

लघुतौल्युवा MANCHESTER

Report

2011



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A study into the presence of Multilingualism in a Moss Side doctor's surgery

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Change from original methodology

Originally, we had planned to conduct our research at the Robert Darbishire practice, in Rusholme. After much communication between ourselves and the surgery the practice declined our proposal. This initially posed problems for the group, and we set about finding a new practice. We contacted numerous surgeries in and around

Rusholme, ranging from Piccadilly to Didsbury, yet we had no responses. We realised that our approach was failing to get us anywhere and decided to go out and directly speak to different practices, asking for their help. After visiting a number of practices, St. Bee's surgery was the only one who showed willing. We were grateful for their accommodation and set about conducting our survey. We informed the practice that we were willing to sit in the waiting room and speak to the patients ourselves, perhaps giving us the opportunity to gain more information and get a greater insight into how they really felt about the services for multilingual patients. However, the surgery declined us this opportunity and chose to distribute the survey's themselves. We were now aware that we had to slightly change the focus of our report, as it was near impossible to conduct interviews with receptionists and doctors. To make up for this we decided to interview more patients, in order for us to build a clearer picture of their views.

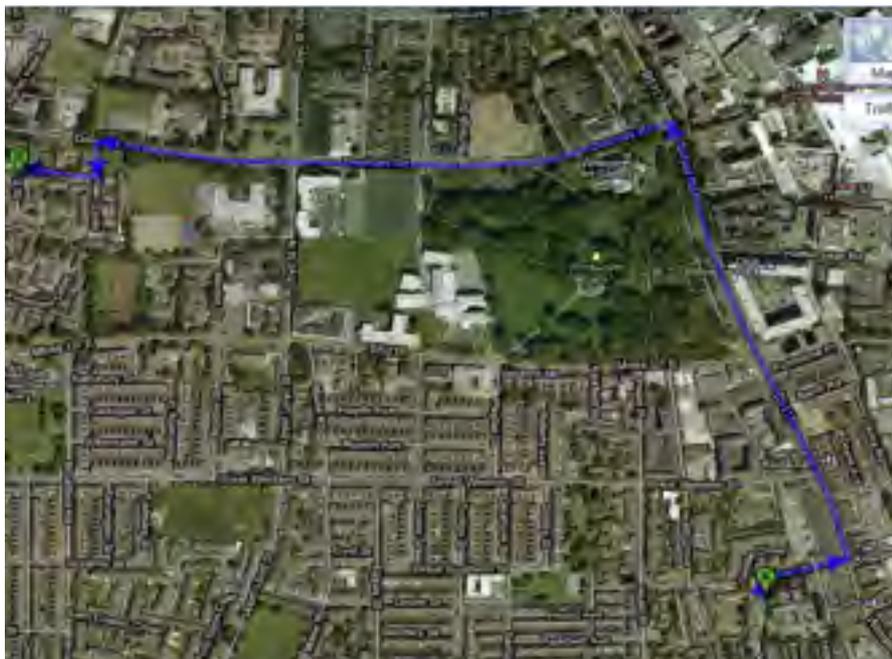
St. Bee's surgery is perfect for our investigation (Appendix no.1). Situated in Moss Side (Appendix no.2), it has a huge range of multilingual patients, who thankfully provided us with a huge amount of useful data. As well as this, St Bee's surgery is located just 1.1 miles from the Robert Darbishire practice, which meant that the patient catchment area was the same but also stemmed into the culturally diverse residential area of Moss Side. As there is a similar cliental in each practice, we can keep our hypothesis the same, as they too are suitable for our new practice of interest.

