

Barriers and Strategies to Offering Health Services to French-speaking Patients: Perspectives from Family Physicians in Northeastern Ontario

There are approximately one million Canadians (4.2%) outside the province of Quebec that report French as their mother tongue, the majority of whom are found in the province of Ontario (542,930). When compared to their Anglophone counterparts, Ontario Francophones have poorer health outcomes and are faced with certain barriers when accessing health care. Specifically, several French-speaking Ontarians may have an inability, or reduced ability, to effectively communicate with their physician.

Patients who do not speak the same language as their physician, known as linguistic discordance, often experience difficulty understanding their medical conditions, report receiving less health education during visits, and may improperly use medication. However, when communication between the patient and physician is in the same language (i.e. linguistic concordance), there is potential for greater satisfaction, improved sense of well-being, higher medication adherence and higher patient return rates. These examples highlight the need to consider the language of communication as a means of ensuring safe and effective health care.

This issue of Research in FOCUS on Research identifies barriers experienced by Ontario physicians when serving Francophone patients, as well as strategies used when offering French language health services. A series of key informant

interviews were conducted with family physicians practicing in communities of northeastern Ontario where at least 25% of the population were Francophone. We sought the perspective of physicians who can communicate in French (French-speaking physicians) as well as those who cannot (non-French speaking physicians), and interviews were conducted in either French or English depending on the preference of the interviewee. A total of 18 physicians were interviewed. Ten physicians were interviewed in French, seven physicians were female, and eight physicians were located in rural northeastern Ontario communities (population of less than 10,000 people).

Physician Characteristics			
18 Interviews		n	%
Gender	Female	7	39%
	Male	11	61%
Language of Interview	French	10	56%
	English	8	44%
Community Size	Urban	10	56%
	Rural	8	44%
Undergraduate Medical Education	Ontario	16	89%
	Quebec	2	11%
	Average	Min	Max
Years in Practice	18 years	5	31
Years in Community	12 years	1.5	27
Francophone Patients	30%-60%	5%	100%

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Barriers to Offering Health Services to French-speaking Patients

Language discordance, defined here as the lack of proficiency in speaking the same language as the patient or provide care in the patient's language of preference, was highlighted as a major barrier by non-French speaking physicians. Language barriers led to increased time commitments, difficulties supplying written material, the need for translators or interpreters, and challenged the physician's confidence as a health care provider.

"I don't feel my language skills are strong enough to pick up on little nuances so that's where I worry ... There are times where I think ("sigh") I feel extremely inadequate." (RP5_E_F_U)

Apart from the barriers stemming directly from language, Francophones were seen as possessing certain **patient characteristics** that were considered to be more challenging. Physicians found that their Francophone patients tended to be older, less educated (many with lower levels of literacy), and were also more likely to exhibit unhealthy behaviours. French-speaking physicians also identified certain aspects of the French culture which influenced the health of this population. For instance, compared to other patients, Francophone people were seen as less likely to complain about their health and less willing to go in for checkups, particularly older men. These same older Francophone men were also seen as being too proud to admit that they do not understand their physician's instructions.

"Mes hommes (francophones) ils vont juste dire 'oui, oui, je comprends, continue...', ils ne veulent vraiment pas avoir l'air niaisés et ils vont te repousser." (RP14_E_F_U)

The **dominance of English as the medical language** in Ontario was identified as a barrier by most French speaking physicians. Even those who were committed to offering French language services have had to conform in part to this English-dominated profession. For instance, all French-speaking physicians reported that they take their clinical notes in English, even though they may prefer to take them in French. Writing notes in English is necessary when making claims to insurance companies or to

ensure proper continuity of care when patients are seen by Anglophone colleagues. In addition, there is limited availability for training in French in Ontario, both during medical education (with only one medical school offering a French curriculum), and during practice, with few continuing medical education opportunities being offered in French.

The English-dominated medical profession in Ontario may have contributed to another common barrier, the **lack of French-speaking medical personnel**. The need for human resources who can communicate in French was first experienced within the medical office, where the supply of qualified French-speaking staff (i.e. secretaries, nurses) appeared to be lacking. This was particularly apparent in the more rural communities where physicians have had to employ less experienced staff members, often with limited French skills. The lack of French-speaking support staff is particularly problematic for non-French speaking physicians who rely on these individuals to help with translation and to offer French-language services.

"Ça fait 19 ans qu'on essaye d'avoir des secrétaires et des infirmières et c'est difficile de les avoir francophones, c'est difficiles de les avoir bilingues." (RP9_F_M_U)

Besides the difficulties in recruiting French-speaking staff, physicians have also experienced a gap in the supply of French-speaking specialists. With so few specialists practicing in Northern Ontario, it is not always possible to find one who can speak French. Besides the limited availability of French staff and specialists, most physicians identified the absolute lack of physicians as one of the biggest barriers to serving Francophones in Northern Ontario. If hiring a physician is difficult in the North, recruiting one who can speak French has proven to be even more difficult.

