

Language Barriers: An Overview for Efficiency in the Nigeria's Health System

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Abstract

A healthy nation is a wealthy nation. The healthcare system in Nigeria faces a variety of challenges when it comes to delivering healthcare services to culturally and linguistically diverse population like Nigeria. Language barriers can make communication between healthcare providers and patients difficult and have a significant impact on the quality of care given which sometimes results in grievous consequences. This paper explored language barriers, an overview for efficiency in Nigeria's health system. It examined the difficulties and effects of language barriers and ways of combating them. A qualitative analysis of existing literature was used to identify key themes and support a framework for understanding the complexity of the matter. The findings showed that language barriers can limit access to healthcare, reduce patient satisfaction, and have a negative impact on health outcomes generally. Additionally, the findings indicated that healthcare providers often lack the linguistic and cultural competencies necessary to provide care. The study recommended that the healthcare system must take steps to reduce language barriers in order to improve healthcare access, communication, and quality of care for diverse population in the nation.

Keywords: healthcare, healthcare givers, patients, language, language barrier

INTRODUCTION

There is no gainsaying that for communication to take place between interlocutors, the code used in the exchange must be well understood by them to avoid misunderstanding or misinterpretation. In a health care delivery system, the absence of this understanding could result to grievous consequences; consequently, there is a dire need for the healthcare givers and their patients to understand one another to avoid these consequences. Language barriers have indeed posed a very big challenge in the healthcare system in Nigeria due to the multilingual nature of the society; the inability of the healthcare givers and their patients to understand one another could be frustrating on both sides. Health they say is wealth and also a healthy nation is also a wealthy nation hence, the need to have a healthy population cannot be down played. Government at different levels invest so much in the health sector every year so there is need for the people that enforce government health policies and the healthcare givers to work together to achieve success and there must also be understanding between them. The lack of mutual understanding between health workers and the populace can rubbish government's huge investment in the health sector. This work therefore highlights some of the challenges posed by language barriers in the healthcare system in Nigeria and explores possible methods that can be used to overcome these challenges.

Language

Language has been the basic means of communication through all ages, man's existence as a social being lays on his ability to communicate with his fellow man and his environment. Language has proved to be a major aspect of communication, without which communication would be impossible. Different authorities have defined language using different perimeters: language, according to Ndimele (2008, p.1) is "often said to be a means of communication between individuals who share a common code". He further states that these codes that individuals share are in form of symbols, and the symbols can be oral (sounds) or written (letters).

Language is a system of conventionally spoken or written symbols used by human beings, as members of a social group and participants in its culture to express themselves (David & Robert, 2019). This infers that language is a necessary tool for expression. Language is a means whereby

humans communicate ideas, feelings, emotions, using conventional signs, symbols, sounds, and gestures that have been widely accepted and understood by members of that speech community. Language is a part and parcel of the culture of a people.

Language barriers

Language barriers are those impediments created or caused by differences in language. They hinder communication and mutual understanding, hence, making the objectives of the whole exercise of communication (in healthcare giving) cumbersome. Effective communication (made possible by appropriate language) with patients is critical to the safety and quality of care; and barriers to communication include differences in language, cultural differences, and low health literacy according to Schyve (2007). He opines that evidence-based practices that deplete these barriers must be incorporated into the health care services.

Importance of Language

It is often believed that without language, no social organization can function optimally. So language is a social fact which is prone to change, development and evolution. According to Okoh (2006), any definition of language must first consider it a means of communication, employed by Homo sapiens to convey emotions, ideas, or thoughts.

The role of language in the society cannot be over-emphasized. According to Fromkin et al. (2011) in Ndukauba et al. (2021) state that we live in a world of language because we are always talking and are talked to everywhere, every time even in our dreams. According to them, they believe that the possession of language, perhaps more than any other attribute, distinguishes humans from other animals. Language is the very source of human existence and strength.

Language is part of our culture, it is often said that language and culture cannot be easily separated. It gives us our identity. Ndimele (2015) cited in Ndukauba et al. (2021) says that the culture of a people through the vehicle of language controls our behaviours. According to O'Grady et al. (2011) in Ndukauba et al. (2021), language is at the heart of all things human. It is not just part of us, it defines us.

Through language, we express ourselves, our desires, feelings, needs, fears etc. We use it to inculcate our beliefs, norms and traditions, to generations present and unborn; it is a means of communication with peers, superiors, professional associates, clients etc. Without language, it could be difficult to have much significant social, intellectual or artistic activity taking place. Hence, language offers us the opportunities to excel in life.

Language is central to human existence. Psychologists postulate that language is a cultural tool which makes man distinct from animals. The use of language enables the various fields of man's endeavor, from art to religion to science to business, among others (Evans, 2014) cited in Ndukauba et al. (2021). Human activities such as arts, transportation, healthcare, education are all dependent on language. It is impossible to find any human activity devoid of the use of language since language allows for expression and transmission of complex ideas.