St. Bee's Surgery, Moss Side

St Bee's medical centre is located on St Bee's close, Moss Side. This particular centre was deemed perfect for our study because of Moss Side's history of cultural diversity. Moss Side itself has a population of around 19,000 with a large proportion made up of ethnic minorities and immigrants. Migrants from the Indian subcontinent and Caribbean settled in the area during the 1950s and 1960s, and by the 1980s Moss Side was the hub of Manchester's Afro-Caribbean community. However, it is the more recent wave of refugee and asylum seeking immigrants that make up the largest percentage of the ethnic population in Moss Side. Refugee Action (1997) found that 'there were 4,200 refugees living in Manchester' and that figure will have

only risen in time. It stated that ‘the main groups were from Bosnia, Chile, Iraq, Kurdistan, Somalia, Sudan and Vietnam, with smaller groups from Algeria, Ethiopia, Nigeria and Sierra Leone.’¹

With such a diverse range of nationalities living in Moss Side, there is always going to be a varied assortment of languages spoken by its residents. With St. Bee’s classed as one of the primary medical centres in Moss Side, it attracts many of the area’s multilingual population to use its services, assuring us that we could obtain data relating to various different language uses.



Location distance from Robert Darbyshire Practice (Point A) and St. Bee’s Surgery (Point B). A distance of 1.1 miles.

Methodology

After changing surgery, we had to readdress our original method. Fortunately, our questionnaire was still relevant, and with a few minor adaptations, suited our new practice and their patients.

¹ <<http://www.icar.org.uk/?lid=9933>>

We left fifteen surveys with the practice, and arranged to collect them a few days later. We also had a conversation with the receptionist, to gain a clearer insight into how they deal with multilingual patients which will significantly help us with our evaluation.

During the study, we were constantly aware of any actions which could have impacted negatively upon our results. For instance, we were careful to avoid observer's paradox. This refers to the idea that participants in a study can be influenced by the observer or experimenter's presence, which could effectively alter the results – they may feel obliged to answer questions in a specific way to obtain the observers approval. Labov (1970) stated that “the aim of linguistic research in the community must be to find out how people talk when they are not being systematically observed; yet we can only obtain this data by systematic observation.” (Labov 1970: 47) We negotiated a system with the practice, which involved us leaving a number of questionnaires at the desk, and the reception staff giving the patients the choice to complete one when arriving at the surgery.

Importantly, we had to ensure that the participants felt at ease whilst completing the survey, with the hope that this would elicit the most truthful representation of their views. A consent form, informing the patients about the survey, and our intentions with the results was also attached. The interviewees were left with as much information as possible and could then decide, at their own will, to complete a survey. By taking this course of action we believe that we have eliminated any potential bias or influence from the experiment as best we can. This method also ensures that the patients have participated on a purely voluntary basis, eliminating the risk of ethical issues being raised.

Another area of our methodology which has been altered was the possibility of questioning both receptionists and doctors. It quickly became apparent that many staff did not feel professionally comfortable about discussing personal experiences, related to multilingualism, with us. More than likely this stemmed from the complex issues of patient confidentiality. We fully understood their reservations and adapted our study accordingly.

The final questionnaire and some samples of the participants results

3) Patient questionnaire

- 1) What age range are you in?
 - a) 0-18
 - b) 19-30
 - c) 30-40
 - d) 40-60
 - e) 60+
- 2) What is your native tongue? _____
- 3) Do you speak more than 2 languages? If so, specify: _____
- 4) On a scale of 1-6, with 6 being fluent and 1 relating to basic knowledge, how fluent are you in English? _____
- 5) What is your primary language? _____
- 6) Which language do you use in the following situations:
 - a) to the doctor
 - b) to the receptionist
 - c) whilst waiting in the reception room
 - d) when calling to arrange an appointment with the doctor

N.B. if a variety of language use is stated in the answers to Q6, ask why they feel the need to use different languages in different situations.

- 7) Do you feel obliged to speak English when at the surgery? _____
- 8) Would you benefit from translation services? If so, would you prefer:
 - a) NHS provided translator, in person/ on the phone
 - b) bilingual doctor
 - c) family member
 - d) bilingual literature
- 9) Do you feel that the NHS caters for second language speakers of English? _____

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Patient questionnaire

- 1) What age range are you in?
 - a) 0-18
 - b) 19-30
 - c) 30-40
 - d) 40-60 ✓
 - e) 60+
- 2) What is your native tongue?

My native tongue is Kurdish language.
- 3) Do you speak more than 2 languages? If so, specify:

Yes, I do. I can speak Kurdish, Arabic and English language.
- 4) On a scale of 1-6, with 6 being fluent and 1 relating to basic knowledge, how fluent are you in English?

