Report

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A study of multilingualism in linguistic landscapes of the healthcare industry

Scarlett Cecelia Chester-Roberts
Jeremy David Limb
Rebecca Zoe Mcaree
Thomas Reaney
Danielle Thomas

1.1 Research questions and methodology

The area of Rusholme in Manchester has a high level of multilingualism. There are 60-70 languages spoken around the Curry Mile stretch alone (Brown, 2013), so this is an area of particular interest. The healthcare industry is an essential part of any community and therefore we chose to observe signage in several healthcare institutions of varying size in Rusholme and Fallowfield while considering the following questions:

1. Do larger institutions offer signage in a broader variety of languages in comparison to smaller healthcare domains?
2. Is there a parallel between the signage used in different institutions and the heritage language of the people that predominantly use these services?
3. Is the signage the result of an overt language policy or a covert language policy?
4. Who creates the signs and decides which languages are used?
5. Who funds the signs? Does a lack of funds lead to a lack of multilingual signage?

We looked at a variety of institutions comparing their multilingual signage (posters and leaflets), as well as presenting employees with a questionnaire designed to elucidate the number of languages encountered weekly, and other information on the signage in their workplace. Additionally, we photographed any relevant signage within the institutions, and sought after the language policies that emerge from these - overt or covert. The workplaces we examined included the MRI hospital, Bodey Medical Centre, Lloyds pharmacy, and Longboon Pharmacy.

1.2 Changes to the Methodology

We were unable to answer Question 5 fully because it was difficult to uncover who funded the signs as well as the cost of them - some institutions were not happy to disclose this type of information with us. We will, however, still comment on this topic when analysing the data we have collected.

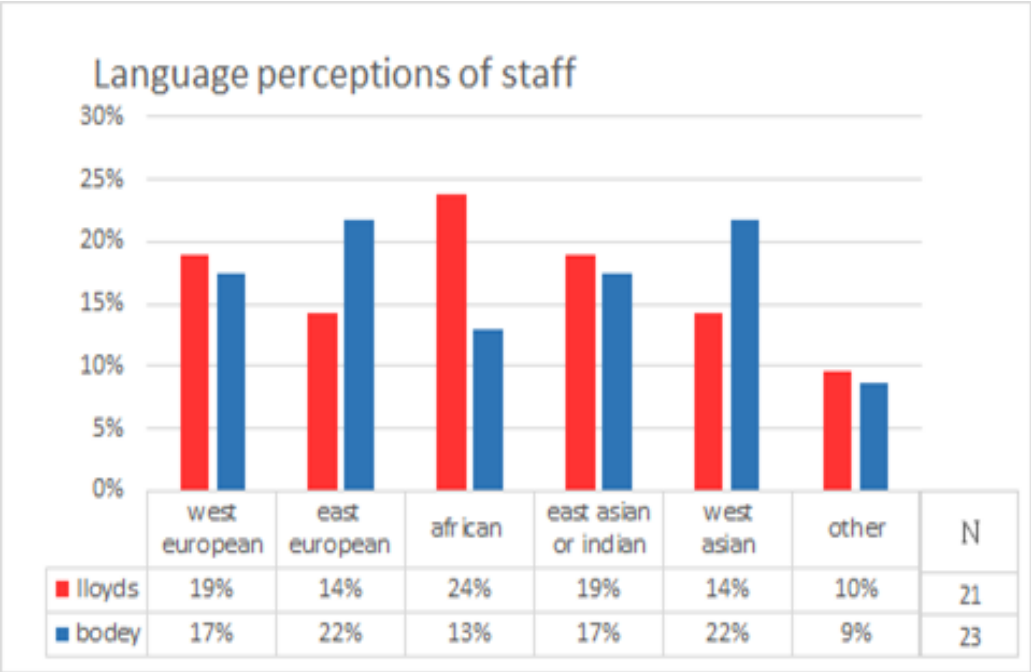
Originally, we hoped to include the analysis of Wilmslow Road Medical Centre, however the manager of this institution denied permission of photography in the establishment due to refurbishment, this caused them to withdraw from the study completely. However, a variety of institutions did participate in the analysis, allowing us to still answer our first three questions fully.

