split our team

members into two groups – a team of two collected data in Longsight and a team of three collected data in Cheetham Hill. Also, in order to add credibility to our appearance, we ensured that we dressed smartly and wore our University of Manchester student cards on lanyards around our necks.

Both groups spent a whole day visiting as many practices as possible in Longsight and Cheetham Hill. We firstly looked at the outside of medical practices to see if there were any signs that were written in different languages to English and to see if there were any posters or flyers in the windows that would aid our findings. We then decided to approach receptionist staff within the practices to see if they would be willing to fill in our staff questionnaire. Most members of staff that we approached felt that the questionnaire was too time-consuming, but they were willing to answer any questions we had. This method of speaking to staff directly proved to be effective. We asked them what different languages their patients spoke, how they aid communication with patients, what translation services they offer and some general questions on the diversity of language within the area. Staff were very willing to have an informal chat with us and allow us to take notes on their feedback.

After talking with staff members, we enquired about any leaflets or posters within their practice that were in different languages or that provided patients with assistance who could not speak English. Most practices gave us leaflets that we could take away with us and were willing to allow us to have a look around the waiting room to observe some posters for ourselves. We were then able to take photographs of what we found.

Our next task was to attempt to approach patients who were coming out of a practise, to ask them to fill in our questionnaire. Although we managed to get around 20 responses, we ideally wanted many more to provide a wide picture of multilingualism across the two districts. Despite approaching patients outside of GP's, dentists and pharmacies and asking politely for their co-operation, many said that they were too busy to fill in our survey or simply that they could not speak English. The few responses that we did get may be

affected by the observer's paradox (Labov, 1972) and therefore this should be taken into considering when discussing our findings. The participants who did fill in the questionnaire may have felt self-conscious about their answers or may have rushed in their response in order to get to somewhere they needed to be. These limitations have been taken into consideration.

The findings of this report are therefore based on conversations with staff members inside medical practices, a number of surveys filled in by patients and examples of leaflets and posters found inside medical practices that aid communication with patients.

Cheetham Hill: Data Summary & Analysis

	Multi-lingual leaflets/notices?	**Translation services?**	**Multilingual staff?**	**Caters to speakers of (including but not limited to):**
Wise Pharmacy	Yes	n/a	No	Punjabi Urdu
Aleeshan Medical Centre	Yes	Yes (contracted interpreters)	Yes	Punjabi Pashto
Collegiate Medical Centre	Yes (online)	Yes (by booking appointment)	No	53 languages, incl. Farsi Arabic Cantonese Urdu
Cheetham Hill Pharmacy	No	No	Yes	Punjabi Urdu
Cohens Chemist	Yes	No	Yes	Arabic Urdu Pashto
Cheetham Primary Care	No	Yes	Yes (all doctors)	Urdu Punjabi

Figure 1.0 Brief summary of results collected from Cheetham Hill

Native Language	Other Languages	Were they born in UK	Language spoken during apt	Asked language preference	Aware of language services offered
English		Yes	English	No	No
English	Urdu	Yes	English	No	No
English	Urdu	Yes	English	No	No
Urdu	English	No	Urdu	Yes	Yes
Punjabi	Urdu, English	Yes	English	No	No
Urdu	Punjabi, English	Yes	English	No	Yes
Cantonese	English	No	English	No	No

Figure 2: Questionnaire Data – Cheetham Hill

A total of six medical service providers in the Cheetham Hill area were investigated, namely Wise Pharmacy, Aleeshan Medical Centre, Collegiate Medical Centre, Cheetham Hill Pharmacy, Cohens Chemist, and Cheetham Primary Care. The responses gathered from these establishments are boiled down into four criteria – 1. Whether multilingual leaflets or notices are present; 2. Whether translation services are provided; 3. Whether multilingual staff is available; 4. What type(s) of language(s) the medical services are most often required to cater to.

The results are as thus:

1) Four out of six services (Wise Pharmacy, Aleeshan Medical Centre, Collegiate Medical Centre and Cohens Chemist) provide multilingual pamphlets. Collegiate Medical Centre does not provide physical copies of multilingual pamphlets at the facility, but these can be found on their website.
2) Three out of six services (Aleeshan Medical Centre, Collegiate Medical Centre and Cheetham Primary Care) provide translation services. However, only Cheetham Primary Care provides instant translation services; for Aleeshan Medical Centre and Collegiate Medical Centre,

translation services are provided by contracted interpreters who must be reserved by booking.

3) Four out of six services (Aleeshan Medical Centre, Cheetham Hill Pharmacy, Cohens Chemist and Cheetham Primary Care) have multilingual staff on site. It should be noted that in the case of Cheetham Primary Care, none of the receptionists can provide multilingual services; however, all doctors at Cheetham Primary Care can speak more than one language and are thus capable of providing instantaneous service to patients who are incapable of speaking English or whose mother-tongue is not English.
4) All six services cater to speakers of more than two non-English languages. In particular, Collegiate Medical Centre caters to speakers of over 53 languages, including Farsi, Cantonese and Arabic.
5) In summary, Punjabi, Urdu and Pashto are the most commonly used languages other than English by medical services in Cheetham Hill. All three are Indo-European languages most commonly associated with the Indo-Pakistani region, in particular Pakistan. This reflects the high number and percentage of ethnic Indo-Pakistani residents in Cheetham Hill.

