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Canadian Institute  
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on Linguistic  
Minorities

# The offer of health services in French in minority context

## Summary

Study conducted by

**Éric Forgues**

Canadian Institute for Research on Linguistic Minorities

**Boniface Bahi**

Campus Saint-Jean, University of Alberta

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Institut franco-ontarien, Laurentian University

with the collaboration of

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Université Sainte-Anne

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## Introduction

This research project deals with the language development of health services within Anglophone or bilingual health care facilities in Nova Scotia, New Brunswick, Ontario and Manitoba. By identifying these facilities in their political and legal settings, while considering organizational constraints and internal resources, we provide an overall analysis (at the micro and macro level) of the social factors that facilitate the offer of services in French within these facilities.

## Project objectives

Our project objective is guided by the following research question: what factors influence the offer of health services in both official languages in a French-speaking minority context.

### Specific objectives:

- a) Identify the factors that influence the offer of services in French by a health care professional: management and organization of services within health care facilities; legal and regulatory framework and provincial policies, professional recognition of bilingualism, plans for adapting services to each community, etc.
- b) Analyze the perceptions of health care professionals toward the offer of services in French and the needs of Francophones in this regard.

- c) Recommend strategies and complete an inventory of best practices favouring the active offer of health care services in French in one or more regions.

## Methodology

Our research project is based on a survey that has been conducted within health care facilities in an English-speaking majority or bilingual context, but that are required to meet the needs of a French-speaking minority population. We have conducted our study among the following facilities:

- Yarmouth Hospital (Yarmouth Regional Hospital) (Nova Scotia) (Francophones make up 21.4% of the region);
- Horizon Health Network (New-Brunswick) – Moncton’s Zone (35.0% of Francophones), Fredericton’s Zone (7,1% of Francophones) , Saint John’s Zone (4.8% of Francophones) and Miramichi’s zone (8,5% of Francophones);
- Sudbury Regional Hospital (Ontario) (Francophones make up 28.2% of the city);
- Saint-Boniface Regional Hospital (Manitoba) (Francophones make up 4.1% of the city).<sup>1</sup>

An electronic questionnaire has been posted on-line. In addition to the survey, we have used the semi-directive interview method with 56 managers, all working at

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<sup>1</sup> Source: Statistics Canada, census 2006.



different levels within the health care facilities, to improve our knowledge of the linguistic organization of health care services. This has allowed us to identify the strategies implemented to meet the needs of the French-speaking population. Finally, we conducted a literature review in order to identify information on language policies pertaining to health care, strategies and action plans to promote services in French and best practices in offering health care services in French (summary of websites, contacts with community organizations and health care facilities).

## Main outcomes

The study outcomes indicate that significant progress has been made since the 1990s with regard to the offer of health services in French in the four provinces taking part in the study. However, progress depends of provincial situations and several barriers persist in providing health services in French.

### Offer of services in French

The majority of employees assert that their hospital must make an offer of services in French. However, depending on the hospital, this offer does not need to be made in all departments. In fact, other than the Horizon Health Network, hospitals prioritize certain departments when it comes to offering services in French.

Results show that *active* offer of service in both official languages is rather low in all hospitals. Bilingual service pins are not much worn by bilingual, although more in Sudbury. Signage in both languages is used more in Yarmouth and at Horizon, but a

relatively significant percentage of departments do not seem to post in both languages. The majority of respondents say that they switch to French with patients who address them in French. However, a relatively significant percentage of employees ask patients if they can speak English in order to continue in that language.

### Legal Context

The legal context of the language of health services differs among the provinces taking part in this study. To summarize, remember that in New Brunswick, hospitals are required by law to actively offer health services in the patient's official language of choice. In Ontario, the *French Language Services Act* makes it mandatory for hospitals in designated regions to offer services in both official languages. The Act places emphasis on the consultation and participation of the Francophone community in the organization of health services in French. In Nova Scotia, the government's commitment is also prescribed by law, but is limited to asking regional health authorities to develop French-language services plans while taking into account the needs of the Acadian community. The right of Francophone patients to receive services in their language is not recognized. In Manitoba, the government is committed, as stated in a policy, to offering services in French in the field of health.

The results obtained must be put in perspective based on the varying legal context, where the government engages and more or less recognizes the right of



Francophone patients to receive services in their language.

