EVERY-DAY COMMUNICATION in a MONTRÉAL HOSPITAL

Language preference, language-switching and non-verbal cues.

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Theoretical Framework – HEGEMONY

Antonio Gramsci
(1891 – 1937)
Italian Marxist political philosopher and linguist

"Concept of hegemony"
Moral and intellectual leadership through **consent** and **persuasion** rather than mere domination by exercising coercive power.

Hegemony takes places through three concomitant **processes:**

1. Leadership without force
2. Leadership through legitimation
3. Leadership through consensual rule

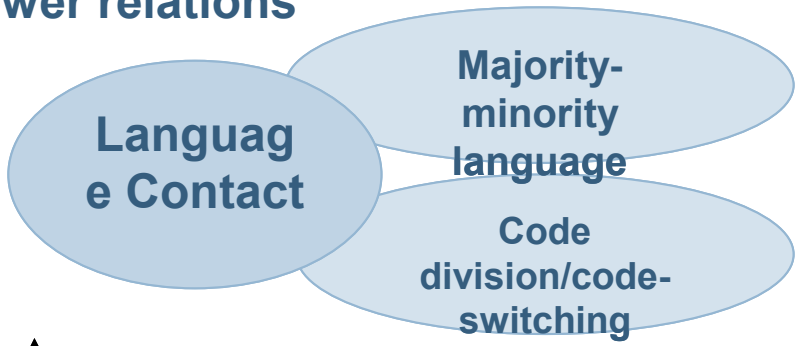
- People are not ruled by force or fear alone but also by **ideas**
- Hegemonic forces are predominantly **non-coercive**
- Hegemony is **never complete**
- Hegemony is **constantly contested**

Theoretical Framework – LINGUISTIC HEGEMONY

Linguistic hegemony: is achieved when dominant groups create a consensus by convincing others to accept their language norms and usage as standard or paradigmatic.

(Wiley, 2000: 113)

Power relations

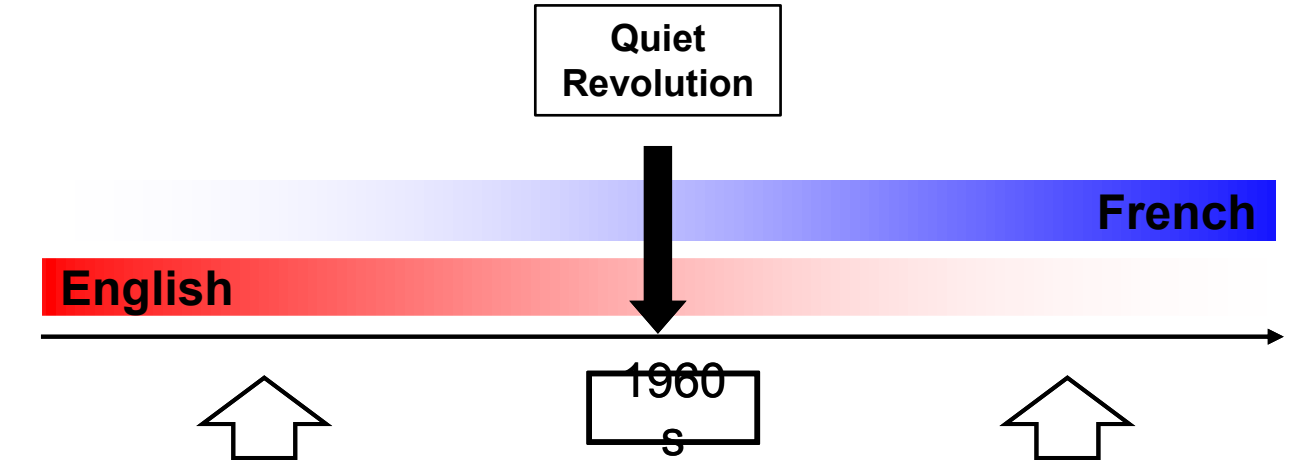


1. Socio-economic domain
2. Ideological domain (mass media, education, religion…)
3. State domain (language policies)

Prestige (vertical)
- Dominance
- Power
- Status
- Instrumental motivation

Solidarity (horizontal)
- Covert prestige
- Social bonding
- Integrative motivation