It's not too bad. I can speak English very good.
- 5) What is your primary language?

My primary language is Kurdish.
- 6) Which language do you use in the following situations.
 - a) to the doctor / English, Arabic.
 - b) to the receptionist / English, Arabic.
 - c) whilst waiting in the reception room / English, Kurdish, Arabic.
 - d) when calling to arrange an appointment with the doctor / English, Arabic.
- 7) Do you feel obliged to speak English when at the surgery?

Of course I have to speak English with the surgery.
- 8) Would you benefit from translation services? If so, would you prefer:
 - a) NHS provided translator, in person/ on the phone
 - b) bilingual doctor ✓
 - c) family member ✓
 - d) bilingual literature
- 9) Do you feel that the NHS caters for second language speakers of English?

Yes I think so.

Patient questionnaire

- 1) What age range are you in?
 - a) 0-18
 - b) 19-30
 - c) 30-40
 - d) 40-60
 - e) 60+
- 2) What is your native tongue?

Arabic
- 3) Do you speak more than 2 languages? If so, specify:

Yes, Arabic, English, Turkish, Hebrew
- 4) On a scale of 1-6, with 6 being fluent and 1 relating to basic knowledge, how fluent are you in English?

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- 5) What is your primary language?

Arabic
- 6) Which language do you use in the following situations:
 - a) to the doctor English, Arabic
 - b) to the receptionist English, Arabic
 - c) whilst waiting in the reception room English, Arabic
 - d) when calling to arrange an appointment with the doctor English
- 7) Do you feel obliged to speak English when at the surgery?

No
- 8) Would you benefit from translation services? If so, would you prefer:
 - a) NHS provided translator, in person/ on the phone
 - b) bilingual doctor
 - c) family member
 - d) bilingual literature
- 9) Do you feel that the NHS caters for second language speakers of English?

Yes

Patient questionnaire

- 1) What age range are you in?
 - a) 0-18
 - b) 19-30
 - c) 30-40
 - d) 40-60
 - e) 60+
- 2) What is your native tongue?

Arabic
- 3) Do you speak more than 2 languages? If so, specify:

No
- 4) On a scale of 1-6, with 6 being fluent and 1 relating to basic knowledge, how fluent are you in English?

5
- 5) What is your primary language?

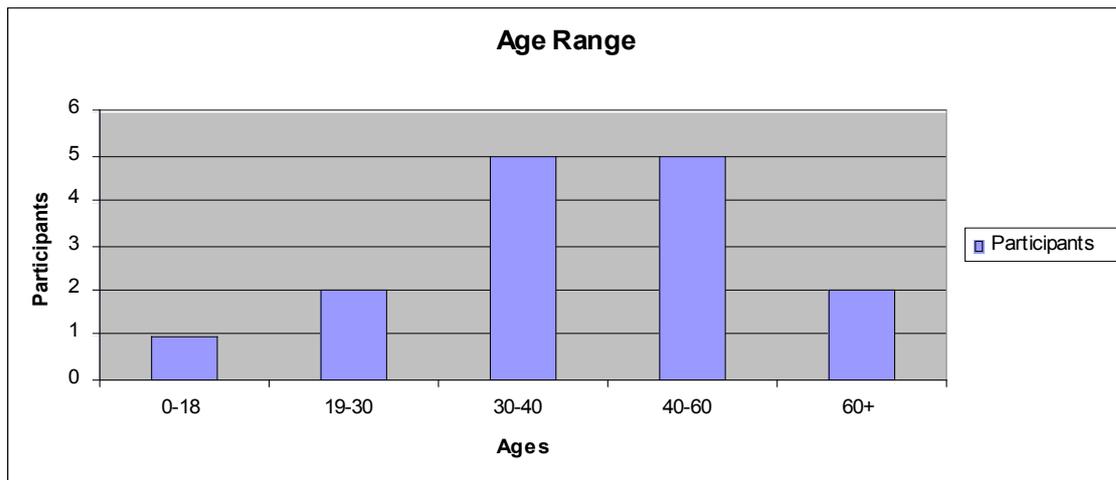
Arabic
- 6) Which language do you use in the following situations:
 - a) to the doctor Arabic
 - b) to the receptionist English
 - c) whilst waiting in the reception room Arabic & Arabic
 - d) when calling to arrange an appointment with the doctor English
- 7) Do you feel obliged to speak English when at the surgery?