Additionally, we were unable to hand out questionnaires to staff members in the MRI due to its size and their preoccupation. We solved this issue by gaining the required information from previous research projects from the Multilingualism Manchester website. This does not lend the same accuracy, but allows our study to continue without too much sacrifice.

Whilst conducting our research we discovered that the information extracted through questionnaires was not always reliable, as some employees' answers were inconsistent. We identified that this could be the result of the different roles held by staff within the institution, making it possible that they were unaware of which languages were typically spoken by their colleagues and patients. It then became apparent that our questionnaires were more useful as a tool for understanding the attitudes towards multilingualism held by members of staff, than for providing us with consistent data. The questionnaires completed by managers were the most accurate, but we have also commented on staff members' perception of how their place of work accommodates different languages. We also relied on informal interviews conducted with each manager and photographs of multilingual signage. Data on the Manchester City Council's Ethnic Groups at ward level 2011 census was also considered, to see if our findings established similar results (Census, 2011).

2 Findings

The questionnaires provided us with information regarding the languages that employees believe they encounter regularly within their institution. We will refer to these results as language perceptions of staff. This is due to the great inconsistency in these results between individual questionnaires, which we suggest could reflect the varying perceptions and levels of awareness of multilingualism held by different members of staff. Figure 1 shows the language categories we devised to improve the questionnaire and these results will be used throughout the discussion to highlight the staff's linguistic perceptions of their workplace. We will not include Longboon Pharmacy in this graph as we only received one questionnaire, and it is therefore not reflective to include the results in a percentage-based analysis.



	west european	east european	african	east asian or indian	west asian	other	N
lloyds	19%	14%	24%	19%	14%	10%	21
bodey	17%	22%	13%	17%	22%	9%	23

Figure 1

After visiting each healthcare institution, we were able to see which languages were displayed in signage. This then allowed us to establish whether our results mirrored our previous findings about staff perception and the known data regarding the ethnicity of local residents (accessed via Manchester City Council Census).

	MRI	Bodey	Lloyds	Longboon
Polish	X	X	X	
Bengali	X			
Punjabi	X	X		
Chinese traditional	X		X	X
Urdu	X	X	X	
Hindi	X			
Gujarati	X			
Arabic		X		
French			X	

Figure 2

In terms of answering our initial question, Figure 2 clearly shows how larger institutions, such as the MRI, provide multilingual signage in a greater number of languages than smaller institutions, such as Longboon Pharmacy.

Figure 3 (below) shows the number of instances of multilingual signage found in each medical institution at the time of our visit. This table does not take into account the fact that many of the posters are available in more languages if requested, and therefore does not comprehensively determine the extent to which the institutions cater to people of different languages. However, we feel that it is an interesting initial diagnostic.