Language Practice in QUÉBEC



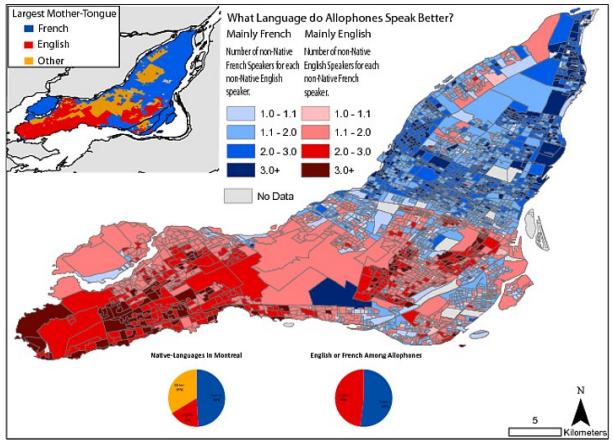
Unequal relations of political and economic power

Language Practice in MONTRÉAL

Population

- 63% Francophone
- 12% Anglophone
- 22% Allophone

Language Transition in Montreal



Are still "Two Solitudes" ? *H. MacLennan*

- Monolingualism
- Bilingualism
- Multilingualism

Institutional Settings language practices are more **conservative**

Informal Settings language practices are more **fluid** (code-switching, "Frenglish")

Cultural Settings

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CIUSSS Centre Intégré Universitaire de Santé et de Services Sociaux

2015 Bill 10 and 20 → elimination of regional health authorities and unification of individual institutions into territory-based networks of integrated care

CIUSSS du Centre-Ouest-de-l'Île-de-Montréal

JGH

IMPACT on LANGUAGE USE:

- New managers from French healthcare structures→ retirements, reassignments, managers replaced
- French has become more visible at all levels
- More French presentations and brochures

POSITIVE ASPECTS:	NEGATIVE ASPECTS:
Common frame of reference for care and Follow Up	Clinicians carry a heavier load
More Evidence Based practice	Patients may receive less than optimal care
Cutting costs via centralized power	Many local managerial positions cut giving less local control

JGH Jewish General Hospital

Historically an English speaking institution

- Founded by the **Jewish community** in **1934**
- patients and staff of all **religions, ethnic, linguistic backgrounds**

Hôpital général juif
Jewish General Hospital

Teaching Hospital affiliated with **McGill University** (22% of McGill's medical trainees)

Multicultural neighbourhood

- 65% have a mother tongue other than English or French
- 90 different languages spoken
- 47% of the population are immigrants, 1/3 newcomers

(Okrainec, Miller and Greenaway 2011)

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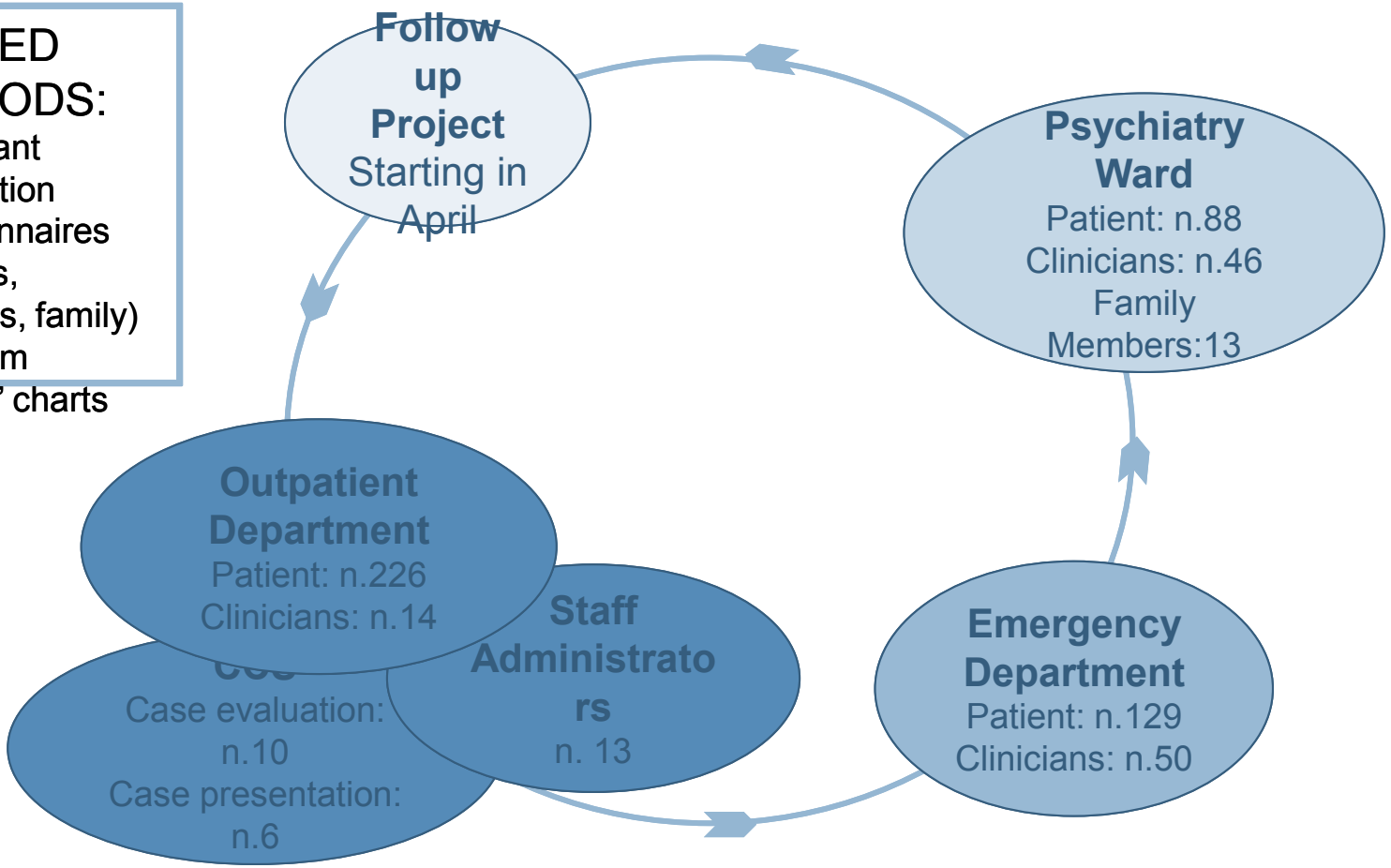
Research Projects – Psychiatric Services