Cheetham Hill: Discussion

Although only 7 questionnaires were collected in Cheetham Hill, the data correlates with the data obtained verbally from staff at the health services. It is clear that both staff and patients encounter language barriers often within Cheetham Hill due to its diverse and multilingual population. It was established that an informal conversation was a more effective method of collecting data within Cheetham Hill. Staff in all medical services were very happy to discuss experiences with multilingualism and their knowledge of language services. However, it proved more difficult to find patients willing to provide responses to questionnaires. Nevertheless, enough data was collected from conversations with staff, patient questionnaires and leaflets provided within the services to analyse multilingualism within health services.

The 2011 census data found that 13.9% of the Cheetham population were born in Pakistan and that, aside from English, Urdu (which is the national language of Pakistan) is the most popular language in the area with 8.9% of residents able to speak this language. The data obtained from both patient questionnaires and from verbal interactions with staff correlates with the census data. Urdu speaking staff were employed in 4 out of 6 services visited in the area, and were available to offer informal translation services when required. The high demand for Urdu proficient staff within public health services is presented in Gopal et al. (2013) Multilingual Manchester: A digest. Here it is highlighted that in 2012 there were 6,272 requests for translations into Urdu within the Central Manchester Hospitals; Urdu was the most frequently requested language.

With regards to the patient questionnaires, 3 out of 7 participants indicated that they were native speakers of English but 100% of respondents indicated that they could speak English under “other languages”. Only one respondent indicated that they had not used English in their medical encounter that day. This underlines the English proficiency of many non-native native speakers. Although many Cheetham Hill residents were not born in the UK nor use English as their first language, they are able to speak English in a medical environment. This data may also suggest that when there is a language barrier, English is the preferred language to try and communicate through. One respondent indicated that their encounter with a medical professional was conducted in Urdu. It was not further investigated whether this was a translated service booked prior to the appointment or an informally translated service with a professional proficient in Urdu.

Through interacting with the staff and patients, valuable information was collected verbally. It was highlighted that all doctors and most nurses at Cheetham Primary Care were multilingual and readily available to translate or to communicate with patients in languages other than English. Similarly, at Cohens Chemist the pharmacist that was interviewed was able to speak English, Pashto and Urdu. Within this health service, said pharmacist is called upon to communicate with speakers of Pashto and Urdu as the receptionist speaks only English. Informal systems such as this seem to be adopted by

many health services in the Cheetham Hill area. Further research into this field could investigate whether the ability to speak the languages common to the area is a quality that employers look for when selecting candidates for a position. Multilingual members of staff appear to be an extremely useful asset to health services in such a linguistically diverse area.

It is possible that the provision of multilingual staff in so many of the health services reflects why 5 out of 7 respondents claimed that they were unaware of translation services offered by the NHS. With informal translation services readily available, this could lessen the need for pre-booked translation services.

The provision of multilingual signs and leaflets was something common to many of the health services. All, but one (Cheetham Primary Care), offered such multilingual provisions. Leaflets, posters and signs were provided in languages such as Arabic and Pashto. Such provisions enable residents who do not speak English to access medical information easily without. They act as a buffer between different languages, offering guidance without the need for translation services.

Overall, Cheetham Hill presented a wide range of multilingual provisions within Health services. It is apparent that the diverse demographic of the area has greatly influenced the demand for multilingual language services, allowing the dear and the services to specialise; adapting to suit the specific language needs of the area. That can be seen through the many Urdu speaking professionals, and the languages used on the multilingual leaflets.

Longsight: Data Summary & Analysis

In Longsight, another of Manchester's most linguistically diverse areas, several different medical care providers were investigated. This included a collection of pharmacies; opticians; doctor's offices and dentists. Within these services, the extent to which language resources were available were investigated. This involved looking for leaflets, posters and giving out questionnaires to patients or customers. Each one of the places visited offered some form of leaflet or poster in a different language. These included leaflets in Arabic scripts such as Urdu and Indian scripts, most commonly:

Bengali. These two languages appeared to be the two most commonly used languages in these services other than English. Other languages seen in this manner included the likes of: Marathi and Tamil as well as multiple Arabic scripts. NHS dentists and GPs offer the opportunity to have an interpreter present during an appointment, though this is usually organised online prior to the appointment. As well as the gathering physical evidence, information was also gathered by simply visiting these establishments and over-seeing interactions between patients and staff members. For instance, in “Dental Practice” on Stockport road, in the centre of Longsight, an interaction was witnessed between a dentist and a patient who clearly was uncomfortable speaking in English. The patient immediately started communication in Urdu, the dentist, unable to understand, pointed her in the direction of the receptionist who was able to converse effectively. This event demonstrated that multilingualism in Manchester is an everyday occurrence and also gave an insight into the handling of such a situation.