Advantages of bi/multilingualism

The ability to speak more than one language comes with tremendous advantages. Language is indeed a unifying force, speaking more than one language offers one the opportunity to concatenate, build a network, fraternize and open oneself to a world of limitless possibilities; and to the healthcare giver it makes the job a lot easier. It is therefore no brainer to say that learning other languages is beneficial to our social, economic, and mental existence and benefits.

The difficulties and effects of language barriers on healthcare delivery

The true depth of the impact of the language barriers is often not taken seriously by health practitioners, administrators and policy makers. Patients are generally attended to in English language which is Nigeria's official language despite the fact that some may prefer to be consulted with in their own language. The Patients' Rights Charter provides that patients have access to health care and the right to health information that includes the availability of health services and how best to use such services and that such information shall be in the language understood by the patient.

According to Hussey (2021) this sentiment is echoed in the Bill of Rights, which states that “everyone has the right to have access to health services”. The language barrier in this context is simply that barrier to the accessing of health care as a result of differences in language according to her. English remains the dominant language used officially and unofficially in healthcare services in Nigeria.

Hussey (2021) asserts that the inability to communicate effectively can be a traumatic and fearful experience, one that eliminates empathy and humanity from the health services provided. Studies have shown that miscommunication caused by the language barrier results in increased patient avoidance behavior (which may result in later presentation of disease) and add to the uncertainty and emotional stress experienced by patients.

Research has shown that language barrier results in many problems for both the healthcare givers and the patients. These problems include preventable medical errors, adherence to treatment and health seeking behaviours, additional cost to the patient, increased length of hospital stays, weak patient- provider therapeutic relationship, social desirability bias, ethical dilemma, reduced patients confidence and boldness, dissatisfaction and anxiety, and added burden on the healthcare givers.

Preventable medical error

The inability to ascertain the main complaint or obtain a coherent past medical history and the inability to identify malingering and psycho-social problem of the patients which may in turn lead to wrong diagnosis and ineffective treatment have been identified as a problem. Difficulties arising from an inability to speak or understand the native tongue of the patient results to a decrease in the ability to be empathetic, kind and approachable and to resolve psycho-social problems. And it may also lead to a decrease in adherence to counselling, treatment, appointment for follow up, health seeking behavior and patient education. This creates a distance between the patient and the caregiver; it can be described as “health care taking place across a barrier”.

Additional cost

Another issue associated with language barrier is high cost of treatment (additional cost). Because the care givers could not understand a patient’s explanations, they may order for different laboratory tests believing they could find by the lab tests the problem the patient was trying to explain therefore resulting to unnecessary expenditures.

Longer stay at the hospital

Language barrier can increase the time a care giver and patient spends together trying to understand each other. And even when an ad hoc interpreter is called upon to intervene, it is still time consuming because the time the interpreter spends getting information from the care giver to the patient and back again the care giver and vice versa would have been enough to attend to more than one person and the patient may end up not receiving proper treatment. Also when referred to other units of the facility to get one or two things done, for instance the laboratory, the language barrier can hinder them from having quick service because they spend more time explaining themselves, and employing an interpreter adds to more time spent. This factor keeps them longer in the hospital and can cause some sort of discouragement to them.

Weak patient-provider therapeutic relationship

According to Olani et al. (2023) when patients cannot explain their problems because of language barrier, and ad hoc interpreter is used, the direct connection between the patients and the physicians could be loosened, and this may put pressure on the physicians to ignore the patient. A physician should have a friendly relationship with the patient to take best quality patient history. If both the patient and the physician cannot speak the same language or if effective communication is not made due to language barriers, this friendly relation could be affected, and best quality patient history hampered.

Social desirability bias

There could be a disease or health condition which patients may not want their family members to know about; in this case, the patients may intentionally hide their disease history when a family member is assigned as an ad hoc interpreter. According to Olani et al. (2023) when a family member is assigned as an ad hoc interpreter also, they may not properly tell the patient when the medical condition the physician told them is very serious; for instance, terminal disease. The interpreter may also oversimplify the health situation of the patient, and this may make the patient to neglect the precautions ordered by the physician.

Ethical dilemma

Language barriers have serious implications for the healthcare ethics. When ad hoc interpreters are used, for instance, there is a high probability of violating the patient's privacy. They may translate the information in the other languages in the way they understood it, but which could be wrong.

Reduced Patients confidence and boldness

Sometimes when the patients fail to properly communicate their health needs, and when at the same time, they see that other patients are smoothly communicating, they may shift the blame on themselves; and consider themselves weak. It is because of this perceived self-limitation that makes the patients feel ashamed and develop anxiety to communicate with healthcare providers; such feelings could discourage the healthcare seeking behavior of patients. Feeling less confident because of language barrier has the power to desist patients from expressing their pains and needs, even in emergency.

Dissatisfaction, anger and anxiety

Language barriers could affect patient's satisfaction. They may be angered and feel desperate. Miscommunication can result in increased errors (potentially life threatening) both in diagnosis and management. Thus patients experience decreased satisfaction with services and are less inclined to adhere to and comply with treatment and they also receive less health education.