MIXED METHODS:

- Participant observation
- Questionnaires (patients, clinicians, family)
- Data from patients' charts



Cultural Consultation Service - CCS

CCS

- Founded in 1999
- 829 referrals as of Feb 1st, 2017

Case Evaluation:

- Multidisciplinary network of professional
- Wide range of referring clinicians
- Assessment and evaluation of diverse cultural background

→

- Patient +/- Family Members
- Referring clinician(s)
- CCS staff, visiting clinicians
- Trainees
- Interpreter
- Culture-Broker

Case Presentation:

- Clinical case presentation and discussion
- Team meeting open to a wider audience
- Educational purpose

→

- Referring clinician(s)
- CCS staff, visiting clinicians
- Students

Results - Patients

Variable		Outpatient (N 226)		Emergency Department (N 129)		Ward (N 88)		Cultural Consultation Service (N 8)	
		N	%	N	%	N	%	N	%
Immigrant		131	58%	57	44%	55	74%	8	100%
Newcomer		15	7%	25	19%	9	9%	5	63%
Mother Tongue	English	98	43%	45	35%	26	30%	N/A	N/A
	French	37	16%	23	18%	9	10%	N/A	N/A
	Bilingual	N/A	N/A	6	5%	N/A	N/A	N/A	N/A
	Other	92	41%	55	42%	53	60%	8	100%
Preferred Language Doctor	English	175	78%	78	60%	56	63%	2	25%
	French	30	13%	25	19%	13	15%	3	38%
	Bilingual	16	7%	10	8%	6	7%	N/A	N/A
	Other	5	2%	13	11%	13	15%	3	38%
Limited English proficiency		31	14%	28	22%	27	31%	6	75%
Not knowing		N/A	N/A	3	2%	1	1%	1	13%
Limited French proficiency		97	43%	57	44%	44	50%	4	50%
Not knowing		N/A	N/A	13	10%	8	9%	1	13%

Results - Patients

Perfect bilingual.
I: "What language do you prefer to use with your doctor?"
P: "It doesn't matter, why do you always ask this?"

Unilingual Francophones were irritated that the staff didn't address them in French.
"En français nous sommes au Québec!"

Unilingual Francophones or Allophones who speak French were less at ease.
"I wish there would be more French spoken here."

Bilingual French mother tongue speakers said that for emotional aspects mother tongue was easier.

JGH
Patients seem to have an understanding that the hospital is **more Anglophone**

Anglophone elderly have concerns related to placement.
"My greatest fear is being in a French environment and not knowing how to

Allophones who speak English disclosed that they felt judged for their poor French proficiency in Fren s.