Yes
- 8) Would you benefit from translation services? If so, would you prefer:
 - a) NHS provided translator, in person/ on the phone
 - b) bilingual doctor
 - c) family member
 - d) bilingual literature
- 9) Do you feel that the NHS caters for second language speakers of English?

Yes

Data Collection and Analysis

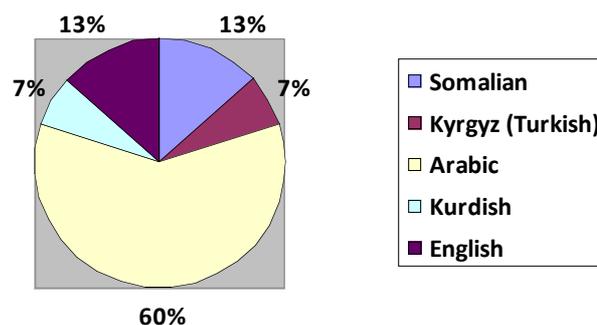
The questionnaire that was formulated was specifically designed to elicit both quantitative and qualitative data. It was felt that a quantitative data set would work as a solid foundation against any quantitative results that were collected from the participants, as well as help in reference to any discrepancies that may occur. 15 questionnaires in total were completed by the patients of the surgery, and each question has been analysed collectively.



Question 1

The graph above shows the ages of the participants used in our data collection. It is evident that majority of patients fall between the 30-40 and 40-60 categories. We interviewed at least one member in every age range, giving us a wider scope to analyse, allowing us to compare and contrast the results from different aged patients and noting any significant correlations.

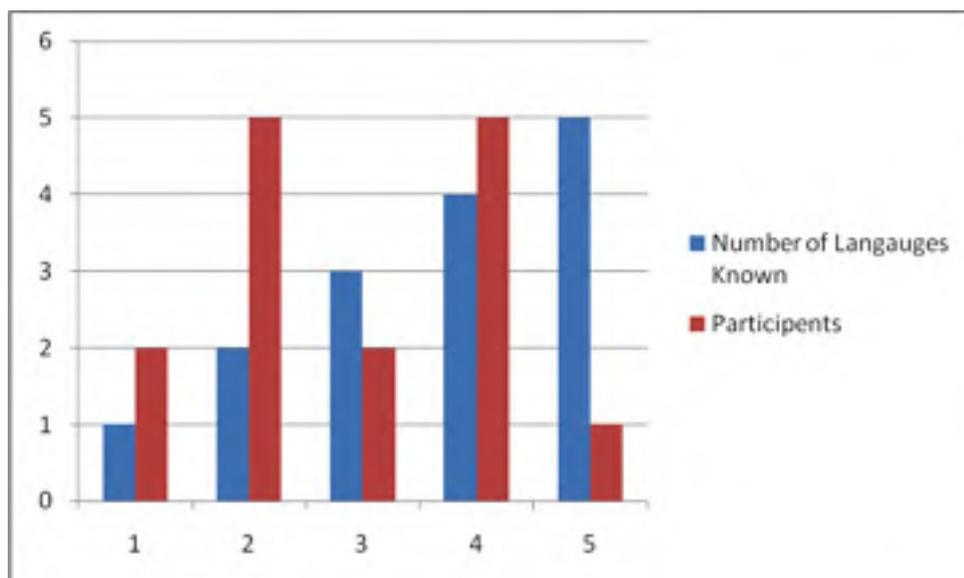
Question 2



This shows the native tongues of the patients. Noticeably, Arabic is used by the majority in this area, with native speakers constituting 60% of the interviewees. Somalian is the native tongue of two of the interviewees, making up 13%; likewise, two native speakers of English make up 13%. The native Kurdish speakers and Kyrgyz speakers constitute 7% each, with only one person claiming it as their native tongue.