The majority of the evidence gathered in Longsight was done through the use of questionnaires. Through these, patients were able to give an insight into the language provisions offered in medical health services in this area as well as an idea of the general knowledge of the translation services offered. The questionnaires also helped to collect a sample of the languages most spoken within Longsight, which the data collected assumes to be Urdu. This indicates the reason why Urdu was one of the languages used alongside English in leaflets etc.

Native Language	Other Languages	Were they born in UK	Language spoken during apt	Asked language preference	Aware of language services offered
English	N/A	Yes	English	No	No
English	Urdu	Yes	English	No	No
English	Urdu; Hindi; Farsi; Arabic	Yes	English unless they speak Urdu	No	No
Hindi	English; Bengali; Assamese	No	English	No	No
Punjabi	Urdu; English	Yes	English	No	No
English	Punjabi, Urdu	Yes	English	No	No
Bangla	English, Urdu	No	English	No	No
Urdu	English	Yes	English	Yes	Yes
Urdu	Punjabi, English	No	Urdu	No	No
Urdu, English	French	Yes	English	Yes	Yes

Figure 3. Brief summary of results collected from Longsight

The participants of this study were also asked what kind of language aids they would be most likely to use. The option of having a friend or relative present to help interpret proved to be the most popular option, closely followed by the presence of an interpreter or the use of translation services.

As in Cheetham Hill, the main languages found in Longsight alongside English tended to be from the Indo-European language family including the likes of Urdu, which is most commonly associated with the Indo-Pakistani region. This reflects the high number of ethnic Indo-Pakistani residents within Longsight, as do the results gathered through the questionnaires. There was

also a high percentage of Bengali and Punjabi speakers, which appeared to also be some of the languages used most frequently.

Longsight: Discussion

Despite the refusal of cooperation from numerous patients and employees approached in the medical practices, those willing to cooperate provided a significant amount of interesting information. Many patients completing the survey were adolescents, they were purposefully targeted as they were more friendly and approachable. Older members of the public were less cooperative, possibly due to it being an invasion of privacy. Staff, were the most compliable with our project, however, when filling out the questionnaire, they filled it out as if they were patients – in accordance with patient confidentiality. Verbal feedback and contribution was appreciated and sometimes a lot more informative than the questionnaires. Our main objective was to investigate whether Longsight catered to residents with trans-national identities whom may struggle to communicate in English. Another objective of ours was to identify languages spoken within the speech community. Languages identified (from data collected in the questionnaire) included, dominantly Urdu, Hindi, Farsi, Arabic, Bengali, Assamese and Punjabi.

The density of immigrants in Longsight and other speech communities is only increasing due to globalization. Health services and other public sectors are automatically expected to comply with the influx of immigrants whom native language is not English. Especially Manchester as it is recognised and acknowledged as a culturally diverse city. Migration is not a new discovery, and Longsight, in an established diverse community, located in Manchester, should have plenty of materials aiding those wanting to move or live in the area. The investigation only highlighted and exposed us to such a high number and percent of bilingual and tans-cultural residents.

Interacting with those who completed the questionnaire mentioned how the adolescents were most likely to speak English. Many said younger residents in Longsight preferred to speak English in public as they usually only speak other languages (such as Urdu and Bengali) in their homes with family.

Whereas older patients preferred to speak their native language in public and with employees in the health services visited. Our questionnaire showed native speakers of English were between the ages of 18-30 and younger, whereas native speakers of Urdu, Punjabi and Bangla were predominantly age 31-50. This suggested that the older participants migrated from other counties such as Pakistan.

After visiting Longsight, a highly multicultural community, with an increasing number of immigrants and bilingual speakers, the number of leaflets and medical information accessible to non-native speakers of English was creditable. All medical, dentist and public health services visited either distributed or displayed information in numerous languages (Urdu, Farsi, Arabic and Persian). This suggests the amount of leaflets/information displayed is steadily increasing as the demand to meet the expected requirements of community has increased. Public awareness was also prominent as information would be displayed outside practices and pharmacies in various languages. However, other languages such as Farsi (found in one practice) and Assamese were not readily available in pharmacies and other health services. Those whom only spoke a language identified above and poor English may have had to seek interpreters or as a friend which would help communicate (which a few did tick in the questionnaire). Though, from the data collected, only few had problems communicating with staff as majorities were born in the UK and native speakers of English. Those whose native language was not English, were able to speak English without any communication difficulties. The questionnaire illustrated that English was spoken during appointments, Urdu was also favoured, but by only few who completed the questionnaire.

Although patients completing the questionnaire were bilingual and spoke good English, none (if not one) could provide information in regards to translation centres or interpreters. Interpreters are notoriously known to be expensive; however, the resources available to the public were able to meet the requirements of trans-national residents. Most, if not all employees in practices were able to communicate with those unable to speak English.

Interestingly, patients automatically assumed receptionists spoke Urdu, Arabic and Hindu (these were three dominant languages found in practices as pharmacies) – acting as a public interpreter. A majority of receptionists and assistants approached during the survey were of ethnicity. Therefore finding a practice or pharmacy without a bilingual employee would be extremely unusual, especially in such a multicultural community. Conversations with the public suggested immigrants and bilingual speakers had plenty of resources, aiding patients that may have recently moved here not speaking any English.

