



Language Training, Cultural Adaptation and French-Language Health Services

Language Training and Cultural Adaptation Program

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S U M M A R Y

Consortium national de formation en santé
Société Santé en français

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1. BACKGROUND

The *Consortium national de formation en santé* (CNFS) brings together 11 university and college institutions and regional partners from across Canada offering a range of health education programs that are delivered in French. The *Société Santé en français* (SSF) brings together 17 regional, provincial and territorial networks working to promote collaboration among partners interested in improving access to French-language services in Francophone and Acadian minority communities across Canada.

As national organizations, the CNFS and SSF are striving to improve access to French-language health services so that Francophone minority communities can enjoy better health and wellness. The availability of sufficient numbers of human resources able to provide French-language services remains a major issue in the active offer of health services.

In the fall of 2009, the CNFS and SSF started working to implement Health Canada's Language Training and Cultural Adaptation Program (LTCAP). The program targets two categories of health professionals, namely those with French as their first language but who were trained in English or have always worked in predominantly Anglophone environments, and those with French as their second or even third language but who have an intermediate or advanced level of French language proficiency. Over the medium and long term, LTCAP will improve access to French-language health services by helping equip and support health professionals and by introducing strategies designed to raise awareness within health facilities.

One of the steps in the LTCAP implementation consisted of three studies focused on needs and issues related to language training and cultural adaptation. The first of these studies identified health professionals' needs, the second compiled an inventory of training programs tailored to their needs, and the third examined their work environments through data collection from health facility managers. The two resulting samples were not representative, and the resulting conclusions must therefore be treated with caution. Our health professional sample nevertheless enabled us to generate a solid group profile and to get to know its language training and cultural adaptation needs. For its part, the health facility manager sample enabled us to take stock of this group's perceptions of French-language services and linguistic competencies. This summary contains the highlights and recommendations of these three studies.

The current issues around the role that linguistic and cultural competencies play in the quality of care originate in research conducted by various investigators, including Leonard Aucoin and Sarah Bowen. This body of research has

highlighted the responsibilities borne by health professionals and health care organizations. The right attitudes, behaviours and knowledge are needed for professionals to build quality working relationships with their patients, even when they come from a different linguistic or culture heritage. For their part, health care organizations must provide working conditions that support health professionals in delivering linguistically and culturally adapted services. This is critical, since a lack of linguistic and cultural competencies can lead to severe communication problems and potential diagnostic errors, among others.

Linguistic and cultural competencies are very important to Francophone minority communities since health professionals generally work in environments where English predominates and where the use of French is not always recognized or valued. This reality places French-speaking patients in a more precarious situation since they have difficulty accessing French-language services, except in facilities designated under French-language services legislation.

2. STUDY OF HEALTH PROFESSIONALS' NEEDS

Our needs study enabled us to generate a profile of the health professionals working in Francophone and Acadian communities and to obtain information on their work environments. Some 323 professionals within the two target clienteles were surveyed, with 48 percent having English as their mother tongue, 44 percent French as their mother tongue, 4 percent as a mother tongue other than French or English, and 4 percent with two mother tongues (English and French). Just over half (53 percent) worked in Ontario and New Brunswick facilities. A majority of the respondents spoke English more often at home. Whether their mother tongue was French, English or another language, in many cases they had studied in English. Our sample included a wide variety of professionals: 25 percent were registered nurses, 14 percent health care aids or assistants, 7 percent social workers, 6 percent were physicians, and 5 percent were technologists or other types of professionals. Also included were physiotherapists, speech-language pathologists, pharmacists, health care aids and independent workers. Just over half the respondents (53 percent) worked in hospitals.

All the respondents acknowledged the existence of a French-language clientele within their departments, and 50 percent indicated that they reply in French to patients who address them in this language. This shows that the vast majority of the professionals surveyed were very aware of the importance of linguistic competencies and French-language services.

Another goal of the needs study was to gauge the support that facilities give their health professionals. A majority of the respondents stated that their facilities encourage them to use French. Designated facilities appear to have guidelines or policies in place to promote the use of French. According to the respondents, the support that professionals receive from their facilities when they wish to learn French or maintain their skills in this language plays a key role in encouraging them to undertake and pursue language training programs.

Two thirds of the respondents had not, however, had the opportunity to enrol in language training programs. Almost half said they wanted to improve their French-language skills, with a majority of this group having English as their mother tongue. Professionals who had difficulty carrying on a conversation in French expressed the highest interest in language training. The study also identified interest among professionals whose mother tongue is French.

Our research also attempted to identify cultural adaptation needs. Across Canada, professionals said they had experienced communication problems when dealing with patients from other cultures. This appeared most acute in Ontario, Western Canada and the Northwest Territories.