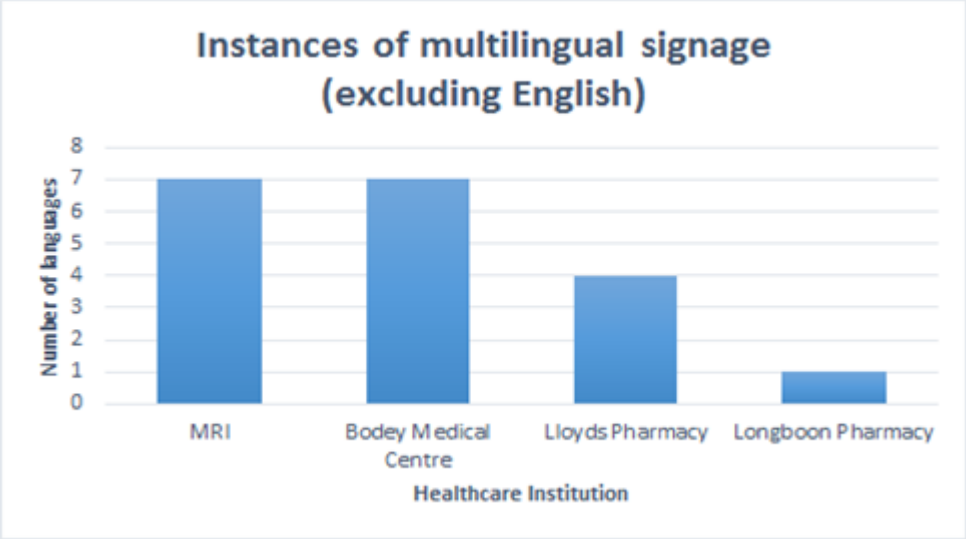


Figure 3

The results show how each institution provides multilingual signage to meet the needs of the citizenry. For Bodey Medical Centre, the MRI and Lloyds Pharmacy, the multilingual signage available reflects the languages which staff members claim to come across the most. The case of Longboon Pharmacy is particularly interesting as the only visible signage was handwritten in Chinese, which was not highlighted as a language heard typically in the institution. Leaflets in Somali, Urdu and Arabic are available from the pharmacy, but these are only offered out alongside a prescription and so we chose not to include them in Figure 3. The results are also mostly in keeping with the Manchester City Council Census regarding the ethnicity of residents in the Fallowfield and Rusholme area (Census, 2011).

3 Discussion

We have observed several general trends; it appears that larger institutions have a higher frequency of multilingual signs, and that they cater for a wider array of languages. For example, the MRI was found to have signage available in 7 different languages, in comparison to Longboon Pharmacy, who were found to have only one visible multilingual sign. This affirms our primary hypothesis and can be explained in many ways. The smallest institution, Longboon Pharmacy, was found to employ members of staff who are able to speak languages which are typical of the surrounding community. This means they are often able to communicate with customers in their first language to establish any issues, and so the need for multilingual signs would be reduced. Multilingual staff members were also found at the MRI, but we presume that they are employed for different reasons, such as the far higher budget and the gravity of illnesses treated at the hospital. With this in mind, we uncovered that a more covert language policy was found in smaller institutions, which seemed to rely on interpretation rather than signage to relate to their customers. This could be compared to the MRI, Bodey medical centre and Lloyds Pharmacy, who used an overt language policy in their institution.

Longboon Pharmacy

We were particularly surprised by the lack of multilingual signage in Longboon Pharmacy considering that it is situated on the Curry Mile. After asking the manager to complete a questionnaire however, it became a clear that the lack of multilingual healthcare signage was likely due to the fact that both members of staff were fluent in 4 languages (Hindi, Punjabi, Arabic and English). The questionnaire also elucidated that these languages were the four most typically used by customers on a weekly basis, and so it is likely that any healthcare questions that customers who do not speak English have, can be easily answered through conversation.

The only instance of multilingual signage clearly visible in the pharmacy was, most interestingly, written in Chinese. The sign was hand written, read ‘Photocopies’ and was visible in the window from outside the pharmacy. It also had an English translation beneath it. One potential reason for the use of Chinese and English here is that the pharmacy is situated on the Curry Mile, a popular route home from university to Fallowfield for many students, including West Asian exchange students. Given the fact that the sign does not relate to health care, it is likely appealing to students and their studies. The manager indicated that he determined the presence of this information, and that the sign was written in these languages because it was students who most frequently used the photocopying machine. He also indicated that the sign was written and translated by a friend, rather than

an official interpreter. This is an example of fractal recursivity - one part of complex sociolinguistics affecting another - as the placement of this sign allows a community to adopt a certain prestige and feel confident with their heritage language in this area (Bloomaert, 013).

The questionnaire was the most useful tool for extracting information about Longboon Pharmacy, as the fact that there are only two members of staff meant that they were too busy to answer many further questions. When completing the questionnaire, the manager indicated that printed multilingual leaflets were available in Somali, Arabic and Urdu for some medicines, but he did not have time to go into much detail about these leaflets or to let us take pictures. The questionnaire indicated that the presence and content of these leaflets was determined by the NHS.