Furthering our investigation in Longsight by visiting more health services and providing a more detailed/in depth questionnaire may give us a better insight. When asked, most practices claimed that in the future, they would further and enhance materials accessible to the community. Returning to Longsight and evaluating the growing change in practices and pharmacies will only heighten our understandings of multicultural communities and how they cater to their residents. As the ever-growing multicultural community will only grow and welcome more languages.

Conclusion

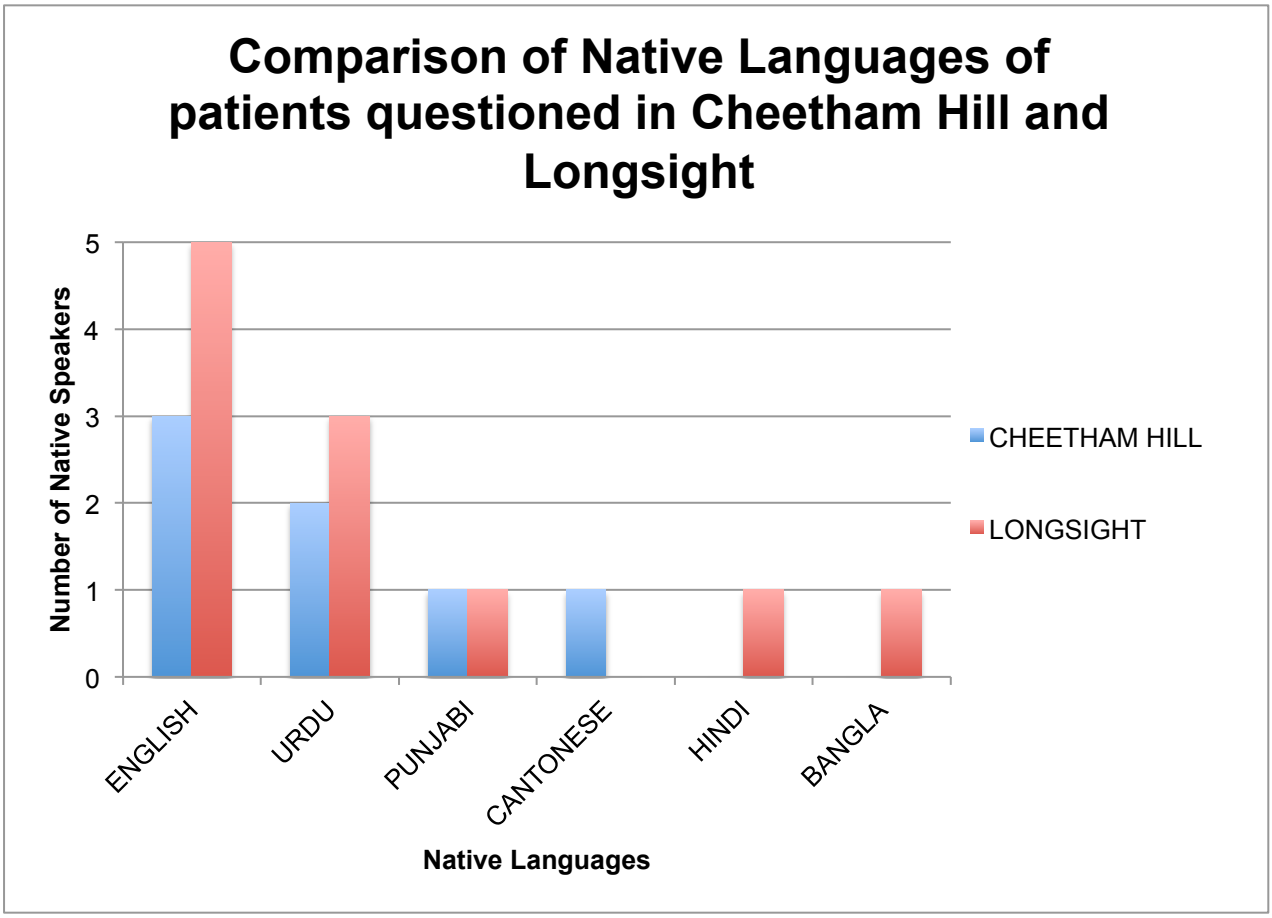

Figure 4. Comparison of Native Languages of Cheetham Hill and Longsight patients

The primary aim of this research was to assess the extent of multilingualism within health services. Data collected from both Cheetham Hill and Longsight are consistent with census data, reflecting the strong presence of a multilingual culture in both areas, and with Longsight proving to be more multilingual than Cheetham Hill. While Urdu is one of the most commonly used languages in both areas, English remains the lingua franca of medical services, especially in cases where communication in other native languages is impossible.