Six focus groups enabled us to dialogue with 34 other health professionals, most of whom had French as their mother tongue. All these participants stated they wanted to provide their patients with quality services, and that they consider communication to be a key factor in this regard. According to them, language training programs help enhance French-language services. Several participants expressed the need for skills maintenance or conversational French programs.

To encourage participation by interested health professionals, the content of language training programs must be tailored to their needs and the learning formats used must be current. The needs study and focus groups stated that delivery methods such as online training, tutoring and conversation courses need to be reviewed.

3. INVENTORY OF LANGUAGE TRAINING AND CULTURAL ADAPTATION PROGRAMS

The legislative framework governing French-language services varies between provinces and territories. A few provinces have passed legislation in this area making language training available to their civil servants, including their health professionals. As a general rule, the provincial and territorial authorities responsible for French-language services maintain good working relations with the French-language postsecondary institutions that supply them with the language training they require. Over the years, institutions have designed a number of language training programs and acquired considerable expertise in this field.

Language training programs tailored to health professionals' needs are a more recent development. Several postsecondary institutions members of the CNFS and some of its regional partners are offering (or striving to improve) such programs. Several institutions have undertaken important and innovative content development work. French is still generally taught through courses delivered in person, although a few programs are already being offered online. Several institutions are considering various means of facilitating access to language training programs so that health professionals' specific needs can be met effectively.

4. PERCEPTIONS OF HEALTH FACILITY MANAGERS

The 72 managers surveyed worked in all categories of health facilities. Forty-three of these were located in Ontario and New Brunswick. All the respondents recognized that their units have a Francophone clientele which they estimated to be between 1 and 90 percent. A few of the managers worked in Francophone facilities that are primarily mandated to meet the Francophone clientele's needs.

FACTORS PROMOTING OR UNDERMINING FRENCH-LANGUAGE HEALTH SERVICES

The managers surveyed identified factors promoting the delivery of French-language services. Obviously, delivering such services takes human resources possessing the required linguistic capacities. Promoting the delivery of French-language services is the first factor. The availability and recruitment of staff able to speak both of Canada's official languages are thus essential elements, and difficulties in these areas are compromising the ability to provide French-language services almost everywhere across the country. According to the managers surveyed, the situation is not as severe in the Yukon and New Brunswick. Given the generalized shortage of health professionals, recruiting bilingual professionals is indeed a challenge.¹ In a few provinces or territories (namely Prince Edward Island, the Northwest Territories, Nunavut, Alberta and British Columbia) and in remote regions such as Northern Ontario, recruitment is very difficult. The shortage of bilingual professionals, which is more prevalent in occupations such as psychology, psychiatry, medical specialties, nutrition, nursing, social work, dietetics, physiotherapy and occupational therapy, is having severe repercussions. In some cases, positions designated to offer French-language services remain vacant or are awarded to unilingual Anglophone professionals.

¹ We use the term "bilingual" to designate people who are able to express themselves in both of Canada's official languages, namely French and English.

The managers surveyed address the paucity of bilingual professionals in various ways. They often use interpretation and translation to provide French-language services. Many facilities have compiled a list of their bilingual professionals and call them in when a French-speaking patient requires care. They may also enlist the help of relatives or volunteers. Other facilities use emergency plans. For their part, Francophone facilities are proactive and work with the community to promote careers in health care and to recruit new graduates. Other measures used to address the shortage of professionals able to speak both official languages include posting designated positions on multiple occasions and hiring unilingual Anglophone staff with a conditional offer of employment in regard to learning French.

According to the managers, demand is the second factor promoting the delivery of French-language services. However, in several provinces, demand appears to be low. Several managers mentioned that their Francophone clients speak English and do not request services in French. Outside Francophone facilities or provinces with French-language services legislation, many gaps remain in the visibility of French-language services. For example, few facilities have their professionals wear a visible indication that they are able to provide care in French. In order for Francophones to request French-language services or express their needs in this regard, the posting of signage and the wearing of badges are essential. The active offer of French-language health services is also required.

Legislation is the third factor in promoting the delivery of French language services. Legislation, policies and related regulations promote such services because they impose related standards on facilities. Although the situation in the regulated provinces and territories is not perfect, the legislative framework nevertheless requires designated or mandated health facilities to take measures structuring the delivery of French-language services. No one expects such legislation to be adopted across Canada, however, various collaboration agreements link Francophone communities and provincial or territorial governments. Organizations within Francophone communities can use these mechanisms to champion their priorities.

SUPPORTING HEALTH PROFESSIONALS

To support the active offer of French language services, employers use incentive measures such as encouraging their bilingual health professionals to speak French. According to the managers surveyed, enrolment in language training to learn or maintain French language skills is a primary support measure. French-language service policies in the regulated provinces, language training programs offered in various locations in the provinces and territories, signage flagging the

French-language services offered, and identification of the professionals able to speak this language were also identified as useful measures. A few managers deplored the lack of work tools in French.