Young Bilingual adults move easily from one language to the other.

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Results - Clinicians

Variable		Outpatient (N 14)		Emergency Department (N 50)		Ward (N 46)		Cultural Consultation Service (N 3)	
		N	%	N	%	N	%	N	%
Immigrant		2	14%	N/A	N/A	N/A	N/A	N/A	N/A
Newcomer		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mother Tongue	English	6	43%	22	46%	14	30%	2	67%
	French	3	21%	8	17%	9	20%	N/A	N/A
	Bilingual	N/A	N/A	1	2%	2	4%	1	33%
	Other	5	36%	17	34%	21	46%	N/A	N/A
Preferred Language	English	7	50%	32	64%	30	65%	2	67%
	French	5	36%	8	16%	12	26%	N/A	N/A
	Bilingual	2	14%	5	10%	4	9%	1	33%
Limited English proficiency		N/A	N/A	N/A	N/A	3	7%	N/A	N/A
Not knowing		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Limited French proficiency		6	43%	8 (#46)	17% (#46)	9	20%	N/A	N/A
Not knowing		N/A	N/A	N/A	N/A	3	7%	N/A	N/A

Results - Clinicians

"I strongly believe that PEOPLE SHOULD RECEIVE CARE in the LANGUAGE THEY ARE COMFORTABLE IN"

Medical Student 3rd year, Canadian of Chinese origin

STAFF CLINICIANS

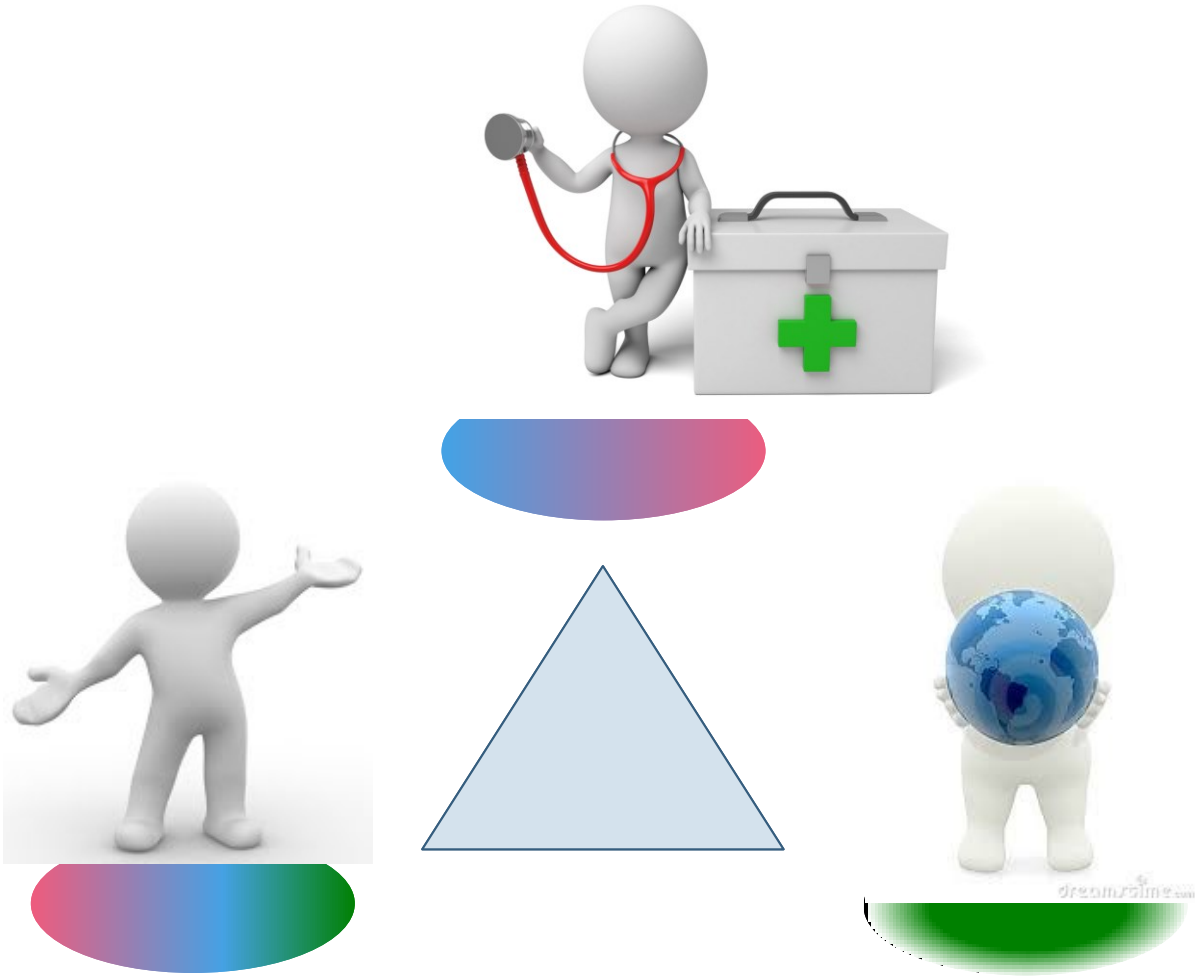
- Supposedly speak French and English
- Limited monolingual exceptions
- English remains the most spoken language of interaction among staff
- New hired staff are Bilingual or Francophone
- ALL THE OTHERS navigate the bilingual code
- OPD clinicians' limited French proficiency is compensated by long term clinical alliance