The secondary aim of the research was to examine the aids or assistance that different health services provide to help their patients with communication. Data from medical services in both areas both appear to be capable of

providing multilingual services to patients. In the case of Cheetham Hill, all the services provide one or more of the following aids – multilingual pamphlets, multilingual staff or translation services. In Longsight, an area with a greater extent of multilingualism, translation services are almost by default expected of receptionists and staff.

However, the data collected from the two locations should not be regarded as infallible. This is because during the course of the research, circumstances compelled the two research groups to resort to slightly different methodology – the Cheetham Hill group relying more on the perspective of medical service providers as very few patients were present at the services and even fewer who could be reached for responses, and the Longsight group placing slightly more emphasis on patients' responses due to the presence of more patients. This could potentially affect the general outlook on the extent of multilingualism in the medical services of both areas by varying degrees.

Further research might reveal other details about multilingualism in medical services, such as the employability of staff who are polyglots. In addition, given more time, a cross-sectional/apparent time study on medical services of both areas could demonstrate the changing multilingual landscape, for example, by showing how medical services adapt to the rising needs of a more linguistically diverse population of patients.

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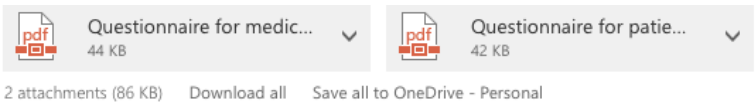
Appendices

Figure 5: Email sent to practices



Dear Whom It May Concern,

We are a group of second-year Linguistic students from The University of Manchester. We are currently working on a university project looking at different languages and multilingualism in Manchester. For our report, we intend to investigate language specifically within medical health services in Longsight and Cheetham Hill – two of the most linguistically diverse areas of Manchester.

In order to do this, we are looking to distribute two short questionnaires, one for staff and for patients, within practices in these two areas. Please find these questionnaires attached. We are hoping that you could hold some questionnaires for us in your reception, with the hope that patients will take the questionnaire and fill it in and any staff could fill it in during any free time. We would then collect any completed questionnaires from you after a period of time. Additionally, we are hoping to look a quick look around the reception of practices to look at any leaflets, posters etc. that are presented in more than one language.

Any data collected will remain strictly within the University of Manchester and will only be used towards our Multilingual Manchester project. The identity of patients and staff filling in the questionnaire will be anonymous.

If this is a possibility within your practice, please could you reply to this email with any further details or queries, or call 07983103427.

Kind Regards,
Ashlie Blakey, Sophie Dutton, Hannah Clinton, Grace Shelley and Dennis Huang

Figure 6. Questionnaire for patients

Please take a minute to fill in our short questionnaire. Please tick the appropriate box or write your answer.

Any data collected will be used in a report based on language and multilingualism for The University of Manchester.

1) I am age:

Under 18	☐
Between 18-30	☐
31-50	☐
51-65	☐
65+	☐

2) What language is your native first language?

_____

3) What other language(s) do you speak? Please write them all down. (If none please write N/A)

_____

4) Were you born in the UK or did you move from another country?

Born in UK	☐
Move from another country	☐

5) What language did you speak during your appointment/encounter with the professional?

_____

Please turn over →

6) Did the medical professional ask you which language you would prefer to speak during the appointment?

Yes	☐
No	☐

7) Have you ever had any problems communicating with a doctor, dentist or pharmacist?

Yes	☐
No	☐

8) Do you know of any language/translation services that are available within this service?

Yes	☐
No	☐

9) Which methods would you use to aid communication with medical professionals?

Do not need them	☐
Interpreter/translation services	☐
Leaflets/posters/documents in the surgery	☐
Online help	☐
Having a friend/relative present	☐
Other (please specify)	☐

Thank you.