In predominantly Anglophone environments largely unfavourable to French-language services, health professionals are at the heart of service delivery. This situation underlines the urgency of promoting networking among bilingual professionals, encouraging them to use their linguistic competencies, valuing their work and providing them with tools.

FAVOURABLE WORK ENVIRONMENT AND CONDITIONS

Our research revealed how important it is to provide work environments favourable to French-language services. In addition to having a legislative framework and measures in place to support bilingual health professionals, the other facilitating factors include having tools and resources available, providing language learning or maintenance programs, and having an organizational culture that supports learning.

In the provinces or territories without a legislative framework on French-language services, our research highlighted the major role that senior managers play. If senior management fails to make French-language services a priority, health professionals will not see their relevance and lose interest, especially when the demand for French-language services is low. Managers at all levels can thus play a crucial role. To do so, they must first recognize the importance of linguistic competencies in the provision of quality health services. In this regard, we noted that awareness levels vary, with high levels in Eastern and Northern Ontario but very low levels in the South-Central region of this province. Awareness levels are also very high in New Brunswick, Manitoba and the Northwest Territories but fairly low elsewhere. French-speaking managers are generally quite aware of the importance of linguistic competencies in the delivery of quality care and they strive to provide French-language services.

LANGUAGE TRAINING PROGRAMS AND ACCESS TO FRENCH-LANGUAGE HEALTH SERVICES

Since language training programs have been offered for several years in New Brunswick, Ontario and Manitoba, we looked at whether they have actually promoted better access to French-language services. According to the health facility managers we surveyed in these provinces, language training programs serve, above all, to make health professionals aware of the importance of French-language services and linguistic competencies. In other words, such

programs reflect these facilities' commitment to provide French-language services and they encourage professionals to learn French or maintain their competencies in this language. Does language training produce a net improvement in the language abilities of these professionals? The respondents were ambivalent in this regard. They related a few success stories within the three provinces studied. However, they underlined the heavy investment of time and money required to support a professional with little or no French skills through to a knowledge level sufficient to provide services in this language. Many managers remained skeptical as to the concrete results of language training, and some preferred to hire professionals who are already bilingual rather than rely on such programs.

Some managers stressed that professionals whose mother tongue is French have difficulty using their language in the workplace. Some lack the required terminology since they studied in English, while others have lost the use of their mother tongue and feel uncomfortable when required to speak it.

PARTICIPATION IN LANGUAGE TRAINING PROGRAMS

Many factors undermine the participation of health professionals in language training programs. The managers surveyed stressed the impact of heavy workloads preventing professionals from learning French or maintaining their French skills, especially when they are already required to take several continuing education programs. Lack of time is thus a real challenge.

On the other hand, certain factors can promote participation in language training programs. First, professionals must show interest. Then, programs must be offered within the workplace and professionals must be freed up to take them. The handful of health facilities that have introduced such measures have seen their participation levels rise. Finally, for language training programs to be successful, many managers underlined how important it is for students to be able to put their language learning into practice.

CULTURAL ADAPTATION

We also focused our research on cultural adaptation. We surveyed Ontario managers on this topic. From the outset, they appeared very aware of cultural competencies. The vast majority of health facilities provide their professionals with various intercultural or cultural adaptation training programs. According to a number of managers, cultural competencies are a priority, and cultural adaptation programs are very useful and provide satisfactory results.

We also noted a significant need among Anglophone health professionals for cultural knowledge on Canada's minority communities, especially as related to the Acadian community. Overall, cultural adaptation programs can meet the needs of professionals caring for patients from different cultural backgrounds, including French-Canadian cultural backgrounds. Given the growth in immigration to Canada, health professionals must clearly develop their cultural competencies in order to provide quality services.

CONCLUSION

At the completion of these studies conducted during the first year of the Language Training and Cultural Adaptation Program (LTCAP), we can attest that the 323 health professionals surveyed want to provide French-language health services. Even when their mother tongue is English, most are aware of the important role that linguistic competencies play in the delivery of quality health services, and they attempt to deliver French-language care when their patients request it. Half the respondents wished to improve their French competencies. Although interest is clearly higher among professionals whose mother tongue is English, it is also prevalent among many professionals whose mother tongue is French. Our study confirmed the need for language skills maintenance for professionals who are able to speak French, and it identified significant needs in the field of cultural adaptation, especially in Ontario and the western provinces.