### **Administrative will**

Most of the hospitals have implemented plans to ensure services are actively offered in both official languages. In Sudbury, this is the case since 2000, in St-Boniface, since 2006, in Yarmouth, since 2008 at least. At the time of the study, Horizon Health Network was on the verge of adopting the network's first strategic plan. The former authorities, with which the hospitals taking part in the study were affiliated, had never developed action plans before with regards to the language of service.

Data seems to show that hospital administrators are, according to staff perception, engaged in the active offer of services in both languages. However, some survey data shows a rather mixed commitment to the offer of services in French. For example, a large percentage of employees are not informed about the language of service by their superiors, nor are they encouraged to obtain French training.

Certain comments go along that line. For example, some mentioned that « randomization » determines whether bilingual employees provide services to patients in their language.

### **Management of services and human resources**

Language is taken into account in many ways in the management of health services:

1. In planning services (by prioritizing certain services/departments to offer services in French);
2. In managing human resources: hiring bilingual employees, list of bilingual employees, presence of bilingual employees during different shifts, etc.;
3. In written and oral communications (postings, signage, websites).

However, language consideration varies by department and hospital. In all hospitals, priority seems to be given to reception areas when it comes to bilingualism. For some, this means that once you have been through reception, services in French are not guaranteed. Some believe that it is up to chance whether or not French-language services are provided by bilingual employees.

Many respondents seem to think that demanding or hoping to recruit bilingual employees could override the professional skills requirements. Many also believe that this can overrule the seniority criterion, which can sometimes turn them against this type of linguistic requirement. In a shortage context, some perceive this criterion to be a barrier to recruitment. Others perceive this requirement as an employment possibility for Francophones, who most often are bilingual.

### **Resources**

The survey data shows that the principal means used to encourage the active offer of services in French include using a list of bilingual employees, interpreters and, to a lesser degree, language training. The



presence of bilingual employees suggests the hiring of bilingual employees or training.

In the case of hiring, many comments indicate that it is difficult to recruit certain health care professionals and that adding linguistic requirements would make it even more difficult. In this context, the language criterion (especially if not required) can be put aside. Employee awareness is another means used by those responsible for French-language services in the hospitals. Employee training also seems to be a resource that has limitations. On one hand, access to training is limited and complicated by the fact that sessions are not convenient to employee's schedules. On the other hand, training seems insufficient to help employees become bilingual or sufficiently comfortable to offer services in French. Many recommend immersion programs and activities to allow employees to speak French.

### **Language skills and training**

It is difficult to estimate the bilingualism level of employees from the sample group, as we believe more French-speaking and bilingual employees participated in the survey. Nevertheless, the data obtained shows that a relatively significant percentage of people can communicate in French.

Furthermore, according to the results, the French skills of a majority of employees have not been evaluated. Approximately one quarter of employees have had language training. For the majority of those who have had the training, it seems to have had little impact on the offer of services in French. The comments point to a possible

explanation: employees seem to have few opportunities to offer services or to communicate amongst themselves in French. This may in turn be explained by a low demand for French services, by the "pressure" of the Anglophone linguistic environment, or by training that does not enable one to feel at ease communicating and offering services in French. Many respondents suggest supplementing training with French immersion activities and French communication activities.

### **Employee's perceptions**

The data obtained through the survey indicates that, generally, employees acknowledge that Francophones have a right to receive services in their language. Anglophones, however, are less inclined to acknowledge this right. The acknowledgment of this right decreases for Francophones who can express themselves in English. Anglophones are even less inclined to acknowledge this right to bilingual Francophones. Some comments lead us to believe that for Anglophones, it is a "practical" question: what is important, for them, is to offer health services in a language that can be understood by the patient and the professional, whereas for Francophones, it is often a matter of identity. And it may be a question related to their dignity, which must be considered even more in a context of vulnerability.

The comments made by many English-speaking respondents are more along the lines of questioning the existence of that right. They have difficulty understanding how, in a multicultural context, more efforts are made for Francophones than for other ethnic minorities. The right of immigrants is



considered equal to that of Francophones, the existence of the *Official Languages Act* being forgotten. Therefore, the right of patients to receive services in French can be described, in a management perspective, as such: the language of communication having an impact on the quality of the care offered, there is no difference between a French-speaking patient and a newcomer who speaks a language other than English. The majority of respondents believe the hospital must value the importance of offering health services in French. The percentage is higher in Francophones than in Anglophones.

In contrast, the majority of respondents believe their hospital either does not need to do more to offer services in French, or needs to do a little more, the percentage being higher on the Anglophone side. Even though the majority of respondents say they are willing to do more to offer services in French, Anglophones are the least ready to do so.