The high demand for bilingual providers at all levels of the health care system makes it very difficult for smaller communities to compete with the bigger hospitals and the urban centres. In fact, many agreed that physicians prefer urban practice. The **harmful perception** that the urban work environment is more desirable is obviously

a barrier to providing care to rural Francophone patients; however it is not the only potentially harmful perception held by physicians. For instance, some non-French speaking physicians believed that French services are not always necessary, as most Francophone patients are bilingual. As a result, these patients may not be offered services in their preferred language. Moreover, although French-speaking physicians reported making efforts to offer French language services, most also believed that it was not necessary to actively disclose that they could speak French or advertise themselves as French providers. Many physicians believed they know their patients well enough to know their language of preference. As such, even French speaking physicians may hold views that could be detrimental to ensuring access to French language services.

"It is very difficult to keep staff where we are (a rural community), people don't want to travel,... and they don't want to work for less than the hospital is offering and the hospital is often looking for bilingual staff as well, so they steal them from us cause it's better pay." (RP2_E_F_R)

Strategies to Offering Health Services to French-speaking Patients

I) Strategies for non-French speaking physicians

In many cases, the use of translators and interpreters has been identified as a means of coping with linguistic discordance between the physician and patient. However, doing so can result in miscommunication and may affect patient confidentiality. Physicians interviewed in this study stressed the importance of **'appropriate' translators and interpreters**. Many physicians sought other health professionals within their practice to assist with communication barriers and highlighted that health professionals, as opposed to family members, further ensured patient privacy.

Non-French speaking physicians working in Francophone communities will inevitably face situations where some of their patients will be less comfortable speaking in a second language, even if most Francophones are bilingual. When interviewing non-French speaking physicians, an apparent strength was that all interviewees had a particular appreciation for the importance of

language of communication. Being **sensitive to a patient's language of preference** meant stopping and ensuring that effective communication was possible and making efforts to offer linguistically appropriate care when a language barrier arose.

"...I walked in the room and I said: "Hello" and they said: "Bonjour" right away... and I said: "Would you prefer to receive your services in French?" and they said yes so I just went and found one of the (French speaking) nurses or nurse practitioners..." (RP2_E_F_R)

Learning a few common sentences in French was one noted strategy to ensuring that the patient felt comfortable in a linguistic discordant relationship. Non-French speaking physicians may not be able to fully conduct their practice in French, but being able to greet or have a **basic conversation** in their patient's preferred language can serve to increase patient satisfaction.

II) Strategies for French-speaking physicians

Non-French speaking physicians overcame linguistic barriers by applying certain strategies, yet French-speaking physicians also need to use communication strategies to ensure their Francophone patients are well served. Notably, Francophones in Ontario have variations in their dialect, and in many areas the use of English words within a French conversation is common. French speaking physicians in northeastern Ontario recognized the advantage of using **colloquial terminology** in order to ensure patients understood what they were saying.

"Parfois on peut utiliser des mots en anglais parce que certaines terminologies ne sont pas évidentes, ou plutôt que dans la culture des médias les gens ont entendu plus les termes en anglais..." (RP3_F_M_U)

Improving the availability of medical training in French was a strategy identified by many French-speaking physicians. Given that most physicians were educated in English, communicating medical terms in French could be challenging, even for physicians who considered French to be among their languages of professional competence. Thus, French-speaking physicians noted the importance of **offering**

French language undergraduate medical training, both as a means of recruiting physicians to French speaking communities and to ensure linguistic competence. Moreover, offering **continued professional education and development in French** was considered a strategy for ensuring linguistic competence by allowing practicing physicians to improve any potential language weaknesses or shortcomings.

III) Strategies for all physicians practicing in French communities

While linguistic concordance between the patient and physician is ideal, it may not always be possible. However, all physicians working in areas highly populated by Francophones attempted to **recruit bilingual office staff**, including receptionist and nurses.

“Some will say all things being equal, if we have someone that has a Francophone capacity...that’s our person, just because we realize that there are some people who prefer to communicate in French and quite frankly if you can’t communicate... confusion ensues. You want to make sure that things are as clear as possible in those regards, otherwise... there is opportunity for medical misadventure...” (RP8_E_M_U)

Most physicians also acknowledged the importance of **linguistically concordant continuity of care**. They made efforts to ensure that their French-speaking patients had the option to see a French-speaking specialist when possible. Finally, many physicians highlighted the importance of an **‘active offer’ of French**

language health services. In essence, being forthcoming about the option to receive services in the language of choice was essential. For French-speaking physicians, this meant presenting themselves in French to indicate to all patients that they can receive services in French if they desire. Non-French speaking physicians also expressed interest in ensuring that French-speaking patients were aware that French language services could be made available.

“...I always ask the patients if they have a preference, if they had seen somebody before, if it was a recurring problem... if there was a Francophone option or a bilingual specialist as an option, for sure I would try and arrange that for the patient.” (RP18_E_F_U)

Conclusion

The physicians interviewed attributed great importance to effective communication with their patients as part of high quality care. Though linguistic concordance for all patients would be ideal, it is an unrealistic expectation at a time where physicians are in shortage. These interviews confirmed that both non-French and French-speaking physicians face challenges when working in northeastern Ontario regions with significant Francophone populations. However, it was possible to overcome such challenges by adapting and being sensitive to the linguistic needs of their patients. Suggested strategies may serve to improve current practice, and should influence the medical training of aspiring family physicians.

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