Our inventory of language training and cultural adaptation programs highlighted the role played by the educational institutions belonging to the CNFS and its regional partners. These organizations are “in the field” and positioned to deliver various language training programs that are well suited to professionals’ needs. A few provinces with French-language services legislation already offer language training programs to their civil servants, including their health professionals. In these provinces and elsewhere in the country, the postsecondary institutions which are members of the CNFS are working closely with their governments to satisfactorily meet the need for language training.

Our third study, on the perceptions of health facility managers, revealed issues associated with the delivery of French-language health services. First, the shortage of health professionals able to speak both official languages creates recruitment challenges and impedes the establishment and maintenance of these services. Second, the working environment is not generally favourable to French-language services, except in a few provinces with legislation in this area and in a few Francophone facilities. Health professionals receive minimal support delivering care in French, apart from the availability

of language training programs. Managers have an important role to play in introducing working conditions favourable to French-language services and in supporting health professionals in this regard.

Our three studies identified four main objectives requiring attention in the future: 1) To increase the number of students in the various health disciplines in order to meet the demand for professionals able to speak both official languages; 2) To make Francophones aware of the importance of requesting health services in French; 3) To work more closely with health facility managers to help them understand the importance of linguistic competencies in the delivery of quality health services and to prompt them to create conditions favourable to French-language services; 4) To further develop the networking and mobilization of health professionals so that the active offer of French-language services is encouraged and becomes duly recognized and valued.

Language training is one means of promoting the acquisition or maintenance of linguistic competencies, but it is not a panacea. Given the significant needs existing within Francophone and Acadian communities, we believe it is important to maintain the language skills of health professionals who are able to speak French and who are already employed or will be employed in coming years. Providing them with support tools, valuing their work in French, and introducing working conditions favourable to French-language services will enable them to be recognized and fully play their role.

During the year we devoted to conducting the three SSF and CNFS studies, we identified how important it is for regional, provincial, territorial and national partners in the health care field to collaborate. This collaboration is essential to accomplishing the tasks in the four main areas supporting our shared objective of improving Francophone and Acadian minority communities' access to French-language health services.

RECOMMENDATIONS

Based on our research findings and the conclusions drawn from our analysis, we recommend that:

1. The CNFS and its member institutions and regional partners pursue the current initiatives designed to increase enrolment in postsecondary health training programs delivered in French in order to increase the number of graduates and meet the demand within health facilities for bilingual professionals.
2. The member institutions of the CNFS and its regional partners pursue the delivery of language training and language maintenance programs tailored to health professionals' needs. Under the leadership of the CNFS National Secretariat, they should adopt a language training strategy that takes into account the provinces' and territories' involvement in the delivery of these programs. They should document and promote existing best practices in language training and language maintenance.
3. To help maintain the language skills of health professionals who are able to speak French, it would be necessary to offer them training programs or workshops targeting French fluency, maintenance and conversation. This type of program should become one of LTCAP's priorities, especially in the provinces or territories where governments do not offer language training programs.
4. The language training or language maintenance programs made available to health professionals by the member institutions of the CNFS and its regional partners include cultural adaptation components. In addition, the CNFS should pursue the development and delivery of cultural adaptation programs or courses. Based on the provinces' or territories' needs, the CNFS should ensure that learning tools on the history and culture of minority Francophones are included in the programs offered.
5. The CNFS consider developing an evaluation framework to obtain information on the relationship between language training or language maintenance programs and the delivery of French-language health services.
6. The CNFS and its member institutions and regional partners pursue the work underway to upgrade the professional competencies of persons having obtained an international diploma or degree so that they are able to work in health facilities and increase the number of health professionals capable of providing French-language services.

7. The SSF and the regional, provincial and territorial French-language health services networks mobilize health managers to focus on the main factors promoting the delivery of French-language services, namely: 1) Availability and recruitment of persons able to speak both official languages; 2) Demand for services in French; and, 3) Environment, including the legislative framework.
8. The SSF and the health services networks consider conducting awareness campaigns that target minority Francophones and stress the importance of requesting French-language services; other national, provincial and territorial organizations should participate in these campaigns.
9. The SSF and the health services networks organize activities designed to make health facility managers aware of the importance of linguistic competencies and the active offer of French-language services. The SSF and the health services networks should document and promote existing best practices so that conditions favourable to French-language health care can be created within the various health facilities.
10. The SSF and the health services networks develop tools to make health facility managers aware of linguistic competencies; these tools should describe the conditions promoting the use of French in the workplace. Furthermore, the SSF and the health services networks should consider identifying parameters or standards defining the delivery of linguistically and culturally appropriate health services.
11. Under the leadership of the SSF and the French-language health services networks, work promoting the conditions required for the delivery of French-language services continue in collaboration with health partners, including the regional health authorities and the provincial and territorial governments.
12. The SSF and regional, provincial and territorial French-language health services networks mobilize health professionals in sharing knowledge on French-language services and best practices.