Our results established a lack of an explicit overt language policy in multilingual signage in the medical domain. We attribute this to the size of the governing institutions (excluding Longboon, which is an independent pharmacy) and recognise that top-down policy alone would be inefficient in dealing with the idiosyncratic nature of urban multilingualism in a given area. A combinational approach of overt and covert policy, representative of work by Schiffman (1996), was adopted by all of the institutions investigated. Bottom-up covert language policy was utilized in 3 of the 4 institutions- the MRI, Lloyds Pharmacy and Longboon Pharmacy employed staff that were able to speak the languages required by customers and patients. This economically motivated change reduces the need for linguistic signage and interpreters. The signage we primarily encountered in the institutions was in the form of posters or leaflets from organisations such as MacMillan Cancer Support and this is the result of overt language policy, which is likely widely adopted because of its flexible nature.

Lloyds Pharmacy

After asking employees to complete a questionnaire we were able to gauge which languages customers used with staff regularly. We compared the results of the questionnaires with the multilingual signage displayed within the institution to look for consistencies. As with all of the institutions we analysed, the majority of signage was displayed in English. We were therefore interested in whether employees were able to speak other languages, and if this was indeed a conditioning factor in the limited use of multilingual signage**.** Although the questionnaire responses were inconclusive (due to inconsistent responses across staff members), an informal interview with the manager led to the conclusion that the pharmacy did employ staff who were able to speak the languages used most frequently by customers, primarily Urdu. We also came to understand that

members of staff occasionally encountered French - a colonial language which is still the official language of former French colonies in Africa - but were unable to facilitate this specific language need. This resulted in the use of an online translator.

The only instances of multilingual signage were located in the waiting area of the pharmacy. These consisted of posters in four languages (Urdu, Polish, Chinese and French) alongside an English translation (see appendix Lloyds 1-8). These posters were aimed at women, reminding them of cervical screening tests. From speaking to the manager, we were able to establish that the posters were provided by the NHS, but that each of the four languages was specifically chosen. The decision was based on which languages were spoken by local residents, and due to the fact that a high percentage of the local population are Pakistani and African (census, 2011), the decision seems appropriate. Although we were initially unsure as to why signage was provided in Chinese, the manager informed us that this was due to the high number of Asian students that live in Fallowfield that use this language. Furthermore, this mirrors and strengthens the findings from Longboon Pharmacy.

Bodey Medical Centre

Our first question considered which language categories were most typically observed on a weekly basis in the centre. For this, we hoped that the questionnaire would provide us with the clearest information. Nearly all of the questionnaires, filled out by staff indicated that all categories provided were seen on a weekly basis. We had suspected that there would be some degree of multilingualism, but because of the large student population in Fallowfield, we did not expect the results to be so resounding. However, many staff members were unable to specify particular languages - only Urdu was mentioned consistently.

We found that, unlike the smaller Pharmacies, none of the members of staff were fluent in any of the primary languages of the area (other than English). Additionally, we noted that several members of staff wrote “N/A” under this section of the questionnaire, perhaps pointing towards the centre’s, and its staff’s, perception of their roles when catering to the multilingual needs of the area. The response indicates that staff may feel that their job is to facilitate the acquisition of information in other languages, but that their involvement should stop there.

In terms of the multilingual landscapes, we found more instances in Bodey Medical Centre than in the smaller institutions. Leaflets giving information on cancer were provided in Punjabi, Urdu, Polish and Arabic (see appendix Bodey 3-5). Posters were mostly in English, except from those which provided information on illness and travel, which offered the information in Urdu, Arabic and Punjabi (Bodey Medical Centre, 2014 (see appendix Bodey

1-2)). From the questionnaire completed by the Practice Manager, we found that all of the translations on the cancer leaflets were provided by MacMillan Cancer Support. We also found that all of the multilingual signage in the centre is negotiated by someone in NHS management, a regional NHS worker, and the Bodey Medical Centre practice manager. This differs from Lloyds Pharmacy, where the signage was more externally controlled. Due to this negotiation however, we can assume that the signage is funded by the NHS.

It is important to comment on the additional information that the institution provides. Their website offers full translations into over 90 languages, much the same as MRI. In the medical centre, they also offer the option to order translated leaflets for all of these 90 languages. This could explain the statistic found in the centre's 2013/14 patient survey that showed that 71.1% of people deemed the signage (posters and leaflets) helpful and clear (Bodey Medical Centre, 2014).