Longsight: Leaflets

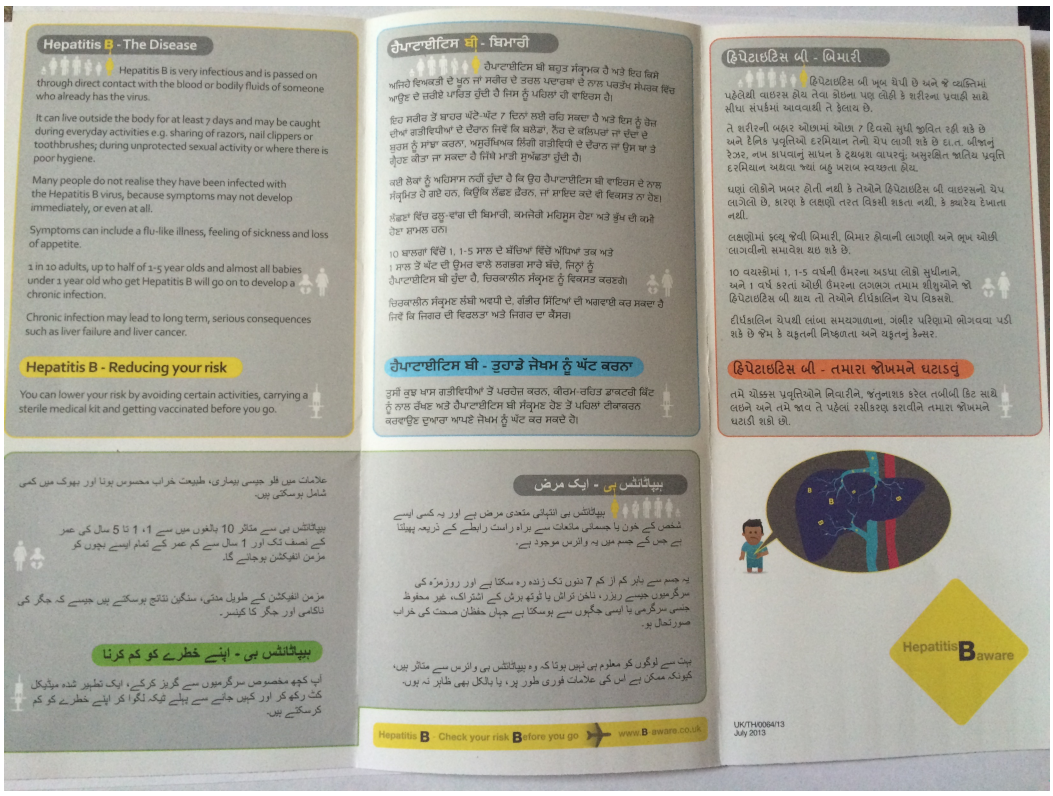


Figure 7: Leaflet found in a pharmacy in Longsight. Features an Arabic language, Marathi and Tamil

Figure 8: Leaflet found in an opticians in Longsight. Languages: Arabic scripts and Bengali