Unfortunately, we cannot take into consideration the two native speakers of English, as our survey is directed at speakers who use English as their second language. Kyrgyz and Kurdish speakers also use this practice. Interestingly, the one speaker of Kurdish feels obligated to use English when in the surgery, perhaps because there aren't enough Kurdish resources within the practice.

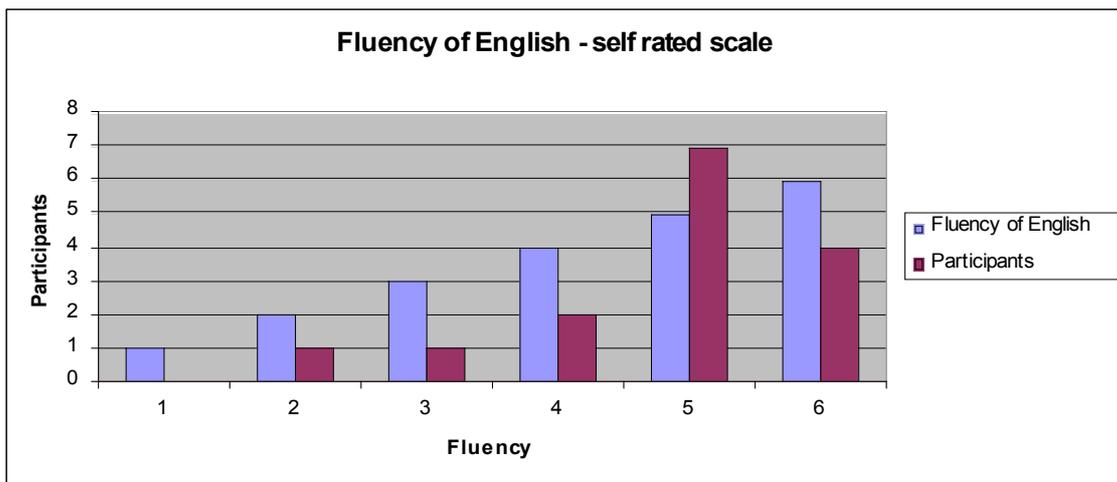
Question 3



Only two of the fifteen participants we questioned were of British decent, and thus their results show the first two bars stating that they only knew one language (English). One third of the participants knew two languages, and another third knew at least four. It was noted that in the instances where participants knew more than

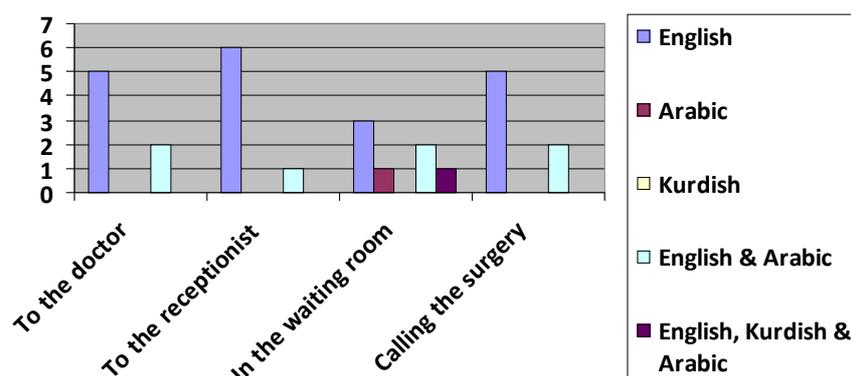
languages, the ones that they listed were usually connected in a geographic or cultural sense, which is to be expected. For example, many participants that listed being able to speak Arabic, also listed Hebrew. As these are both Semitic languages, and are spoken across the Middle East (where many of the people in the area of Mosside are from originally). For this reason it is not surprising that the majority of participants (8 in total) stated that they speak more than two languages, although, as will be shown the discussion part of the report, the language that appeared to be most commonly known and used by the participants was Arabic.

Question 4



In this graph we have collected the data from the participants self rated levels of fluency of English. The results show the greatest number of participants rated themselves 5 out of 6 on their fluency. This figure is significantly high, considering it encompasses half of our total participants, and only two interviewees were native English speakers. Whether this is an accurate representation of their English skills we cannot be sure as the question was self rated however the figure is encouraging for levels of ample English communication within the community. This is also reiterated by the fact that no one in our study rated themselves a 1 on the scale. However we must take into account that our questionnaire was written in English with no option of a translation so perhaps the least proficient English speakers were inclined to not even participate in the research.