Manchester Royal Infirmary

We experienced difficulties in obtaining formal consent to carry out quantitative primary research at the MRI, and this hindered the project. However, previous studies have examined the linguistic diversity of the MRI in exhaustive detail. We can combine the findings of such studies with the qualitative findings of our own research. A common observation noted throughout our primary and secondary research was the absence of permanent official multilingual signage throughout the MRI (in this sense, 'permanent' constitutes signage that is not subject to change and is a permanent fixture). Brunello et al. (2013) found only one instance of multilingual signage in the MRI - excluding the "Multi-Faith Centre" which included Arabic and Farsi names for lavatories and changing rooms – that was in reference to hearing loss. A staff manager made us aware of this signage during our visit, however it was removed some time before our arrival.

The only case of multilingual signage we found in the MRI was an information desk providing leaflets from the Macmillan Cancer Support Charity (see appendix MRI 1-8). The form – leaflets that are easily removable and adaptable – suggests importance is placed on the flexibility of multilingual signage. The seven representations of the bowel cancer leaflet – in Polish, Bengali, Punjabi, Traditional Chinese, Urdu, Hindi, and Gujarati – mirror the linguistic diversity of the surrounding area and in the wider community (Gopal et al. 2013). Each leaflet was fronted with one of the seven languages and also contained an English translation.

The lack of permanent multilingual signage in some of the health care institutions in no way reflects the levels of urban multilingualism in the surrounding area. Neither does it reflect many of the institutions, namely MRI's ability to cater for the diverse linguistic needs of its patients. The hospital utilises The Big Word, an online translation service, to provide a competent multilingual service. This is in addition to 6 permanent interpreters (Deepthi et al. 2013) fluent in Urdu, Punjabi, Hindi, Somali, Polish, Arabic, Kurdish, Mandarin and Cantonese. In the three institutions linked to the NHS, multilingual signs were displayed in the languages used most often by patients and customers (according to staff members). Longboon Pharmacy, however, displayed a single multilingual sign- handwritten in Chinese and not relating to health care. This is not representative of the institution's customer base, but we feel that this has little effect on its ability to cater to customers whose heritage language is not English, due to the fluency of the pharmacy's staff members.

We are unable to answer questions 4 and 5, about sign production, as fully as we had intended. However, a pattern has emerged as bigger institutions appear to have more control over the information that they provide in multilingual signage. Furthermore, much of the signage in the healthcare sector is provided by large charities, or corporations such as MacMillan Cancer Support or GlaxoSmithKline. Investigating whether a lack of funds leads to a lack of multilingual signage does not appears to be possible without further research into sign production.

The status of English as the dominant and prestigious linguistic choice is clear, given the findings of our research in MRI and smaller institutions. Additionally, the flexibility of multilingual signage in the medical domain enables large institutions, e.g. the NHS, to effectively and efficiently tailor their services to the demands of its users.

4 Conclusions and Further Research

To conclude, Figures 1 and 2 show that larger institutions have a wider variety of multilingual signage, while smaller institutions appear to rely on their own language knowledge to interact with their customers. This affirms our predictions in relation to question 1. In terms of language policy, larger institutions, such as the MRI, were found to use an overt language policy, compared to the more covert language policies found in the smaller institutions. To add, many of the signs found in larger institutions were created by an outside source (such as Macmillan), or by a higher authority within the organisation (such as the NHS). If the signage is put in place via the NHS or other outside source, it is possible that this is an attempt to meet the needs of the surrounding community.

In terms of further research, a similar study could be conducted on a much wider scale, in other areas of high multilingualism around Manchester (e.g. China Town). It would also be interesting to look at different domains, such as the catering industry, to discover if a similar pattern is found amongst smaller, privately owned restaurants or larger chain restaurants. Furthermore, further research could consider the variety of languages that members of staff in the medical industry speak, and it could be questioned whether organisations have a preference to hiring staff who speak languages typical of the surrounding area. This could be conducted in a similar way to our study, comparing the number of languages staff speak in large and small institutions, investigating the link between the two.

Word Count: 3289

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Appendix

Link to dropbox images:

https://www.dropbox.com/sh/nrommzhi6kjqboz/AABOkQKRsdBUwnMJaqk2KqxOa?dl=0