With respect to the offer of services which must be made in the patient's official language, many respondents show a certain lack of understanding of their hospital's willingness or obligation to make an active offer or an offer of service in French. Many respondents will say that it is impossible to do so, because a significant percentage of employees are not bilingual. People do not always seem to understand that not being bilingual does not in itself constitute a barrier to offering services in French. Employees must offer the choice of language of service and, if they are not able to continue in the language chosen by the patient, they should look to an alternative. What is required is the mastering of a few

introductory words or phrases. What seems to be feared by greeting the patient in both languages is giving the impression that the person speaks French. People want to avoid the misunderstanding or uneasiness that would ensue if the patient continued in French.

### **Linguistic environment**

Many comments made during the interviews and in the survey underline the predominance of English in the respondent's region. This linguistic environment would create a pressure to communicate in English. It is a fact that most Francophones easily communicate in English. The opposite is less true. This pushes people to say that there really are no problems, as the demand for services in French is low, to the extent that some respondents believe that it would be simpler and more logical for Francophones who do not speak English to learn the language, rather than to devote resources to the offer of services in French. The right of Francophones to receive services in their language is then not recognized.

This pressure towards English fosters the invisibility of the French presence in the hospitals, as some respondents suggest. French-speaking patients and employees have a tendency to communicate in English, so much so that the respondents are often not aware of the significant presence of French-speaking colleagues or patients in the hospitals.

Nevertheless, the data shows that a relatively significant percentage of respondents speak French at work on a



regular basis, but a similar percentage never or very rarely does so.

### **Demand for services in French**

Many comments suggest that respondents question the commitment or the obligation to offer services in French due to the fact that few patients ask to be served in French. The numbers show a difference in the percentage of French-speaking patients (between 20 and 44%) and the percentage of Francophones who ask to be served in French (the percentage for the latter varies between 11 and 15%). A varying but significant percentage of respondents (from 42% in Sudbury to 87% in St-Boniface) say that patients never address or sometimes address them in French. A significant percentage (25 to 41%) of respondents maintain that patients often or always go from French to English. This data tends to show that a relatively significant proportion of French-speaking patients accept being served in English or do not ask to be served in their language.

Some respondents do not understand the need for them to make efforts or the fact that resources are being allocated to offering services in French to Francophones who, for the most part, speak English and who do not very often ask to be served in French. The low demand for care in French is an argument used by many respondents to question the right of Francophones or the necessity to devote resources for services in French. Written documentation is held as an example. Why translate documents if French-speaking patients do not use them? According to many respondents, the fact that French-speaking patients are for the most part bilingual and speak English eases

the requirement to make an active offer of service in the patient's official language of choice.

### **Perceived challenges**

Amongst the main challenges we can note in the offer of services in French, the language profile of employees, mainly English, is most often mentioned. But, if we take mother tongue into account, other challenges are as important for Francophones: the fact that all the staff does not consider it necessary or important to offer services in French; hiring practices and promotion of professionals that favour unilingual English-speaking staff; the perception of some hospital administrators (who do not deem it necessary or important to offer services in French); the lack of measures established by administrators to help professionals offer services in French, and the collective agreement between trade associations and the employer. We notice that the perception varies according to the linguistic status of the respondents: Anglophones tend to downplay challenges.

### **Labour relations – Collective agreements**

Generally speaking, the union position on language of service is a sensitive subject, one on which employees feel less comfortable expressing themselves. What emerges from the comments is the presence of requirements which seem difficult to reconcile: the right of workers and the right of French-speaking patients to obtain services in the language of their choice. Some employees feel that they do not have access to certain positions because of their lacking knowledge of French. We have emphasized the importance for

management to clarify with the unions the way in which these two types of requirements will be taken into account within the hospitals.

A percentage of English-speaking employees feel that they are victims of injustice, sensing that professional skills are being sacrificed in favour of linguistic requirements. Many believe that to be hired, employees must first meet bilingualism requirements for a position. In the comments, many English-speaking respondents said they believe there is a choice to be made between the health of the patient and the language of service and they do not see that there is a connection between quality and language of services.

## Vision and course of action

### Information and assessment tools for managers

In order to take language into account in the organization of health services, managers have access to little information on the language profile of their employees and of the patients that use their hospitals. For example, it is on a voluntary basis that employees inform managers of their bilingual skills in order to eventually assist unilingual Anglophones colleagues. But there is little incentive to volunteer this information because of the possible increased workload associated with assisting colleagues. Helping out their colleagues would only add to their tasks.