STUDENTS, INTERNS and RESIDENTS

- Bilingualism is a common practice
- Many international or out of Province students and residents don't know French well enough to carry a clinical consultation or diagnostic evaluation

ED is the most critical setting where language misunderstanding is particularly at stake

Babel - CCS



Language use and negotiation

IMPOSING ONE CODE CHOICE

- Dominant language
- Monolingual
- Prestige

NEGOTIATE LANGUAGE: choosing ONE CODE

- Recognition of the other's linguistic preference "contextual cues"
- One code according to addressee's preference as far as language proficiency goes

NEGOTIATE LANGUAGE: CODE-SWITCHING

- Lexical borrowing of legal and administrative practices (Garde preventive, CIUSS, CLSC)
- Fully bilingual code-switching

CHOOSING BOTH CODES

- Recognizing each other's preferred code
- Speakers use their dominant code but it's unmarked

Negotiating

linguistic

Hegemony

Language use and negotiation

A typical case is for instance at a family meeting.

This is an example where the patient was Anglophone and her husband Francophone. The psychiatrist leading the meeting had an intermediate level of spoken French.

The psychiatrist addresses the patient's husband:

- Docteur: Svp assoyez-vous; vous êtes le mari de madame; nous sommes ici pour parler de votre femme, et nous voudrons savoir un petit plus de vous par contre. Est que vous comprenez l'anglais?
- Membre de la famille: Oui, je parle en anglais.
- Docteur: Pour la consultation Je vais parler en anglais, parce que je suis plus a l'aise. Vous pouvez parler en français si c'est mieux pour vous.
- Membre de la famille: I will speak English but just in case the words don't come in my mind I will switch to French.

Language use and negotiation

In nursing team work it has been observed that nurses who have been

working together for a long time, can keep languages separate and each can speak the preferred one, creating a very interesting dynamic.

- Nurse 1: male, mother tongue diverse, preferred language French but can speak English
- Nurse 2: female, mother tongue diverse, preferred language English but can speak French
- Orderly 1: male, mother tongue diverse, preferred language English, no knowledge of French

Conclusion

- The hegemonic shift to French is less evident in the Hospital than elsewhere
- French has become part of the every day interaction and language practices of the Jewish General Hospital (by way of administrative forms, legislation and legal procedures)
- The JGH is a site of international research, teaching and clinical work attracting linguistically diverse clinicians and students.
- Some linguistically diverse patients tend to choose the JGH so they can have the option of using English. These practices provide a counterhegemonic balance to French.
- Clinicians tend to use English as the language of communication. This practice is at times negotiated in meetings when the lead clinician code-switches to create solidarity with French-speaking colleagues.

Conclusion

- Bilingualism, code-switching and “Frenglish” are the best ways to provide a respectful, unified and democratic work milieu. Bilingualism in this context implies negotiating linguistic hegemony according to linguistic proficiency and preferred language.
- This implies a clinician who listens carefully, who is open to the participation of interpreters and culture brokers in clinical meetings, and who adopts an unhurried clinical style that focuses on the needs of patients and their families.
- In Québec’s politics of language, patient care must never be compromised. Communication in a language that patients understand is a paramount and essential right. Patients should never feel judged because of their limited knowledge in either French or English.

Merci!

Thank you!