Question 6

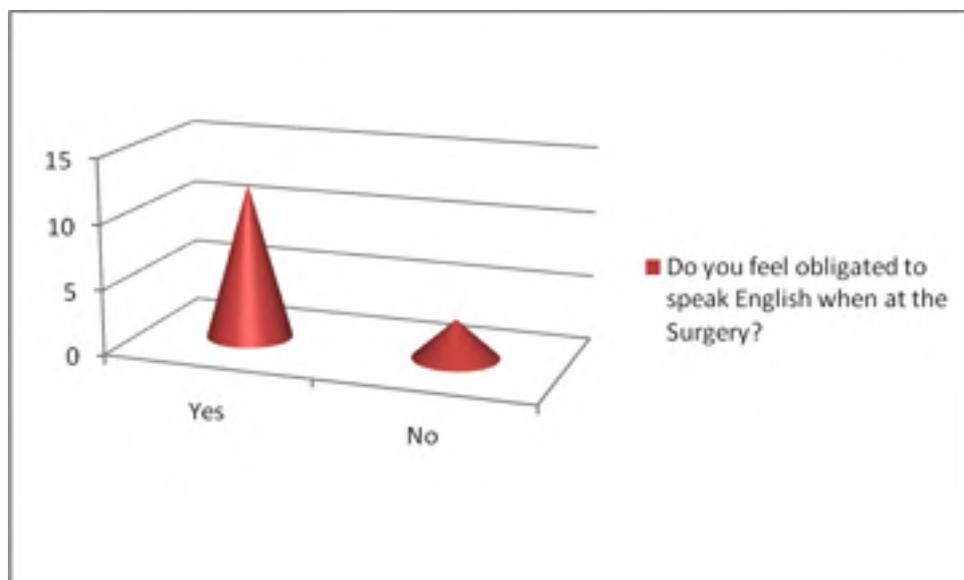


Question 6 was analysed quantitatively, giving the results above, however this question elicited more qualitative and individualistic results. Firstly, many of the participants listed more than one language in the different situations, which is shown in the graph by 28 results when there were only 15 participants. What the graph is helpful at depicting as a foundation for the results of this particular question is the rate of which English is used in all situations. Firstly, English is stated as being the language used most often in all four environments, secondly there is scarcely an example where a language that is not English is used on its own, other than in the waiting room. The waiting room situation was the only situation where participants stated they would use a language that was not English on its own, which is to be expected given the informal setting of the situation. This concurs with the theory that Fishman (2000) stated that 'more intimate situations seem to be most resistant to interference, switching or disuse of the mother tongue. The reverse [more formal situations] obtains where language shift is desired' (Fishman 2000: 97) This gives evidence to prove our hypothesis that Second speakers of English will feel more obliged to use English in the doctor's surgery instead of their mother tongue, as it is a more formal situation. It was also noted that participants used English more when speaking to the receptionist than they did when speaking to the doctor, which would indicate a higher sense of obligation to use English when corresponding in this situation. Strangely, we can derive that English is favoured when speaking to a receptionist, but not when phoning to arrange an appointment. Brown and Levinson

discuss the idea of 'face' and 'politeness theory' (Brown and Levinson, 1978) which theorises the conventions used in conversation to be polite and therefore ensure a functioning social interaction. The impersonal nature of a telephonic conversation and the absence of face-to-face correspondence may contribute to the lack of politeness. When conversing by telephone, the participant may not feel the need to 'save face', so may feel a lack of obligation to speak a particular language that is otherwise favoured in the face-to-face correspondence with the receptionist or doctor.

This question is one of the most crucial in comprehending why multilingual persons make the decision to use particular languages and the affecters behind it.