Also, with the exception of Sudbury, the degree to which Francophones receive services in their language is not assessed. Hospitals evaluate the quality of their

services in general. Because the language of service contributes to service quality, it would be appropriate and useful to include the language aspect in the assessment of hospital services.

### Employee information and awareness

The study data indicates a certain lack of understanding of the rights and of the status of Francophones in the country. The values of multiculturalism seem to overshadow the specific status and rights of Canada's Francophones and the context of the *Official Languages Act*.

Furthermore, there seems to be a lack of understanding of the obligations and of the commitment of hospitals with regard to the language of service and, more specifically, of the way in which measures seeking to offer services in French should be implemented. For example, several Anglophone employees believe that all employees have to be bilingual in order to offer services in French. The solutions that are available seem to be forgotten: seeking the help of a colleague or the services of an interpreter.

In this context, there is some educational work to be done with managers and employees to heighten their awareness of the status of the French language in Canada as well as the different means available that would allow them to offer services in French.

A plan to raise awareness about Francophones and their rights is an option that could be explored. Hospitals could facilitate the organization of activities promoting the use of the French language within their walls.



## Training

Several employees claim that the training activities are insufficient in making employees comfortable at offering services in French. But the reality is that we know little about the efficiency of the training programs. Because of the investment involved in these training activities, it would be important to assess the impact of these training programs on the offer of French services.

Moreover, it would be useful to consider additional activities, other than training, that would facilitate language retention. Several respondents suggested that opportunities to communicate in French be organized. Lunch-and-learn sessions, for example, as well as other activities taking place in French, could be organized in hospitals. Furthermore, some respondents suggested that French immersion programs be set up. Would it be possible to create such programs in partnership with Francophone hospitals?

In some cases, the training costs are paid by hospital departments that are faced with several priorities. Would it be possible to consider setting aside a specific amount for training activities?

## Union position

It is important to inform unions of the measures that will be taken to promote services in French. Hospitals must establish and maintain a dialogue with unions in order to find ways to carry out the language obligations and commitments of hospitals, all the while respecting the rights of employees.

## The demand for services in French

We have observed that the demand for health services in French seems to be low. That can be explained by several factors. The study by Deveau et al. (2010) on the use of French services in Nova Scotia showed that Francophones are more likely to use French services when they are readily offered. In other words, they are less likely to request French services if services are offered in English. All the more so considering the fact that, in Nova Scotia at least, living in English in the public sphere has been internalized. In a hospital, the vulnerability of patients can increase their need to communicate in their mother tongue. These persons can fear delays if they request French services. However, unless they communicate well in English, the quality of service can be diminished by communications that lead to a lack of understanding.

The vulnerability of patients can lead to situations where they are not inclined to request French services. Nevertheless, Francophone community players who promote health services in French could explore the possibility of an awareness campaign informing Francophones about their right to be served in French and about French services that are available. Furthermore, these organizations are the ones best positioned to do this awareness work in Anglophone and bilingual hospitals, with the goal of promoting French services. The goal is to understand the influence of the English-speaking environment on the demand for services in French and to promote measures that will allow the French-speaking patients to feel truly at



ease at choosing French as the language of service.

## **Conclusion**

As with any organization, the organization of health services reflects the current social relations. It is the relationship between Francophones and Anglophones that determines the way in which predominantly Anglophone hospitals organize their services for Francophone patients. Our study has shown that progress has been made with regard to the language of service. In the various legal contexts recognizing, to varying degrees, the rights of Francophones to receive services in their language, hospitals put in place measures to promote French services.

However, many comments show the persistence of old power struggle between the two linguistic groups. The views expressed by several Anglophone employees demonstrate this fact, as well as the moderate commitment of certain administrations and of several managers. However, other comments are reflective of the progress made by Francophones in establishing relationships based on equality. The legal framework in New Brunswick, in Ontario and, to a lesser extent, in Nova Scotia and Manitoba, has formalized these relationships. Even if the commitment of hospitals appears to be the result of a binding legal framework, it still represents progress for Francophones when it comes to language of service. This progress is more evident in New Brunswick and Ontario, whereas in Manitoba and Nova Scotia, progress remains more moderate. In these two provinces, the approach is more

reactive: services are offered in French in situations where a communication problem exists which renders the offering of services more difficult. In Ontario, however, and even more so in New Brunswick, the approach is a lot more pro-active: the goal is to readily offer patients a choice of service language. However, in reality, a gap exists between these objectives and common practice: services in both languages are more readily available on the front-line.

