COMMUNICATING FOR THE PATIENTS' NEEDS… KEY TO COMPETENT HEALTHCARE

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Language and communication are a key element of patient-engaged care. When patients can communicate to their health professional in their preferred language it leads to better health outcomes (Bouchard et al. 2012; Ferguson & Candib, 2002; Madoc-Jones, 2004).

In Canada, there is 1 million French-speaking Canadians living in communities where English is the dominant language. Therefore it is difficult for these Canadians to access health services in French. In addition, healthcare providers who are able to speak French often don't actively offer their services in this language when working in English-dominant environments. Personal factors linked to linguistic and cultural socialization may ease or hinder the proactive offer of health services in French in minority environments. Yet, these factors have not been adequately studied.

AIM

This study explores the personal factors that are linked to medical students' 'active offer' behaviours.

METHODS

This was an exploratory correlational study. During a clerkship, 43 medical students from the University of Ottawa (UO), the Northern Ontario School of Medicine (NOSM) and the *Centre de formation médicale du Nouveau-Brunswick (CFMNB)* completed a questionnaire on active offer behaviours, organizational support and potential socio-linguistic determinants.

Participants

Gender:	Male	11 (25.6 %)	Age group:	20-25	22 (51.2 %)
	Female	32 (74.4 %)		26-30	16 (37.2 %)
				>30	5 (11.6 %)
Year of study:	3rd	29 (67.4 %)	Medical school:	UO	25 (58.1 %)
	4th	14 (32.6 %)		NOSM	16 (37.2 %)
				CFMNB	1 (2.3 %)
				missing data	1 (2.3 %)
Mother tongue:	French	17 (39.5 %)	Capacity to speak French to a patient:		
	English	22 (51.2 %)	Yes, I can provide all services		28 (65.1%)
	Other	4 (9.3 %)	Yes, I can provide some services		12 (27.9 %)
			No, I can't speak to a patient in French		3 (7.0 %)

Questionnaires:

Individual behaviours of active offer of French services (21 items on a 4-point Likert scale, raw score on 84 and percentage)
Sample items:
1. During my clerkship, I wore a form of identification to indicate that I could provide services in French (a lapel tag, for example).
2. I used expressions and vocabulary familiar to the patients to make them feel comfortable about speaking French with me.

Organisational support to active offer of French services: (43 items on a 4-point Likert scale, raw score on 172 and percentage)
Sample items:
In my most recently completed clerkship rotation, it was common practice to…
1. …have magazines, booklets and media in Canada's two official languages available for patients.
2. …foster the use of French among physicians and employees.

Potential socio-linguistic determinants of active offer individual behaviours: 14 different scales

Active offer of French Health services

Active offer takes place when members of the public are informed, at initial contact, of the possibility of being served in the official language of their choice, without having to make the request. Active offer is made successfully when the services delivered are of equal quality in both official languages, available in a timely manner and accessible.

RESULTS

The mean score for Individual active offer behaviours was 55.5% (range 25 % – 82.5 %)

The most frequently observed behaviour:
" I asked my patient whether they preferred that I communicate with them in French or English".

The least frequently observed behaviour:
"If the organization where I was completing my clerkship failed to do so, I reminded them of the importance of promoting the French-language services they offered (i.e., signage, advertising, website, etc.). "

Organizational support explains 60.8 % of the variance in individual active offer behaviours.

Socio-linguistic variables were tested separately in multiple regression analysis, to avoid multicolinearity. They explained an additional 6.5 to 13.7 % of the variance.

Models	Estimates	p	R^2
1. Organizational support	.704	.000	
2. Feeling competent in French	.237	.026	.673
1. Organizational support	.675	.000	
2. Sense of belonging to the francophone community	.280	.009	.689
1. Organizational support	.606	.000	
2. Linguistic identity	.392	.000	.744
1. Organizational support	.443	.001	
2. Language of primary and secondary schooling	.491	.000	.745

Study limitations: The proportion of bilingual respondents is much higher than in the Canadian medical student population.

CONCLUSION

Healthcare administrators must create working environments that are conducive to 'active offer' behaviours. In addition, educators should focus on linguistic identity, encourage studies in French, develop linguistic competencies and support activities (such as cultural events) that increase the students' sense of belonging to the francophone community. These steps will empower future physicians to actively offer French-language services.

REFERENCES

1.Bouchard, L., Beaulieu, M. & Desmeules, M. (2012). L'offre active de services de santé en français en Ontario: Une mesure d'équité. *Reflets: Revue d'intervention sociale et communautaire, 18* (2), 38-65. doi: 10.7202/1013173ar

2.Ferguson, W.J. & Candib, L.M. (2002). Culture, language, and the doctor-patient relationship. *Family Medicine, 4* (5), 353-361.

3.Madoc-Jones, I. (2004). Linguistic sensitivity, indigenous peoples and the mental health system in Wales. *International Journal of Mental Health Nursing, 13* (4), 216-224.

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