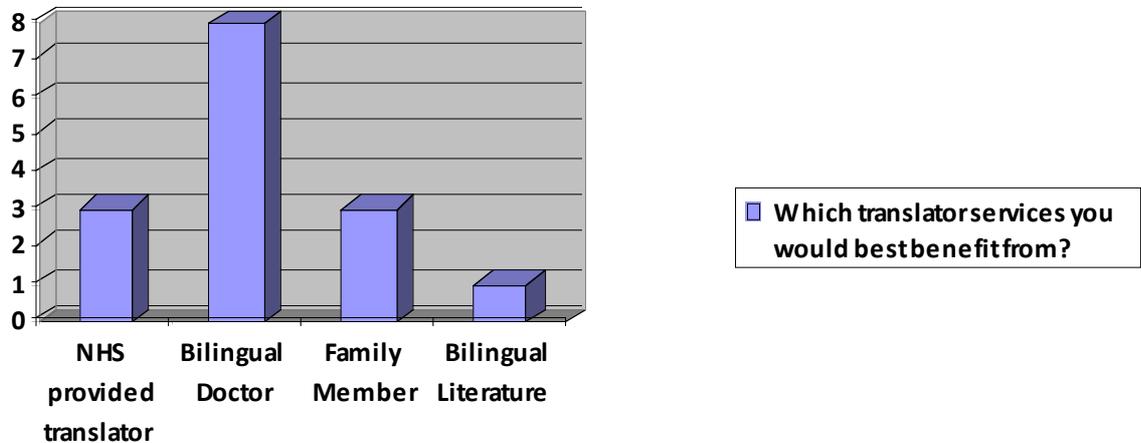
Question 7



From this, we can conclude that the majority of participants feel obliged to use English when in the surgery. However, comparing the data to that received in question 6, despite the obligation felt by the participants; they still use other languages whilst at the surgery. This suggests that although the patients choose to communicate in English at the practice, they also feel confident to use other languages where deemed appropriate. This could be as a result of the variety of provisions offered by the NHS in support of other languages, or could be that a doctor's surgery, namely the waiting room, is a 'domain of language behaviour'

(Fishman 2000: 92) that is intimate enough to encourage the use of the mother tongue.

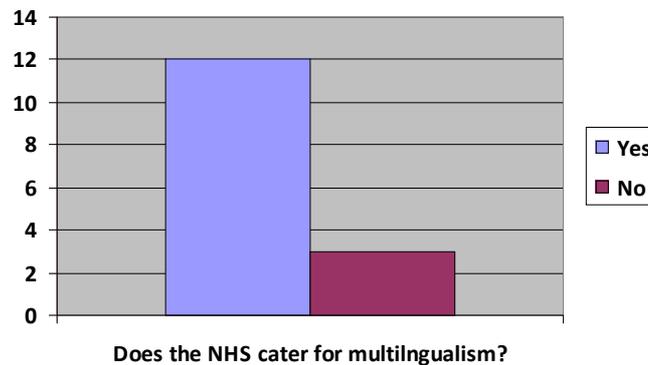
Question 8



It is clear from our results that patients at the St. Bee's surgery would benefit the most from the presence of a bilingual doctor. St. Bee's boast a 100% rate of bilingual staff and doctors, though this was not an employment requirement in any way. Previous studies carried out by Leman (1997, cited in Flores 2005: 268) show that in healthcare, 'additional interpreter services would have improved encounters most when the interpreters were bilingual health workers, employers and telephone services and least when relatives and friends were used'. This research is further evidence to support our own analysis that patients may not wish to discuss personal health matters with friends or family members. The use of bilingual literature is the least beneficial form of communication for non native English speakers. Again, this is understandable as patients may not be able to gain information that is personally directed at them from literature. There is no preference over an NHS provided translator or a family member, with 3 interviewees for each. One area in which St. Bees Close could accommodate their patients is by ensuring they have bilingual doctors. As we can see from previous results, the majority of patients at this surgery don't have English as a native tongue, so bilingual doctors could be hugely beneficial. As shown in Part 1 of this project, bilingual literature was made available at the Robert Darbishire Practice, and the same literature was available at St. Bee's

as they had the same Primary Care Trust at the request of either the patient or doctor.