Additional burden on healthcare providers

One group of people who serve as ad hoc interpreters are other healthcare providers, this voluntary service adds more burden on them. Some of them that understand the language of the patient could be called while they are on other duties to provide language interpretation service when language barriers happen although there is no official recognition for such services. This indeed adds to their already heavy work schedule.

Cultural biases

Challenges that arose from cultural differences are also identified as one of the barriers. Language cannot be isolated from culture. Cultural competency by health practitioners is important and facilitates a greater respect from patients. For example, doctors need to understand that not questioning a doctor can be perceived as a sign of respect in some cultures even if the patient has not understood what the doctor has said. Consultations are the point of contact between two people – patient and doctor – who both view the world through different cultural lenses.

These different world views can ultimately affect the quality of consultations. Obtaining informed consent and maintaining patient confidentiality were often unavoidably less practiced because of these differences. Some doctors may feel like a form of “paternalistic medicine” is being practiced at the healthcare facility as a result of the language barrier and patients do not seem to mind this practice as they were mostly silent, never demanding anything and rarely asks questions. This behaviour may be a result of cultural differences but may also be symptomatic of a greater structural disempowerment. The silence also affects the patients' understanding of their disease, consent and treatment adherence.

In summary, the language barriers decreased work efficiency and the provision of holistic treatment; it increased frustration levels, time consuming and decreased empathy and approachability.

Some methods of overcoming the language barriers

One of the measures that can be used to overcome the language barrier is a reliance on non-trained interpreters. The health professionals can rely on interpreters, who can be professional staff, junior or student nurses, family members of the patients and auxiliary staff. It should be noted here that communication barrier can also exist between doctor and interpreter and between interpreter and patient.

The efficiency and quality of communication depends on the competence of the interpreter in this situation. When an interpreter is not proficient in the use of English, the interpreter may fill in gaps with their own knowledge. This illustrates the potential disadvantages of using unprofessional or ad hoc interpreters. Interpreters do, however, serve as cultural mediators and can pick up the semantic subtleties and underlying tones of patient discourse. Interpreters facilitate a greater reflection on culture-specific topics.

Another method of overcoming the language barrier is code switching. Code switching is a linguistic phenomenon where speakers change between two languages in a single sentence or conversation. While this is a drop in the linguistic ocean, it provides some direct communication with the patient that allows for bonding and trust to develop between patient and healthcare giver. It also allows for more rapid communication and is a practical tool for transferring instructions quickly. Furthermore, care givers may need to change their accents when speaking to patients, use simple English and talk a bit slower in the hope of transferring meaning. An interpreter inevitably becomes an intermediary in the doctor- patient relationship and this can have a negative impact on the communication between the doctor and patient. Interpreting staff may be frequently unavailable or may insert their own values and views into the conversation. In some cases interpreters may make some errors in translating and this affects patient care.

The use of family members, cleaners, administrative staff, other patients or any ad hoc bilingual person as stated before could bridge the gap but not ideal. It may affect patients' confidentiality. These interpreters are unlikely to understand medical terminology, may struggle to break bad news to patients, translate and interpret sensitive issues and may have conflicting agendas or priorities.

The ideal is for the health service providers to employ health professionals who are already culturally and linguistically capable. Health professionals who would be proficient in the language of their patients should be identified and recruited. The already short staffed nature of the health services prevents this but language consideration posting should be looked into.

Conclusion

The Bill of Rights provides that "everyone has the right to have access to health services" and states that the language barrier is simply that barrier to the accessing of health care. Provision of services in a patient's own language is an integral part of the quality of care and getting language right has been shown to result in positive outcomes for all stakeholders – patients, doctors and administrators. However, the problem needs to be prioritized and commitment to implementation strategies must occur.

The answer to overcoming the language barrier in hospitals and health centres in Nigeria may be a combination of all the strategies discussed in this work and some may be more applicable in certain areas than in others. The importance of doctor-patient communication cannot be ignored. The solution to addressing the communication barrier begins with an acknowledgment of its existence and strong political will to address the problem at all levels. In the overhauling of the healthcare system, now is the time to provide a multilingual healthcare system.

Recommendations

1. Language should be considered during posting and transferring of care givers because they can function better in the community they speak their language. Healthcare givers should try and learn to speak the language of the majority of their patients.
2. Given that language is not that easy to learn, greetings and pronunciation of patients' names should be seen as absolute necessities.

3. Healthcare institutions could provide short word lists as a starting point, which may include salutations, names and pictures of parts of the body and medical vocabulary.
4. Professional language interpreter should be hired in order to avoid unethical outcomes.
5. A direct and focused policy needs to be developed that engages with appropriate methods of overcoming the language barrier.
6. Combating the language barrier should be prioritized with strong political will by stakeholders in the government and the health sector.
7. More research should be conducted to develop evidence informed effective solutions.
8. Increased awareness and discourse around the language problem should be cultivated.
9. These solutions or interventions need to be communicated to stakeholders and all involved should understand the need for these interventions.

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