A gap exists between the perceptions of Anglophone and Francophone respondents with regards to the commitment of hospitals to offer French services. While Anglophones tend to think that efforts are satisfactory, Francophone respondents tend to think that more needs to be done. In fact, in examining the results, we believe there is potential among employees to promote an increased offering of French services. We have put forward suggestions in this regard in the previous section. However, the key to going forward with the improvement of French services is in the hands of managers. It is their commitment that will determine the way in which language is taken into account in the organization of health services.

That being said, a hospital is not an environment in which Francophone patients will insist on receiving French services. This is true with other services, as shown in the study by Deveau et al. (2009), and it is true also in the hospital context, as shown by our data on the demand for French services. These demands are made in other environments. In this regard, Francophone players should continue their efforts to increase awareness about the importance of offering health services in French.



As our study was not about patient perceptions and experiences, we believe that other studies should complete this analysis in order to obtain a better understanding of the factors motivating or preventing them from requesting French services. An ongoing study by the *Société santé en français* will allow us to complete our analysis.

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## Appendix: Legal and regulatory framework on language of service

	New Brunswick	Nova Scotia	Ontario	Manitoba
<b>Act</b>	<p>Official Languages Act (1969, 2002)</p> <p>An Act Respecting Health Services and Language (2002 and 2010):</p>	<p>French-language Services Act (2004) - Office of Acadian Affairs</p>	<p>The <i>French Language Services Act</i> (1986) guarantees and individual's right to receive services from Government of Ontario ministries and agencies in 24 designated areas. <i>The Regulated Health Professions Act specifies that members may communicate in French with their professional colleagues.</i></p>	<p>No act addressing French-language services</p>
<b>Provincial policy or regulation</b>	<p>The Official Languages - Language of Service Policy and Guidelines are intended to assist and guide provincial departments, institutions and agencies in meeting their legal obligations under the <i>Official Languages Act</i>. They provide direction in the provision of services in both official languages.</p> <p>The Language of Work Policy states that all employees have the option to work in their official language of choice and to receive services in their language of choice as well.</p>	<p><i>The French-language Services Regulation, December 2006</i></p> <p>Any designated public institution must develop and publish a French-language services plan</p> <p><i>French-language Services Policy, March 1999</i></p> <p>Communication and information in French</p> <p>Child and Family Services Authorities Act (French-language Services Regulation)</p> <p>Every year, authorities submit a French-language services plan to the Minister.</p>		<p>French-language Services Policy – applies to Government and Crown Corporations (1999)</p> <p><i>Canada-Manitoba Agreement on French-Language Services 2005-2006 to 2008-2009</i></p> <p>Health and Social Services</p> <p>30 health organizations have been designated under the French-language Services Policy</p> <p>According to a provincial regulation, eight regional health authorities must offer French-language services.</p>



## Appendix: Legal and regulatory framework on language of service (continued)

	New Brunswick	Nova Scotia	Ontario	Manitoba
<b>Internal Hospital or Authority Policy or Plan</b>	No plan on the offer of services in both official languages. No plan was in effect in the former health authorities either. Some measures are identified in Horizon Health Network's Strategic Plan (2008-2009)	French-language Services Plan (2008-2009)	<p>Designation of organizations offering public services* - Sudbury Regional Hospital was partially designated in 2001. Requested to be fully designated in 2011. Has a French-language services plan.</p> <p>Mission: We deliver high quality patient and family-centered, in both official languages.</p> <p>The Francophone Advisory Committee (FAC) facilitates communication between the community and HRSRH. The Committee's goal is to make recommendations to the hospital's President &amp; CEO to ensure services are offered in French at the hospital. This discussion forum fosters open communication.</p>	St. Boniface General Hospital ("St. Boniface") policy III-130, <i>French Language Services – General Policy</i>

\* In Ontario, the *French Language Services Act* (commonly known as Act 8) adopted in 1988 "guarantees an individual's right to receive services in French from Government of Ontario ministries and agencies in 25 designated areas.<sup>2</sup> It allows for the designation of certain health care institutions to provide services in French. It should be noted that organizations partly-funded by the province, including hospitals, are not automatically subjected to the *French Language Services Act*. They can ask to be designated and, by way of regulation, they officially become French-language service providers.

<sup>2</sup> <http://www.ofa.gov.on.ca/en/flsa.html> (January 21, 2011).