Question 9



This question analyses whether the patients feel that the NHS sufficiently caters for multilingual patients. We can see that the majority of the patients claim that they think the NHS supports second speakers of English language, with only three patients appearing unhappy with the services provided. These three patients were speakers of Arabic, Somalian and Turkish. As previously mentioned in the first section of this report, the official NHS literature states that 'there are several ways in which you can access interpretation services depending on when and where you need them'. As part of the Manchester Primary Care Trust, St Bee's surgery offers support for their multilingual patients. This can be in the form bilingual literature (as shown in Part 1 and mentioned in question 8), providing translators, a translation phone service and bilingual staff, however in the case of staffing, this is purely down to whether or not the staff happen to speak another language. As mentioned before, there are 8 permanent staff members at St. Bee's, 4 of which are doctors. All speak more than one language, the most prominent being Arabic. However the practice manager was keen to state that this was not an obligatory requirement for employment, but that the area of Moss Side being as culturally diverse as it is, multilingual staff were more readily available. For this reason, bilingual doctors were offered at the staff's discretion and not by the PCT.

Collective Evaluation and Conclusion

In regards to the original hypothesis of the project the data has shown us the following. Hypothesis 1 “that second speakers of English feel obliged to use English in the doctor’s surgery, rather than their mother tongue, despite the services that are available” is correct and the patients, although sometimes able to use another language other than English, on the whole use English in all situations of the surgery.

Hypothesis 2 was less obviously proved, owing to the fact that the majority of participants were in the 30-60 age category. However, analysis did show that with the few younger participants, they were more rigid in their answers about speaking English and no other language, where as some of the older participants went into detail about how, why and when they would use another language.

Hypothesis 3 was proved but by the measures put in place by the primary care trust and not the surgery individually. When speaking with the surgery manager, it was stated that multilingual resources were made available to all their patients, but through the guidelines and implementations of the PCT. Although St. Bee’s surgery had the multilingual staff mentioned in the above analysis, these were employed through work merit and not cultural backgrounds. Translator services could be booked 4 to 5 days in advance, but a phone service was also made available in emergencies. They also stated that for those patients that could not wait 4-5 days, they were asked to provide their own translator, which 3 of the 15 participants stated was their preferred method of multilingual support in the first place.

Looking back on our research, there are a few areas that we collectively feel could have been improved. Ideally, we would have liked to interview more patients. This could have given us more data and provided us with stronger evidence and perhaps more concrete correlations. If we had the chance to, it would have been very beneficial to interview a multilingual doctor, which could have given us an insight as to how they deal with multilingualism. This would have been interesting to compare with what the patients views were. We also decided that question 5 in our survey became irrelevant once we had received the results as it mirrored the data we obtained from question 1.

It would seem that, even with a practice that can accommodate multilingual patients, the majority of people will attempt to speak in English in as many situations as possible. Although the results show a mixture, possible hedging and code switching, of language use, it is always in conjunction with using English. Not only this, but it would appear that patients are not upset using English over their native tongue, and although they feel obligated, this obligation is not a pressure.

In final conclusion, the Manchester NHS Primary Care Trust shows a good support framework in place for its areas where there are higher levels of multilingualism, but this support is used only when the person in question severely needs it. Using English in the surgery environment is generally accepted and practiced by the majority of patients, although this in no way means an abandonment of their native language.

Appendix:

1)



St. Bee's Surgery, also known as the Moss Side Family Medical Centre.

Address; 34-36 St Bees Close, Manchester, Greater Manchester M14 4GG

Website; <http://www.nhs.uk/ServiceDirectories/Pages/GP.aspx?pid=A7D7A64E-1AC9-40A3-A532-7E9ACE430FA4>

2)



St. Bee's Surgery, located at point 'A', is situated in the heart of Moss Side.

3) Example consent form:

Consent Form.

We are second year linguistic students at the University of Manchester, currently conducting a study into multilingualism in Manchester. This is a form of consent stating that you are willing to participate in our study. All informants will be completely anonymous and your information will be kept confidential. You are free to withdraw from the study at any time.

Please do not hesitate to ask any questions regarding the study and your role within the research.

I hereby agree to fill in a questionnaire to aid research into multilingualism in Manchester.

Signed.....

Date.....

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