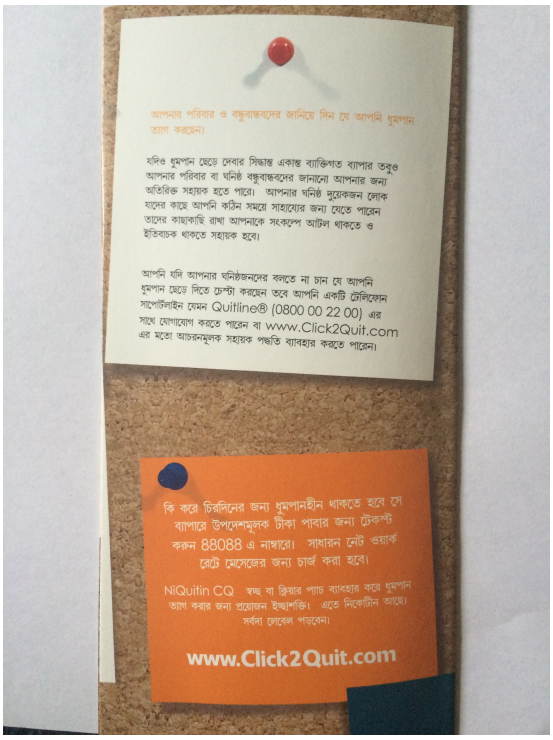


Figure 9: Leaflet found in a pharmacy in Longsight: Bengali

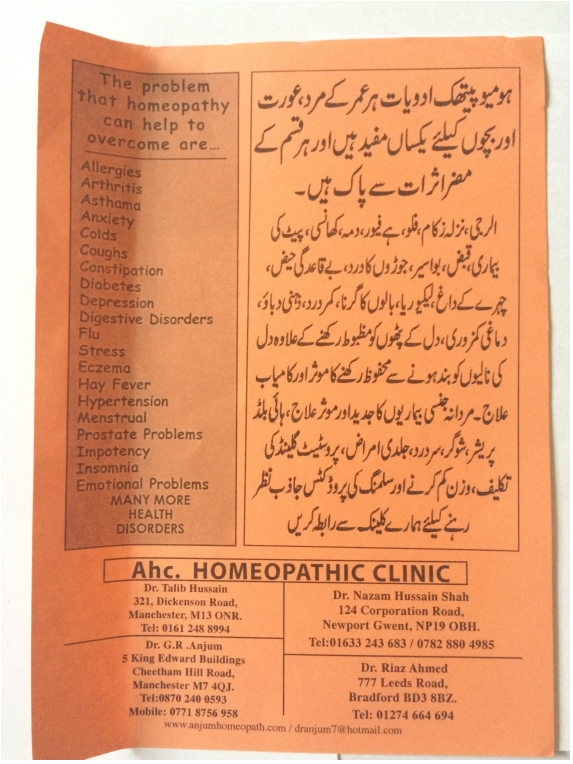


Figure 10: Leaflet found in a pharmacy in Longsight: Arabic

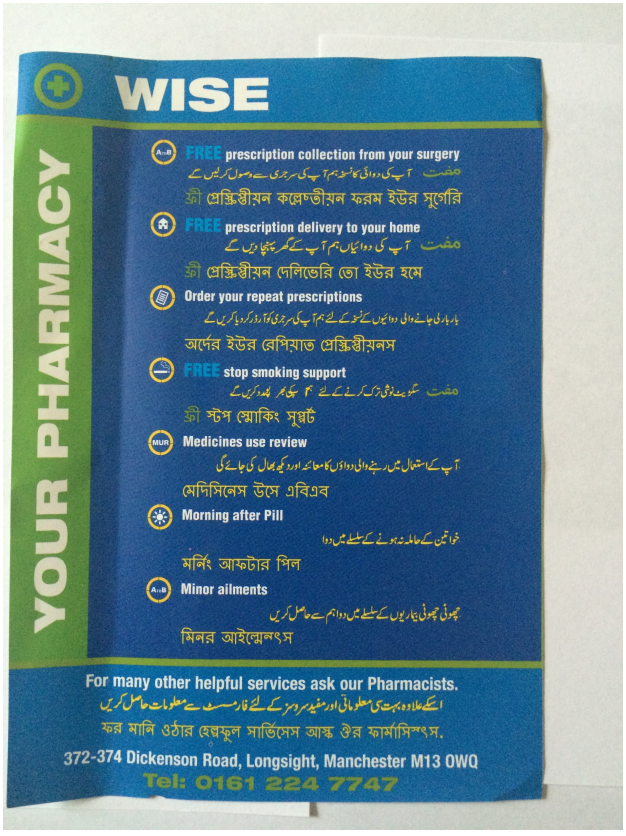


Figure 11: Leaflet found in a pharmacy in Longsight. Has an Arabic script, Bengali and English

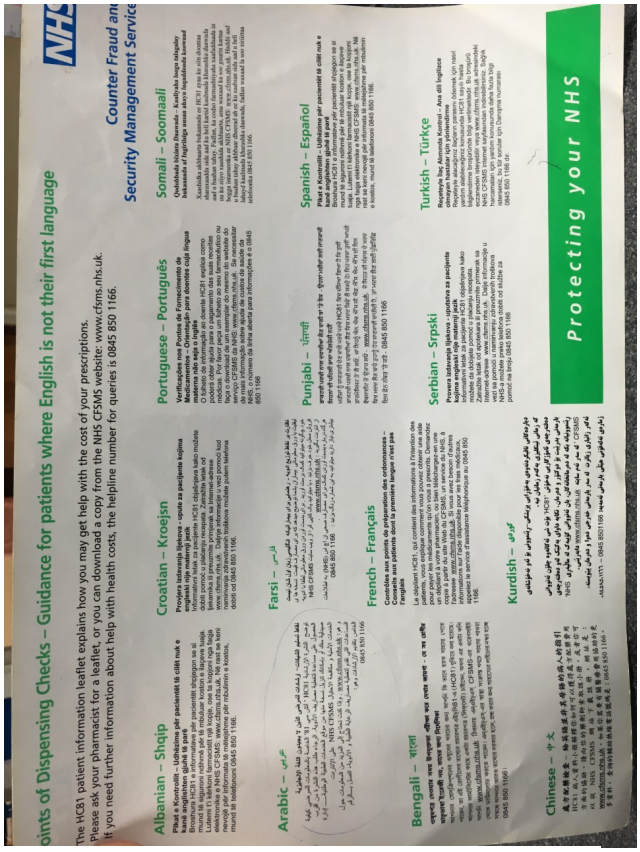


Figure 12: A laminated guide for patients whose native language is not English (provided by the NHS)

Cheetham Hill: Leaflets

Wise Pharmacy

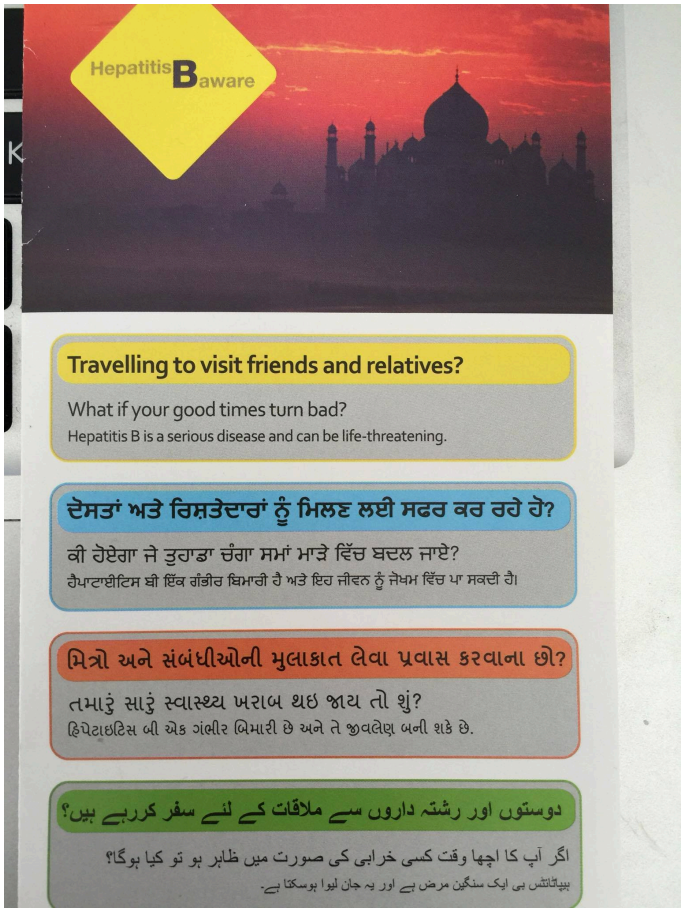


Figure 13: Leaflet for Hepatitis B – Cheetham Hill

Aleeshan Medical Centre

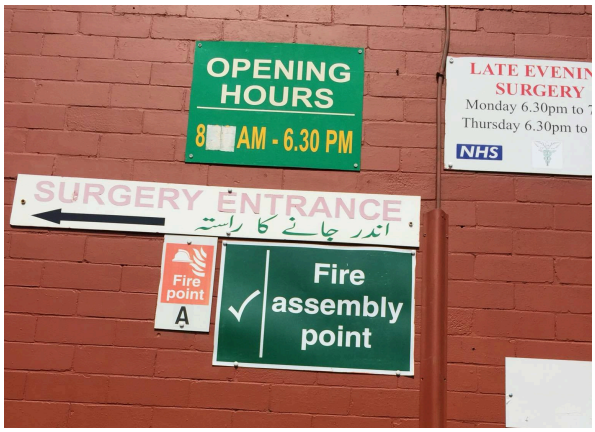


Figure 14: Entrance Sign

Figure 15: Poster for Hepatitis C

Boots Pharmacy Cheetham Hill

Figure 16: Sign indicating presence of multilingual staff

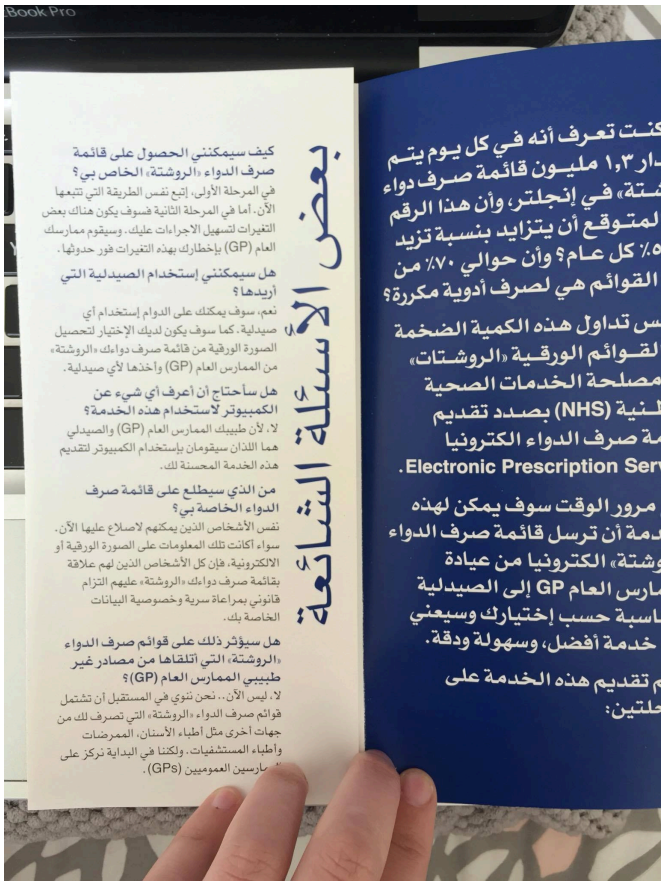


Figure 17: Multilingual leaflet about prescriptions

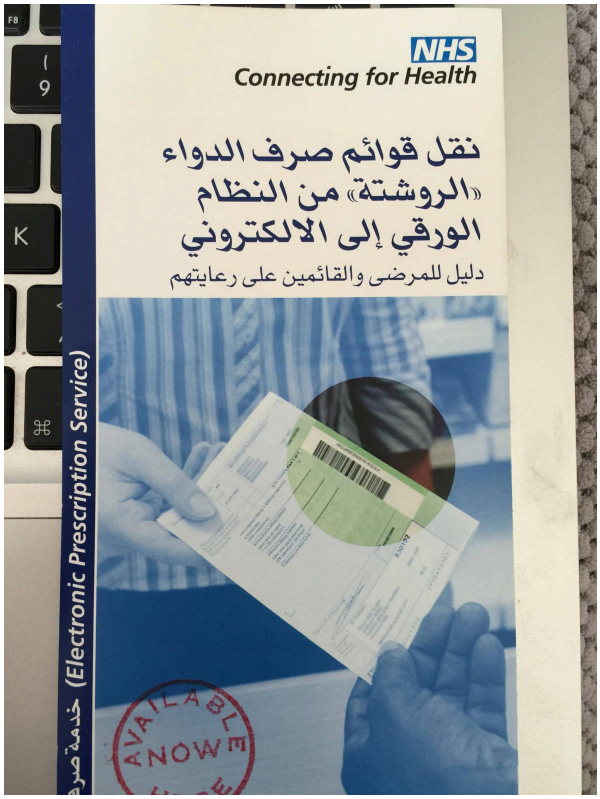


Figure 18: Multilingual leaflet